

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

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

(PLEASE PRINT OR TYPE)


NOV 4 PM 3:43

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)

Tina Paul

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

9225 Collins Ave
Surfside, FL 33154

4. Telephone

(305) 608 5570

5. E-mail address

tinapictures@yahoo.com

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

Commissioner

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

Tina Paul

11. Mailing Address

9225 Collins Ave

12. Telephone

(305) 608-5570

13. City

Surfside

14. County

Miami-Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

tinapictures@yahoo.com

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

19. Name of Bank

20. Address

21. City

22. County

23. State

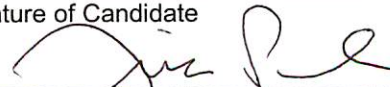
24. Zip Code

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

November 4, 2019

26. Signature of Candidate



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

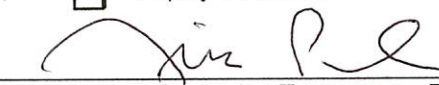
I, Tina Paul, do hereby accept the appointment

(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

November 4, 2019


Date


Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

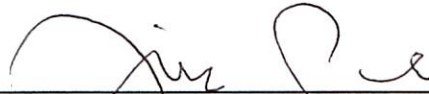
(Section 106.023, F.S.)
(Please print or type)

OFFICE USE ONLY


NOV 4 PM 3:43

NOV 4 PM 3:43

I, Tina Paul,
candidate for the office of Commissioner ;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X 
Signature of Candidate

Nov 4, 2019
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)

NOV 4 PM 3:43

NOV 6 PM 1:28

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)

Tina Paul

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

9225 Collins Ave
Surfside, FL 33154

4. Telephone

(305) 608 5570

5. E-mail address

tinapictures@yahoo.com

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

Commissioner

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

Tina Paul

11. Mailing Address

9225 Collins Ave

12. Telephone

(305) 608-5570

13. City

Surfside

14. County

Miami-Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

tinapictures@yahoo.com

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

19. Name of Bank

Bank of America

20. Address

1108 Kane Concourse

21. City

Bay Harbor Islands

22. County

Miami-Dade

23. State

FL

24. Zip Code

33154

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

November 4, 2019

26. Signature of Candidate

X 

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

I, Tina Paul, do hereby accept the appointment

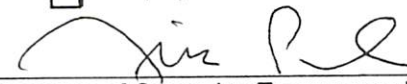
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

November 4, 2019


Date

X


Signature of Campaign Treasurer or Deputy Treasurer



TOWN OF SURFSIDE
 MUNICIPAL BUILDING
 9293 HARDING AVENUE
 SURFSIDE, FLORIDA 33154

NOV 13 PM 4:49 

GENERAL ELECTION – MARCH 17, 2020

SWORN STATEMENT OF QUALIFICATION

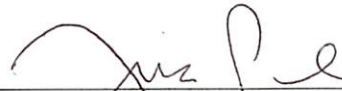
Pursuant to Article VI, Section 102 of the Town of Surfside Charter, this form must be submitted simultaneously with the nominating petitions and qualifying fee of \$25.00 made payable to the Town of Surfside.

STATE OF FLORIDA }

COUNTY OF MIAMI-DADE }

TOWN OF SURFSIDE }

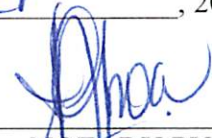
I solemnly swear (or affirm) under oath, that my name is Tina Paul,
 that I am a Citizen of the United States, a qualified elector of Miami Dade County and the Town of
 Surfside, Florida; that my address is 9225 Collins Ave,
 my occupation is Photographer / Artist; that I have been
 a resident of the Town of Surfside since 2011; that I will be at least twenty-one (21) years of
 age by November 22, 2019 and that if elected, I will willingly serve as Commissioner
 (Mayor or Commissioner) of the Town of Surfside, if elected.


 Signature of Candidate

Nov 13, 2019
 Date


Sworn to and subscribed before me this 13th day of November, 2019.




