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2015 JUN 17 16:53 TWN CLERK

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

☑ Initial Filing of Form Re-filing to Change: ☐ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party

2. **Name of Candidate** (in this order: First, Middle, Last) MARGARET "MAGGIE" ZEIDMAN	3. Address (include post office box or street, city, state, zip code) 229 BARTON AVENUE PALM BEACH, FL 33480
4. Telephone (561) 366-0024	5. E-mail address HERON1107@aol.com
6. **Office sought** (include district, circuit, group number) COUNCIL MEMBER GROUP 2	7. **If a candidate for a nonpartisan office, check if applicable:** ☐ My intent is to run as a Write-In candidate.

8. **If a candidate for a partisan office, check block and fill in name of party as applicable:** My intent is to run as a

☐ Write-In ☐ No Party Affiliation ☐ _____ Party candidate.

9. **I have appointed the following person to act as my** ☑ Campaign Treasurer ☐ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer
MARGARET ZEIDMAN

11. Mailing Address 229 BARTON AVENUE	12. Telephone (561) 366 0024

13. City	14. County	15. State	16. Zip Code	17. E-mail address
PALM BEACH	PALM BEACH	FL	33480	HERON1107@aol.com

18. **I have designated the following bank as my** ☑ Primary Depository ☐ Secondary Depository

19. Name of Bank FINEMARK NATIONAL BANK & TRUST	20. Address 340 ROYAL PALM WAY #101

21. City	22. County	23. State	24. Zip Code
PALM BEACH	PALM BEACH	FL	33480

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date JUNE 17, 2015	26. Signature of Candidate X Margaret Zeidman

27. **Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

I, MARGARET ZEIDMAN, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☑ Campaign Treasurer ☐ Deputy Treasurer.

JUNE 17, 2015
Date

X Margaret Zeidman
Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

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I, MARGARET "MAGGIE" ZEIDMAN,

candidate for the office of COUNCIL MEMBER GROUP 2;

have been provided access to read and understand the requirements of Chapter 106, Florida Statutes.

X Margaret Zeidman
Signature of Candidate

June 17, 2015
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to $1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

CANDIDATE OATH – NONPARTISAN OFFICE

(Not for use by Judicial or School Board Candidates)

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OFFICE USE ONLY

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, MARGARET "MAGGIE" ZEIDMAN

(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of TOWN COUNCIL (office), 3 (district #),

_____ (circuit #), 2 (group or seat #); I am a qualified elector of PALM BEACH County, Florida;

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

X Margaret "Maggie" Zeidman | (561) 366-0024 | HERONIIT@aol.com

Signature of Candidate | Telephone Number | Email Address

229 Barton Avenue | Palm Beach | Florida | 33480

Address | City | State | ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 111796437

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (*see* instructions on page 2 of this form):

MARGRET "MAGEE" ZIDEMAN

STATE OF FLORIDA

COUNTY OF Palm Beach

Sworn to (or affirmed) and subscribed before me this 4 day of December, 2015.

Personally Known: ✓ or

Produced Identification: _____

Type of Identification Produced: _____

DENISE CARMONA
MY COMMISSION # EE 184385
EXPIRES: July 29, 2016
Bonded Thru Notary Public Underwriters

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public

FORM 1 STATEMENT OF FINANCIAL INTERESTS 2014

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

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2015 DEC 4 11:32 TWN CLERK

LAST NAME -- FIRST NAME -- MIDDLE NAME:
ZEIDMAN, MARGARET ANNE

MAILING ADDRESS:
229 BARTON AVENUE

CITY: PALM BEACH, FL ZIP: 33480 COUNTY: PALM BEACH

NAME OF AGENCY:
TOWN OF PALM BEACH

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
TOWN COUNCIL

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF ☑ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

****** BOTH PARTS OF THIS SECTION MUST BE COMPLETED ******

DISCLOSURE PERIOD:
THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

☑ DECEMBER 31, 2014 OR ☐ SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:_____

MANNER OF CALCULATING REPORTABLE INTERESTS:
FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING.

