



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)

MICHAEL JAMES MEIER

3. Address (include post office box or street, city, state, zip code)

1900 S KANNER HWY, APT 10-203 STUART, FL 34994

4. Telephone

(772) 834-1238

5. E-mail address

MICHAELJAMESMEIER@GMAIL.COM

6. Office sought (include district, circuit, group number)

STUART CITY COMMISSION GROUP I

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

MICHAEL JAMES MEIER

11. Mailing Address

1900 S KANNER HWY APT 10-203 STUART

12. Telephone

(772) 834-1238

13. City

STUART

14. County

MARTIN

15. State

FL

16. Zip Code

34994

17. E-mail address

MICHAELJAMESMEIER@GMAIL.COM

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

19. Name of Bank

SEACOAST BANK

20. Address

815 S COLORADO AVE

21. City

STUART

22. County

MARTIN

23. State

FL

24. Zip Code

34994

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

6/4/20

26. Signature of Candidate

X [Signature]

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

I, MICHAEL JAMES MEIER, do hereby accept the appointment (Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

6/4/20

Date

X

[Signature] Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

RECEIVED
JUN 05 2020

BY Shirley Clark

I, MICHAEL J MEIER,

candidate for the office of STUART CITY COMMISSION GROUP I;

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

X


Signature of Candidate

6/4/20

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).

**CITY OF STUART 2020 ELECTION CANDIDATE
OATH OF RESIDENCY**

STATE OF FLORIDA
COUNTY OF MARTIN

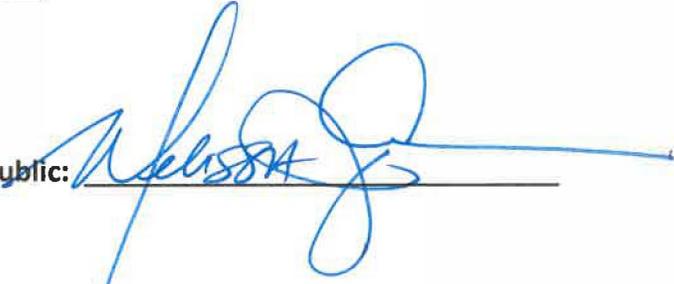
Before me this day personally appeared MICHAEL J MEIER
who being duly sworn, deposes and says he/she has maintained a continuous residency
within the City of Stuart for more that twelve (12) months preceding the election. (Sec 7.03.)
Qualifying.



Signature of Candidate

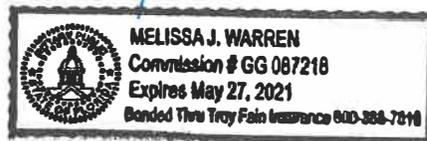
Sworn to (or affirmed) and subscribed before me by means of physical presence or online
notarization, this 5 day of June, 2020 by Michael J. Meier.

Personally Known OR Produced Identification
Type of Identification Produced _____

Signature of Notary Public: 

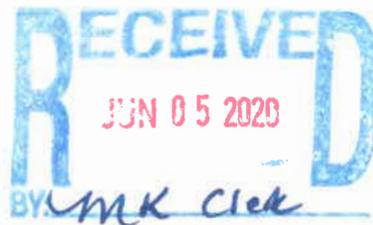
Commission Expires:

Notary Seal:



RECEIVED
JUN 05 2020
L. MK Clerk

**CANDIDATE OATH –
NONPARTISAN OFFICE**



(Do not use this form if a Judicial or School Board Candidate)

Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate

OFFICE USE ONLY

Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, MIKE MEIER

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box . (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

I am a candidate for the nonpartisan office of STUART CITY COMMISSION GROUP I
(Office) (District #)

GROUP I; I am a qualified elector of MARTIN County, Florida;
(Circuit #) (Group or Seat #)

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.

Candidate's Florida Voter Registration Number (located on your voter information card): 121302631

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

MEIK, MEI-UHR (RHYME: BUYER)

[Signature] (772) 834-1238 MICHAEL JAMES MEIER@GMAIL.COM
Signature of Candidate Telephone Number Email Address

1900 S KANNER HWY APT 10-203 STUART FL 34994
Address City State ZIP Code

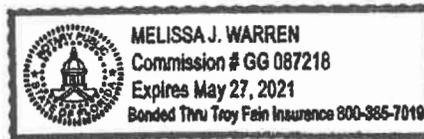
STATE OF FLORIDA
COUNTY OF Martin

[Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me this 5
day of June, 2020.

Personally Known: or Produced Identification:

Type of Identification Produced: _____



NOTICE TO CANDIDATE:
LOGIC AND ACCURACY TESTING OF VOTING
EQUIPMENT
DATES & TIMES

I, MICHAEL J MEIER, Candidate for the Stuart City Commission hereby
(Print Name)

acknowledge that:

- I am an official Candidate for the Stuart City Commission, Group I.
- I have received a copy of the official Candidate Calendar for the Notice of Logic and Accuracy Testing of Voting Equipment" listing the dates, times and location of the testing of the voting equipment, for the City of Stuart General Election and if necessary, the dates, times and location of the testing of the voting equipment for a Run-Off Election. F.S. 101.5612(2)

SIGNATURE: _____

DATE: _____

6/5/20