 NOTARY PUBLIC
Sandra Novoa
 PRINTED NAME OF NOTARY

**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:

NOV 13 PM 4:46 

Write-in candidate

OFFICE USE ONLY

Candidate Oath

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

I, Tina Paul

(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 Commissioner, _____
(Office) (District #)

_____ ; I am a qualified elector of Miami - Dade 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): _____

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.]

X Tina Paul 1309 608 - 5570 tinapictures@yahoo.com
Signature of Candidate Telephone Number Email Address

9225 Collins Ave Surfside FL 33154
Address City State ZIP Code

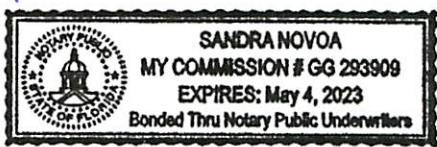
STATE OF FLORIDA
COUNTY OF Miami-Dade

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

Sworn to (or affirmed) and subscribed before me this 13th
day of November, 2019.

Personally Known: or Produced Identification: _____

Type of Identification Produced: _____



FORM 1

**STATEMENT OF
FINANCIAL INTERESTS**

2018

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

PAUL Tina

MAILING ADDRESS :

9225 Collins Ave

CITY : Surfside ZIP : 33154 COUNTY : Miami-Dade

NAME OF AGENCY :

Commissioner

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

NOV 13 PM 4:43

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, 2018 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
Photography	9225 Collins Ave	Service and Sale of Photography
Stock Dividends		
IRA Distributions		

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

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

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
Stocks and IRAs	Nationwide Planning Associates Inc.
Beneficiary Accounts	Voya Financial, AXA Equitable

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

NAME OF CREDITOR	ADDRESS OF CREDITOR

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
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:

Signature:



Date Signed:

Nov. 13, 2019

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, 2018.

DECLARATION AND FIRST AMENDMENT WAIVER
FOR CANDIDATES WHO AGREE TO COMPLY WITH
THE *VOLUNTARY* STATEMENT OF FAIR CAMPAIGN PRACTICES

NOV 13 PM 4:56 *SM*

AN EXPLANATION REGARDING YOUR RIGHTS

Section 2-11.1.1(D)(2) of the Code of Miami-Dade County, Florida, provides that any candidate for public office in Miami-Dade County may at any time *voluntarily* declare that he or she agrees to abide by the *voluntary* Statement of Fair Campaign Practices. In agreeing to abide by the *voluntary* Statement of Fair Campaign Practices, the candidate recognizes, as compulsory, the authority of the Miami-Dade County Commission on Ethics and Public Trust to decide whether the candidate has violated the *voluntary* Statement of Fair Campaign Practices and, if so, to impose the appropriate penalty, if any.

Before agreeing to abide by the *voluntary* Statement of Fair Campaign Practices, you should carefully read the *voluntary* Statement of Fair Campaign Practices included with this DECLARATION AND FIRST AMENDMENT WAIVER as well as the following information regarding your rights.

The Statement of Fair Campaign Practices is *voluntary*. You are under no obligation to agree to the *voluntary* Statement of Fair Campaign Practices. If you decide not to agree to the *voluntary* Statement of Fair Campaign Practices, you may still run for elective office in Miami-Dade County if you are qualified. There is NO PENALTY if you decide not to sign the *voluntary* Statement of Fair Campaign Practices.

If you decide to agree to the *voluntary* Statement of Fair Campaign Practices, you should know that you will be WAIVING YOUR FIRST AMENDMENT RIGHTS TO FREE SPEECH because certain speech prohibited by the *voluntary* Statement of Campaign Practices is protected by the First Amendment to the U.S. Constitution and Article I, Section 4, of the Florida Constitution. Prior to agreeing to comply with the *voluntary* Statement of Fair Campaign Practices, you should consider consulting an attorney to ensure that you understand the consequences of signing the DECLARATION AND FIRST AMENDMENT WAIVER.

