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.

RECEIVED
MAR 26 2018
BY: M. Kindel

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)	3. Address (include post office box or street, city, state, zip code)
MICHAEL JAMES MEIER	P.O. BOX 3112 STUART, FL 34994
4. Telephone: (772) 834-1238	5. E-mail address: MEIERFORSTUART@GMAIL.COM

6. **Office sought** (include district, circuit, group number)	7. **If a candidate for a nonpartisan office, check if applicable:**
COMMISSIONER GROUP 1	☐ 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 MEIER (SELF)

11. Mailing Address	12. Telephone
P.O. BOX 3112	(772) 834-1238

13. City	14. County	15. State	16. Zip Code	17. E-mail address
STUART	MARTIN	FL	34994	MEIERFORSTUART@GMAIL.COM

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

19. Name of Bank	20. Address
SEACOAST BANK	815 S COLORADO AVE

21. City	22. County	23. State	24. Zip Code
STUART	MARTIN	FL	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	26. Signature of Candidate
3/26/2018	X [signature]

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

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

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer.

3/26/2018
Date

X [signature]
Signature of Campaign Treasurer or Deputy Treasurer

Amendment

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.

RECEIVED
MAR 29 2018
BY: M. Kindel

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES): ☒ ADDRESS

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

2. **Name of Candidate** (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip code)
MICHAEL JAMES MEIER	P.O. BOX 3112 STUART, FL 34995
4. Telephone: (772) 834-1238	5. E-mail address: MEIERFORSTUART@GMAIL.COM

6. **Office sought** (include district, circuit, group number)	7. **If a candidate for a nonpartisan office, check if applicable:**
STUART CITY COMMISSIONER GROUP 1	☐ 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 MEIER (SELF)

11. Mailing Address	12. Telephone
P.O. BOX 3112	(772) 834-1238

13. City	14. County	15. State	16. Zip Code	17. E-mail address
STUART	MARTIN	FL	34995	MEIER FOR STUART@GMAIL.COM

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

19. Name of Bank	20. Address
SEACOAST BANK	815 S. COLORADO AVE

21. City	22. County	23. State	24. Zip Code
STUART	MARTIN	FL	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	26. Signature of Candidate
3/28/2018	X [signature]

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

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

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer.

3/28/2018
Date

X [signature]
Signature of Campaign Treasurer or Deputy Treasurer

Amended

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.

RECEIVED
APR - 2 2018
BY:

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)	3. Address (include post office box or street, city, state, zip code)
MICHAEL JAMES MEIER	PO BOX 3112 STUART, FL 34995
4. Telephone: (772) 834-1238	5. E-mail address: meierforstuart@gmail.com

6. **Office sought** (include district, circuit, group number): STUART CITY COMMISSIONER 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: AMELIA FRY

11. Mailing Address	12. Telephone
615 SE HIBISCUS AVE	(772) 485-4357

13. City	14. County	15. State	16. Zip Code	17. E-mail address
STUART	MARTIN	FL	34996	LAFRITA@GMAIL.COM

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

19. Name of Bank	20. Address
SEACOAST BANK	815 S COLORADO AVE

21. City	22. County	23. State	24. Zip Code
STUART	MARTIN	FL	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	26. Signature of Candidate
3/30/2018	X

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

I, AMELIA FRY, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer.

3/30/2018 (Date) X _____ (Signature of Campaign Treasurer or Deputy Treasurer)

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

RECEIVED
APR - 2 2018
BY:

I, MICHAEL JAMES MEIER ,

candidate for the office of STUART CITY COMMISSION GROUP 1 ;

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

X _____ 4/2/2018

Signature of Candidate — 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).

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.

RECEIVED
APR - 3 2018
BY: McKinley

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)	3. Address (include post office box or street, city, state, zip code)
MICHAEL JAMES MEIER	PO BOX 3112 STUART, FL 34995
4. Telephone: (772) 834-1238	5. E-mail address: meierforstuart@gmail.com

6. **Office sought** (include district, circuit, group number)	7. **If a candidate for a nonpartisan office, check if applicable:**
STUART CITY COMMISSIONER GROUP I	☐ 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 MEIER

11. Mailing Address	12. Telephone
PO BOX 3112	(772) 834-1238

13. City	14. County	15. State	16. Zip Code	17. E-mail address
STUART	MARTIN	FL	34995	meierforstuart@gmail.com

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

19. Name of Bank	20. Address
SEACOAST BANK	815 S COLORADO AVE

21. City	22. County	23. State	24. Zip Code
STUART	MARTIN	FL	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	26. Signature of Candidate
4/3/2018	X [signature]

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

I, MICHAEL MEIER (Please Print or Type Name), do hereby accept the appointment designated above as: ☐ Campaign Treasurer ☒ Deputy Treasurer.

