

CANDIDATE OATH –
NONPARTISAN OFFICE

2017 OCT 6 PM 3:35 TWN CLERK

(Not for use by Judicial or
School Board Candidates)

OFFICE USE ONLY

OATH OF CANDIDATE
(Section 99.021, Florida Statutes)

I, 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 MEMBER,
(office) (district #)
2; I am a qualified elector of PALM BEACH 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.

Margaret A. Zeidman (561) 301-1623 HERON1107@aol.com
Signature of Candidate Telephone Number Email Address

229 BARTON AVE PALM BEACH FL 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):

MAGGEE ZIDE-MAN

STATE OF FLORIDA
COUNTY OF Palm Beach

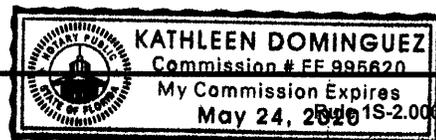
Sworn to (or affirmed) and subscribed before me this 6th day of October, 2017.

Personally Known: _____ or _____

Produced Identification:

Type of Identification Produced: Driver's License

Kathleen Dominguez
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public



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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 AVE.
 PALM BEACH, FL 33480

4. Telephone: (561) 301-1623 5. E-mail address: HERON1107@LOL.COM

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

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
 GRIER PRESSLY

11. Mailing Address: 242 SEASPRAY AVE. 12. Telephone: (561) 309-7468

13. City: PALM BEACH 14. County: PB CO 15. State: FL 16. Zip Code: 33480 17. E-mail address: gpressly@presslyandpressly.com

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

19. Name of Bank: FINEMARK 20. Address: ROYAL PALM WAY

21. City: PALM BEACH 22. County: PB CO. 23. State: FLORIDA 24. Zip Code: 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: October 6, 2017 26. Signature of Candidate: X Margaret A. Zeidman

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)
 I, GRIER PRESSLY, do hereby accept the appointment
 (Please Print or Type Name)
 designated above as: Campaign Treasurer Deputy Treasurer by phone
 10-6-2017 X Grier Pressly / Margaret A. Zeidman
 Date Signature of Campaign Treasurer or Deputy Treasurer

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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 AVE PALM BEACH, FL 33480

4. Telephone

(561) 301-1623

5. E-mail address

HERON1107@101.com

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

TOWN COUNCIL MEMBER

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 "MAGGIE" ZEIDMAN

11. Mailing Address

229 BARTON AVE.

12. Telephone

(561) 301-1623

13. City

PALM BEACH

14. County

PB CO

15. State

FL

16. Zip Code

33480

17. E-mail address

HERON1107@101.com

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

19. Name of Bank

FINE MARK

20. Address

ROYAL PALM WAY

21. City

PALM BEACH

22. County

PB CO

23. State

FL

24. Zip Code

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

10-6-2017

26. Signature of Candidate

X Margaret Zeidman

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

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

designated above as: Campaign Treasurer Deputy Treasurer.

10-6-2017

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 A. ZEIDMAN,

candidate for the office of COUNCIL MEMBER;

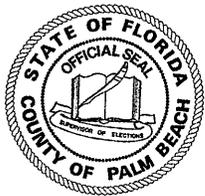
have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X Margaret A. Zeidman
Signature of Candidate

10-6-2017
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).



Palm Beach County

SUSAN BUCHER
Supervisor of Elections

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

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

CERTIFICATION

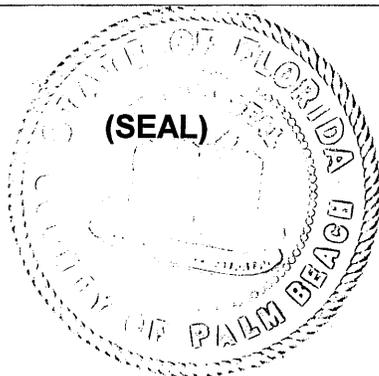
I, SUSAN BUCHER, SUPERVISOR OF ELECTIONS, for Palm Beach County, Florida, do hereby certify that 26 signatures on the Nominating Petitions of MARGARET "MAGGIE" ZEIDMAN for COUNCIL MEMBER GROUP 2 OF PALM BEACH are registered electors within the municipal limits of the TOWN of PALM BEACH, according to the registration records on file in this office.