Before signing this DECLARATION AND FIRST AMENDMENT WAIVER, you have the right to request and receive from the Ethics Commission an advisory opinion as to whether your planned campaign activities (e.g., campaign advertisement or statements) are likely to violate the *voluntary* Statement of Fair Campaign Practices. In the event that you sign the DECLARATION AND FIRST AMENDMENT WAIVER, you will continue to have the right to request and receive from the Ethics Commission an advisory opinion regarding any future campaign activities that you may be considering.

A determination by a candidate not to execute the DECLARATION AND FIRST AMENDMENT WAIVER shall not be construed by Miami-Dade County or the Ethics Commission to mean that the candidate is unethical in any way. Further, a determination by a candidate not to execute the DECLARATION AND FIRST AMENDMENT WAIVER should not be construed by any candidate or any other person or entity to mean that the candidate is unethical in any way.

INSTRUCTIONS

The DECLARATION AND FIRST AMENDMENT WAIVER, which includes the *voluntary* Statement of Fair Campaign Practices, can be found on page 2 of this form. If you are a candidate for county office and agree to abide by the *voluntary* Statement of Fair Campaign Practices, please sign the DECLARATION AND FIRST AMENDMENT WAIVER and file with the Miami-Dade Commission on Ethics and the Miami-Dade Elections Department. If you are a candidate for municipal office and agree to abide by the *voluntary* Statement of Fair Campaign Practices, please sign and file with the Miami-Dade Commission on Ethics and your respective municipal clerk. For further information, contact the Miami-Dade Office of Governmental Affairs at 305 499-8410.

Miami-Dade Commission on Ethics
19 W. Flagler St., Suite 820
Miami, FL 33130

Miami-Dade Elections Department
2700 NW 87th Ave. *or* P.O. Box 521550
Doral, FL 33172 Miami, FL 33152-1550

**DECLARATION AND FIRST AMENDMENT WAIVER
FOR CANDIDATES WHO AGREE TO COMPLY WITH
THE VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES**

NOV 13 PM 4:56 *SP*

VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES

As a candidate for public office in Miami-Dade County, I believe that political issues can be freely debated without appealing to racial, ethnic, religious, sexual, or other prejudices. I recognize that such negative appeals serve only to divide this community and create long-term moral, social, and economic problems. Therefore,

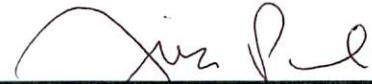
1. I shall not make my race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
2. I shall not make my opponent's race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
3. I will condemn any appeal to prejudice based on race, creed, national origin, religion, gender, physical disability, or sexual orientation.
4. I shall not, without just cause, attack or question my opponent's patriotism.
5. I shall not publish, display, or circulate any anonymous campaign literature or political advertisement.
6. I shall not tolerate my supporters engaging in these activities that I condemn, nor shall I accept their continued support if they engage in such activities. I will not permit any member of my campaign organization to engage in these activities and will immediately and publicly repudiate the support of any other individual or group that resorts to the methods and tactics I condemn.
7. I shall run a positive campaign emphasizing my qualifications for office and positions on issues of public concern.
8. I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions.
9. I will neither use nor permit the use of malicious untruths or innuendoes about an opponent's personal life, nor will I make or condone unfounded accusations discrediting that person's credibility.
10. I will take personal responsibility for approving or disavowing the substance of attacks on my opponent that may come from third parties supporting my candidacy.
11. I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

BY SIGNING THIS DECLARATION AND FIRST AMENDMENT WAIVER, I AGREE TO

- **ABIDE BY THE VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES,**
- **SUBMIT TO THE COMPULSORY JURISDICTION OF THE ETHICS COMMISSION, AND**
- **WAIVE MY FIRST AMENDMENT RIGHTS.**