☑ **COMPARATIVE (PERCENTAGE) THRESHOLDS** OR ☐ **DOLLAR VALUE THRESHOLDS**

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
SALE OF JAZZ PHARMACEUTICAL STOCK		
SALE OF VALEANT PHARMACEUTICAL STOCK		
SALE OF NU SKIN ENTERPRISES STOCK		
SALE OF AIRCASTLE STOCK		
SALE OF KINDER MORGAN STOCK		

PART B -- SECONDARY SOURCES OF INCOME
[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NONE			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NONE

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

(Continued on reverse side)

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
NONE	NONE

PART E — LIABILITIES [Major debts - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
NONE	NONE

PART F — INTERESTS IN SPECIFIED BUSINESSES **[Ownership or positions in certain types of businesses - See instructions]**
(If you have nothing to report, write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	NONE	
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE OF FILER:

Signature:

Margaret Ann Zeidman

Date Signed:

November 16, 2015

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

WHAT TO FILE:

After completing all parts of this form, <u>including signing and dating it,</u> send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

NOTE:
MULTIPLE FILING UNNECESSARY:
A candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying. A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers* or *specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

<u>Facsimiles will not be accepted.</u>

WHEN TO FILE:

Initially, each local officer/employee, state officer, and specified state employee must file ***within 30 days*** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does <u>not</u> relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2014.

Palm Beach County

240 SOUTH MILITARY TRAIL
WEST PALM BEACH, FL 33415
POST OFFICE BOX 22309
WEST PALM BEACH, FL 33416

SUSAN BUCHER
Supervisor of Elections

TELEPHONE: (561) 656-6200
FAX NUMBER: (561) 656-6287
WEBSITE: www.pbcelections.org

CERTIFICATION

I, SUSAN BUCHER, SUPERVISOR OF ELECTIONS, for Palm Beach County, Florida, do hereby certify that **27** signatures on the Petition for Town Council Group No. 2, of MARGARET "Maggie" ZEIDMAN, are registered electors in the Town of Palm Beach, according to the registration records on file in this office.

This is to further certify that MARGARET ANNE ZEIDMAN is a registered voter in Precinct **1392,** in the Town of Palm Beach, Florida.

Signed, this the 1st, day of December, 2015.

Susan Bucher

SUSAN BUCHER
SUPERVISOR OF ELECTIONS
PALM BEACH COUNTY

(SEAL)

✓AS

Candidates: Please be sure that your name is on each sheet

TO THE TOWN COUNCIL OF
THE TOWN OF PALM BEACH, FLORIDA:

SUPERVISOR OF ELECTIONS
2015 NOV 30 AM 11:45
PALM BEACH COUNTY, FL

The undersigned qualified voters of the Town of Palm Beach, Florida, do hereby confirm the nomination of:

MARGARET "MAGGIE" ZEIDMAN (Please print name) — Margaret Zeidman (Please sign)

as Council Member, Group No. 2, regularly made at the Caucus held on December 3, 2015, at Town Hall, Town Council Chambers, 360 S. County Rd., Palm Beach, FL 33480, and do hereby petition your honorable body to place his/her name on the official ballot to be used in the General Election, to be held on March 15, 2016.

	NAME OF REGISTERED VOTER (PLEASE PRINT LEGIBLY)	SIGNATURE	ADDRESS	DATE OF BIRTH OR VOTER REG. #
1 ✓	Daryl Glenney	Daryl Glenney	2773 S. Ocean Blvd #303	9-17-41
2 ✓	Betsy Berkshire	Betsy Berkshire	2165 Sea Isle #11	8-18-27
3 ✓	Lawrence Maybrind	Lawrence Maybrind	2545 So Ocean Blvd # 407	10/30/29
4 ✓	BERNARD PANFEL	B Panfel	3456 So Ocean Blvd	1/1/26
5 ✓	Betsy Mixon-Stemmler	Mixon-Stemmler	2545 S. Ocean Blvd 403	3/6/54
6 ✓	MARK ZEIDMAN	M Zeidman	229 BARTON AVE, PALM BEACH	6/27/51
7 ✓	TED MARIANO	Ted Mariano	2545 S. Ocean Blvd - U 307	11/23/1943
8 ✓	Barbara McDonald	[illegible]	2295 S. Ocean Blvd # 710	1/23/1941
9 ✓	GERALD FRANK	[illegible]	2784 S. OCEAN #405	7/7/30