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

Signed, this the 2nd day of January, 2018.



SUSAN BUCHER
SUPERVISOR OF ELECTIONS
PALM BEACH COUNTY



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

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

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

Margaret "Maggie" Zeidman *Margaret A. Zeidman*
 (Please print name) (Please sign)

as Council Member, Group 2, regularly made at the Caucus held on January 9, 2018, 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 13, 2018.

	NAME OF REGISTERED VOTER (PLEASE PRINT LEGIBLY)	SIGNATURE	ADDRESS	DATE OF BIRTH OR VOTER REG. #
1	J. Grier Prossly III	<i>[Signature]</i>	242 Seaspray Ave.	11/27/73
2	Carla Termini	<i>[Signature]</i>	2860 S. Ocean Blvd # 305	12/27/59
3	MATTHEO BLOCH	<i>[Signature]</i>	250 SANFORD AVE	04/17/63
4	John P. Cove	<i>[Signature]</i>	2860 S. Ocean Blvd 305	12/29/42
5	Daryl Ann Glenney	<i>[Signature]</i>	2773 S. Ocean Blvd # 303	09-17-41
6	HAROLD EPSTEIN	<i>[Signature]</i>	3200 S Ocean Blvd	2/15/30
7	Donald Singer	<i>[Signature]</i>	2291 S. Ocean Blvd	4/6/38
8	Sylvia Singer	<i>[Signature]</i>	2295 S. Ocean Blvd	7/30/38
9	Judy Intranb	<i>[Signature]</i>	2760 S. Ocean Blvd	11/7/44

VAC
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Please be advised that all petitions are considered public record and will be posted on the Town Clerk's webpage. If your address is exempt from disclosure pursuant to the provisions of F.S. Chapter 119, then it is your obligation to notify the Town Clerk's office of same so that the applicable information can be redacted from the public record. You cannot list "Exempt" or other such verbiage as your address for the purposes of this form as the County Supervisor of Elections will not be able to verify that you are a registered voter, and your signature will not count.

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Margaret "Maggie" Zeidman

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NAME OF CANDIDATE FOR TOWN COUNCIL MEMBER, GROUP 2:

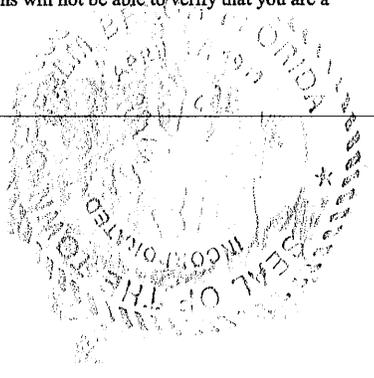
	NAME OF REGISTERED VOTER (PLEASE PRINT LEGIBLY)	SIGNATURE	ADDRESS	DATE OF BIRTH
26	MICHAEL AINSWIE	<i>Michael Ainswie</i>	202 PLANTATION RD.	5/12/43
27	ANDREW ARMSTRONG	<i>Andrew J. Armstrong</i>	425 WORTH AVE. APT 3B	3/30/29
28	JAMES G PRESSLY	<i>James G Pressly</i>	133 Sea Spray Ave	8-23-47
29	JAKE PRESSLY	<i>Jake Pressly</i>	315 CLEMENS AVENUE, P.B.	9-8-72
30	ROBERTA MAMBRIANO	<i>Roberta Mambriano</i>	2545 So. Ocean Blvd, P.B.	10-12-36
31	LAWRENCE J. MAMBRIANO	<i>Lawrence J. Mambriano</i>	2545 So. Ocean Blvd, P.B.	10-30-29
32				
33				
34				
35				
36				
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38				
39				
40				

I DO HEREBY CERTIFY that there are at least twenty-five (25) qualified electors' signatures herein contained for Town Council Member, Group 2, Candidate Margaret Zeidman, according to the requirements of law, and as verified by the Palm Beach County Supervisor of Elections.