I, Tina Paul, a candidate for the office of
please print your name
Commissioner in Town of Surfside,
elective office sought county, municipality, or other jurisdiction

agree to abide by the *voluntary* Statement of Fair Campaign Practices as provided in Section 2-11.1.1(D)(1) of the Code of Miami-Dade County, Florida, and to recognize as compulsory the jurisdiction of the Ethics Commission. I further agree that the Ethics Commission will have the authority to decide whether I have violated the *voluntary* Statement of Fair Campaign Practices and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any, which may include an admonition or public reprimand. I recognize that I have the right before signing this DECLARATION AND FIRST AMENDMENT WAIVER to consult my own legal counsel and to request and receive from the Ethics Commission an advisory opinion as to whether my planned campaign activities are likely to violate the *voluntary* Statement of Fair Campaign Practices. I also recognize that after signing this agreement, I will continue to have the right to request and receive from the Ethics Commission an advisory opinion regarding any future campaign activities that I may be considering. I hereby proclaim (1) that my agreement to abide by the Statement of Fair Campaign Practices is *voluntary*, knowing, and intelligent; (2) that I have not been forced, pressured, or otherwise coerced into making this agreement; and (3) that I am aware of the *voluntary* nature of this agreement. I recognize that there is no penalty for refusing to agree to abide by the *voluntary* Statement of Fair Campaign Practices. I also recognize that in signing this agreement, I will be forfeiting rights to which I would otherwise be entitled under the First Amendment to the U.S. Constitution and Article I, Section 4, of the Constitution of the State of Florida. Once the DECLARATION AND FIRST AMENDMENT WAIVER is signed, it is deemed irrevocable for the duration of the campaign.

x 
Signature

Nov. 13, 2019
Date

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION
PLEASE SIGN AND PRINT YOUR NAME CLEARLY

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 13 PM 4:35

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Tina Paul
for the office of Commissioner (Mayor or Commissioner) at an election to be held on March
17, 2020.

This petition must be filed with the Town Clerk between November 1, 2019 and November 22, 2019 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>11-8-2019</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>PETER Co (+H)</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/8/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>C. Rios</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/8/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Daisy Fernandez</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/8/2019</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>MARIVANA LLORENS</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/8/2019</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Israel Krutz</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/8/2019</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Belina Esquenazi</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11-09-19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>ANDREW ROTH</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/10/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Javier Nalmanca</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/10/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>STABIA STORON KUTIA</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/10/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>JENNIFER OKEN</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/11/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Rita Grauz</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11.11.19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>MAURICE P NEVILLE</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/11/2019</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Deborah Cimadevilla</u>	Address: <u>[Redacted]</u>	

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 13 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: Adrian Z. Angeli
Address of Circulator: 9225 COLLINS AVE. #512 SURFSIDE, FL 33154
Email address of Circulator: LADYARHTLENE@GMAIL.COM

ACCEPTANCE OF NOMINATION


I hereby accept the nomination of Commissioner (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: Tina Paul Date: Nov 13, 2019

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION
PLEASE SIGN AND PRINT YOUR NAME CLEARLY

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 13 PM 4:39 

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Tina Paul
for the office of Commissioner (Mayor or Commissioner) at an election to be held on March 17, 2020.

This petition must be filed with the Town Clerk between November 1, 2019 and November 22, 2019 (by 12:00pm).

Signature: <u>Pamela O'Hagan</u>	Date: <u>Nov. 12 2019</u>	D.O.B: <u>[REDACTED]</u>
Print Name: <u>PAMELA O'HAGAN</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[REDACTED]</u>	Date: <u>11/12/19</u>	D.O.B: <u>[REDACTED]</u>
Print Name: <u>DARLENE FERNANDEZ</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[REDACTED]</u>	Date: <u>11/12/19</u>	D.O.B: <u>[REDACTED]</u>
Print Name: <u>ROCIO ALVAREZ</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[REDACTED]</u>	Date: <u>11/13/19</u>	D.O.B: <u>[REDACTED]</u>
Print Name: <u>JACOB BLANCA</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[REDACTED]</u>	Date: <u>11.13.19</u>	D.O.B: <u>[REDACTED]</u>
Print Name: <u>Toni Strongin</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[REDACTED]</u>	Date: <u>11-13-19</u>	D.O.B: <u>[REDACTED]</u>
Print Name: <u>Delphine M. Tricomi</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[REDACTED]</u>	Date: <u>11-13-19</u>	D.O.B: <u>[REDACTED]</u>
Print Name: <u>ANGEL KERBEL</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[REDACTED]</u>	Date: <u>11/13/2019</u>	D.O.B: <u>[REDACTED]</u>
Print Name: <u>[REDACTED]</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[REDACTED]</u>	Date: <u>11/13/19</u>	D.O.B: <u>[REDACTED]</u>
Print Name: <u>Elizabeth Espinosa</u>	Address: <u>[REDACTED]</u>	
Signature: _____	Date: _____	D.O.B: _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	D.O.B: _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	D.O.B: _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	D.O.B: _____
Print Name: _____	Address: _____	