4/3/2018 (Date)

X [signature] (Signature of Campaign Treasurer or Deputy Treasurer)

FORM 1 STATEMENT OF FINANCIAL INTERESTS 2017

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

FOR OFFICE USE ONLY:

RECEIVED JUN 15 2018 BY: MK

RECEIVED JUN 18 2018 BY: MK 12:00pm

LAST NAME -- FIRST NAME -- MIDDLE NAME :
MEIER MICHAEL JAMES

MAILING ADDRESS :
P.O. BOX 3112

CITY : STUART ZIP : 34995 COUNTY : MARTIN

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
STUART CITY COMMISSION GROUP 1

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, 2017 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 **(must check one)**:

☒ **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
GROUND FLOOR FARM LLC	100 SE MLK JR BLVD STUART 34994	RESTAURANT

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.

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
OWNERSHIP INTEREST	GROUND FLOOR FARM LLC
OWNERSHIP INTEREST	24 CARROTS LLC

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	

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	GROUND FLOOR FARM LLC	
ADDRESS OF BUSINESS ENTITY	100 SE MLK JR BLVD 34994	
PRINCIPAL BUSINESS ACTIVITY	RESTAURANT	
POSITION HELD WITH ENTITY	MANAGER	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES	
NATURE OF MY OWNERSHIP INTEREST	OWNER / FOUNDER	

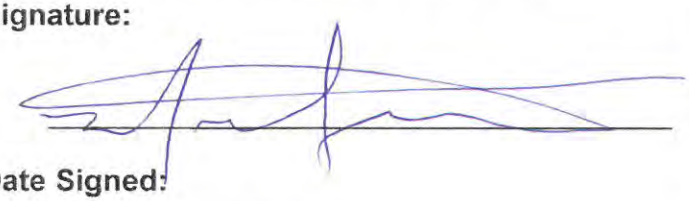
PART G — TRAINING
For **elected municipal officers** required to complete annual ethics training pursuant to section 112.3142, F.S.

☐ **I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.**

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

SIGNATURE OF FILER:

Signature:



Date Signed:

6/15/18

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:

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. To determine what category your position falls under, see page 3 of instructions.

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.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers **or** ***specified state employees*** who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format) and send it to CEForm1@leg.state.fl.us. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

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 must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2017.

OATH OF RESIDENCY

RECEIVED
JUN 15 2018
BY: MK

STATE OF FLORIDA
COUNTY OF MARTIN

Before me this day personally appeared Michael Meier **who being duly sworn, deposes and says he/she has maintained a continuous residency within the City of Stuart for more than twelve (12) months preceding the election. (sec 7.03.) Qualifying.**

Signature of candidate

Sworn to and subscribed before me this 15 **day of** June **2016.**

Vanessa Leyland
Notary Public

Notary Public State of Florida
Vanessa Leyland
My Commission GG 158000
Expires 11/06/2021

My Commission expires

RECEIVED
JUN 18 2018
MK 12:00 pm

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

RECEIVED JUN 15 2018 BY:

RECEIVED JUN 18 2018 BY: MK 12:00pm

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.)

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

_____ (Circuit #), 1 (Group or Seat #); I am a qualified elector of MARTIN 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.

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

X _____ (772) 834-1238 MEIERFORSTUART@GMAIL.COM

Signature of Candidate | Telephone Number | Email Address

P.O. BOX 3112 | STUART | FL | 34995

Address | City | State | ZIP Code

STATE OF FLORIDA

COUNTY OF MARTIN

Vanessa Leyland

Signature of Notary Public

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

Sworn to (or affirmed) and subscribed before me this 15 day of June, 2018.

Personally Known: _____ or Produced Identification: ✓

Type of Identification Produced: FL Driver License

NOTARY PUBLIC STATE OF FLORIDA

Notary Public State of Florida
Vanessa Leyland
My Commission GG 158000
Expires 11/06/2021

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

I, MICHAEL MEIER Candidate for the Stuart City Commission
(Print Name), Group 1.

By signing this form, I do acknowledge that:

- I am an official Candidate for the Stuart City Commission, Group 1.
- 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: 6/15/18

RECEIVED
JUN 15 2018
BY: MK

RECEIVED
JUN 18 2018
BY: MK 12:00 pm