DATED this 29th day of December, 2017.

Kathleen Dominguez
Kathleen Dominguez
Town Clerk

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FORM 1

STATEMENT OF FINANCIAL INTERESTS

2017

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

ZEIDMAN, MARGARET ANNE

MAILING ADDRESS :

229 BARTON AVE.

CITY :

PALM BEACH

ZIP :

33480 FL

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 [X] CANDIDATE OR [] NEW EMPLOYEE OR APPOINTEE

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**** 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):

[X] 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):

[X] 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")

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY. Content: - SEE ATTACHED SCHEDULE -

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")

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE. Content: 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")

Table with 1 column: REAL PROPERTY. Content: 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.

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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	

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")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
		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		

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:	CPA or ATTORNEY SIGNATURE ONLY
<p>Signature: <u>Margaret A. Feldman</u></p> <p>Date Signed: <u>January 8, 2018</u></p>	<p>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:</p> <p>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.</p> <p>CPA/Attorney Signature: _____</p> <p>Date Signed: _____</p>

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.

Margaret Zeidman

Form 1 Statement of Financial Interests
2017

Part A - Primary Sources of Income

Sale of CVS stock

Sale of AETNA stock

Sale of Westar stock

Sale of JP Morgan stock

Sale of Boeing stock

Sale of United Health Group Stock

Sale of Consolidated Edison stock

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All qualified voters of the town are entitled to be present and to place in nomination such candidates as they desire. For a nomination to be effective, it must be seconded and all nominations and seconds thereto may be made only by qualified voters of the town. (§34-56 Town of Palm Beach Code of Ordinances. Primary nominators please use form below. **The names of all primary nominators are due to the Town Clerk by December 29, 2017, so that their voter's registration status may be verified.**

**TOWN OF PALM BEACH CAUCUS
PRIMARY NOMINATOR FORM**

(Nominator addresses Caucus Chairperson)

Chairperson Tim Gannon, I am pleased to nominate, at this
(name)

107th Town Caucus, in 2018, Maggie Zeidman,
(name)

as Town Council Member, Group 2,

who is a registered voter in the Town of Palm Beach, and resides at:

229 Barton Avenue, Palm Beach, FL

My name is: Michael J. Pucillo

My street address is: 224 Dunbar Rd.

I confirm that I am a registered voter in the Town of Palm Beach.



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**TOWN OF PALM BEACH CAUCUS
SECONDER NOMINATOR FORM**

(Nominator addresses Caucus Chairperson)

Chairperson Tim Gannon, I am pleased to second the nomination,
(name)

at this 107th Town Caucus, in 2018, of Maggie Zeidman,
(name)

as Town Council Member, Group 2,

who is a registered voter in the Town of Palm Beach, and resides at:

229 Barton Avenue, Palm Beach, FL

My name is: Rebecca Grimes Williams

My street address is: 232 Seabreeze Ave

I confirm that I am a registered voter in the Town of Palm Beach.



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**TOWN OF PALM BEACH CAUCUS
SECONDER NOMINATOR FORM**

(Nominator addresses Caucus Chairperson)

Chairperson Tim Gannon, I am pleased to second the nomination,
(name)

at this 107th Town Caucus, in 2018, of Maggie Zeidman,
(name)

as Town Council Member, Group 2,

who is a registered voter in the Town of Palm Beach, and resides at:

229 Barton Avenue, Palm Beach, FL

My name is: Alan S. Golboro

My street address is: 2500 S. Ocean Blvd, Apt 102

I confirm that I am a registered voter in the Town of Palm Beach.