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 9 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]
Address of Circulator: 9225 COLLINS AVE #512 SURFSIDE, FL
Email address of Circulator: LADYARLENEL@GMAIL.COM 33154

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Commissioner (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: [Signature] Date: Nov. 13, 2019

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION
PLEASE SIGN AND PRINT YOUR NAME CLEARLY

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 13 PM 4:39

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Tina Paul
for the office of Commissioner (Mayor or Commissioner) at an election to be held on March
17, 2020.

This petition must be filed with the Town Clerk between November 1, 2019 and November 22, 2019 (by 12:00pm).

Signature: <u>Arlene Z. Ayalin</u>	Date: <u>11/6/19</u>	D.O.B. [REDACTED]
Print Name: <u>ARLENE Z. AYALIN</u>	Address: [REDACTED]	
Signature: <u>John Roby</u>	Date: <u>11/6/19</u>	D.O.B. [REDACTED]
Print Name: <u>John Roby</u>	Address: [REDACTED]	
Signature: <u>Maggie Vichot</u>	Date: <u>11/06/19</u>	D.O.B. [REDACTED]
Print Name: <u>MAGGIE VICHOT</u>	Address: [REDACTED]	
Signature: <u>Dwight Hahn</u>	Date: <u>11/6/19</u>	D.O.B. [REDACTED]
Print Name: <u>Dwight Hahn</u>	Address: [REDACTED]	
Signature: <u>Donald Lewin</u>	Date: <u>11/7/19</u>	D.O.B. [REDACTED]
Print Name: <u>Donald Lewin</u>	Address: [REDACTED]	
Signature: <u>Jeffrey L. Platt</u>	Date: <u>11/6/19</u>	D.O.B. [REDACTED]
Print Name: <u>Jeffrey L. Platt</u>	Address: [REDACTED]	
Signature: <u>Randy Appell</u>	Date: <u>11/7/19</u>	D.O.B. [REDACTED]
Print Name: <u>Randy Appell</u>	Address: [REDACTED]	
Signature: <u>Odio Vichot</u>	Date: <u>11/7/19</u>	D.O.B. [REDACTED]
Print Name: <u>Odio Vichot</u>	Address: [REDACTED]	
Signature: <u>Phyllis Franklin</u>	Date: <u>11/7/19</u>	D.O.B. [REDACTED]
Print Name: <u>Phyllis Franklin</u>	Address: [REDACTED]	
Signature: <u>Tyri Friedman</u>	Date: <u>11/7/19</u>	D.O.B. [REDACTED]
Print Name: <u>TYRI FRIEDMAN</u>	Address: [REDACTED]	
Signature: <u>Sylvia Hernandez</u>	Date: <u>11/7/19</u>	D.O.B. [REDACTED]
Print Name: <u>Sylvia Hernandez</u>	Address: [REDACTED]	
Signature: <u>Patricia Corero</u>	Date: <u>11/7/2019</u>	D.O.B. [REDACTED]
Print Name: <u>Patricia Corero</u>	Address: [REDACTED]	
Signature: <u>Roberto Garcia</u>	Date: <u>11/07/2019</u>	D.O.B. [REDACTED]
Print Name: <u>Roberto Garcia</u>	Address: [REDACTED]	

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 13 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: Arlene Z. Ayalin
Address of Circulator: 9225 COLLINS AVE #512 SURFSIDE, FL 33154
Email address of Circulator: LADYARHIENE@GMAIL.COM

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Commissioner (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: Tina Paul Date: Nov 13, 2019

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION
PLEASE SIGN AND PRINT YOUR NAME CLEARLY

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 13 PM 4:35

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Tina Paul
for the office of Commissioner (Mayor or Commissioner) at an election to be held on March
17, 2020.