NAME OF CANDIDATE: MARGARET "MAGGIE" ZELDMAN GROUP NO.: 2

	NAME OF REGISTERED VOTER (PLEASE PRINT LEGIBLY)	SIGNATURE	ADDRESS	DATE OF BIRTH OR VOTER REG. #
10	MAUREEN I FELTMAN	M I Feltman	2860 S. Ocean Blvd	11-11-38
11	ED CUNNINGHAM	E J Cunningham	" #605 PB 33480	11-4-33
12	JUNE FRANK	June Frank	2284 S. Ocean Ave	5-30-34
13	ROBERT FOSTER	Robert Foster	2295 S. Ocean Blvd	4-12-34
14	William Mischon	Wm Mischon	2545 S. Ocean Blvd	8-5-31
15	Martin J. Klein	Martin	1060 N. Ocean Blvd	11-12-47
16	LEWIS S.W. CRAMPTON	Lewis Crampton	2835 SOUTH OCEAN BLVD	11/2/38
17	Carla Cove	Carla Cove	2860 S. Ocean #305	12/27/59
18	Bernice Klein	Bernice Klein	2295 S. Ocean 824	2/30/24
19	Janet Reynolds	Janet M. Reynolds	3170 So. Ocean Blvd S-303	04/08/27
20	Gloria Miller	Gloria Miller	3300 So Ocean Blvd N305	9/29/28
21	Rhoda L. Kleid	Rhoda L. Kleid	2660 S. Ocean Blvd. 403 S	6/25/27
22	Harry Wolin	H Wolin	2773 S Ocean Blvd 117	3/12/54
23	Roberta Mambrino	Roberta Mambrino	2545 S. Ocean Blvd #407	10/12/36
24	Suzanne Frisbie	Suzanne Frisbie	439 Worth Ave, PB Fl 33480	6/5/61
25	David Frisbie	[illegible]	"	3/6/51

NAME OF CANDIDATE: MARGARET "MAGGIE" ZEIDMAN **GROUP NO.:** 2

	NAME OF REGISTERED VOTER (PLEASE PRINT LEGIBLY)	SIGNATURE	ADDRESS	DATE OF BIRTH
26	Linda Wartar	[signature]	2295 South Ocean Blvd #814	7/9/42
27	PHYLLIS VERDUCCI	Phyllis Verducci	2295 So Ocean #516	4/20/32
28	Ellen S Golbero	[signature]	2500 So Ocean Blvd LD2	6/22/37
29	Roberta Horwich	[signature]	2860 S. Ocean Blvd #401	8/25/43
30	RICHARD KLEID	[signature]	2660 S OCEAN BLVD 403 S	4/13/32
31	ALFRED ALDRIDGE III	[signature]	2295 S. Ocean Blvd #223	10/7/52
32	Eleanor Brandman	ELEANOR BRANDMAN	2773 S. Ocean Blvd #505	9/10/35
33	JACK COHEN	Jack Cohen	3450 So. OCEAN BLVD #808	7-9-33
34	ETTA COHEN	Etta Cohen	3450 S. OCEAN BLVD #808	5-4-37
35				
36				
37				
38				
39				
40				

I DO HEREBY CERTIFY that there are at least twenty-five (25) qualified electors' signatures herein contained for Candidate Margaret "Maggie" Zeidman, according to the requirements of law, and as verified by the Palm Beach County Supervisor of Elections.

DATED this 4th day of December, 2015.

Susan A. Owens

Susan A. Owens, MPA, MMC
Town Clerk

SEAL OF THE TOWN OF PALM BEACH FLORIDA INCORPORATED APRIL 17, 1917