This petition must be filed with the Town Clerk between November 1, 2019 and November 22, 2019 (by 12:00pm).

Signature: <u>Carlos Pineiro</u>	Date: <u>11-9-2019</u>	D.O.B. [REDACTED]
Print Name: <u>Carlos Pineiro</u>	Address: [REDACTED]	
Signature: <u>[Signature]</u>	Date: <u>11-9-2019</u>	D.O.B. [REDACTED]
Print Name: <u>Mario A. Salano</u>	Address: [REDACTED]	
Signature: <u>[Signature]</u>	Date: <u>11-10</u>	D.O.B. [REDACTED]
Print Name: <u>MARTA CASTRO</u>	Address: [REDACTED]	
Signature: <u>Jennifer Benezra</u>	Date: <u>11/15/19</u>	D.O.B. [REDACTED]
Print Name: <u>Jennifer Benezra</u>	Address: [REDACTED]	
Signature: <u>Michael Conley</u>	Date: <u>11/10/19</u>	D.O.B. [REDACTED]
Print Name: <u>MICHAEL CONLEY</u>	Address: [REDACTED]	
Signature: <u>Gregory McDaniel</u>	Date: <u>11-12-19</u>	D.O.B. [REDACTED]
Print Name: <u>Gregory McDaniel</u>	Address: [REDACTED]	
Signature: <u>Michael Nemeth</u>	Date: <u>11-12-19</u>	D.O.B. [REDACTED]
Print Name: <u>Michael Nemeth</u>	Address: [REDACTED]	
Signature: <u>Deborah Nemeth</u>	Date: <u>11/12/19</u>	D.O.B. [REDACTED]
Print Name: <u>Deborah NEMETH</u>	Address: [REDACTED]	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 8 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]
Address of Circulator: 9225 COLLINS AVE #512 SURFSIDE, FL
Email address of Circulator: LAOYARhelene@gmail.com

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Commissioner (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: [Signature] Date: Nov 13, 2019



Elections
2700 NW 87th Avenue
Miami, Florida 33172
T 305-499-8683 F 305-499-8547
TTY 305-499-8480

miamidade.gov

November 19, 2019

Sandra Novoa, MMC
Town Clerk
Town of Surfside
9293 Harding Ave
Surfside, FL 33154

Dear Ms. Novoa:

The Miami-Dade Elections Department has completed the verification of the petitions for Tina Paul, a candidate for the office of Commissioner for Town of Surfside. A total of 43 petitions were reviewed for verification; of which 39 were certified.

For purposes of signature verification, my office follows the directives given by the municipality. You are encouraged to ensure compliance with municipal charter or code requirements.

Please find the certification for the petition enclosed. Should you have any questions or concerns, please feel free to contact Michelle McClain, Deputy Supervisor of Elections for Voter Services at 305-499-8302.

Sincerely,

A handwritten signature in blue ink, appearing to read "Christina White".

Christina White
Supervisor of Elections

Enclosure (1)



Elections
2700 NW 87th Avenue
Miami, Florida 33172
T 305-499-8683 F 305-499-8547
TTY 305-499-8480

miamidade.gov

CERTIFICATION

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

I, Christina White, Supervisor of Elections of Miami-Dade County, Florida, do hereby certify that 39 signatures submitted by Tina Paul for the office of Commissioner for the Town of Surfside matched the signatures on the voter files.

A blue ink signature of Christina White, written over a faint circular official seal of the Supervisor of Elections of Miami-Dade County.

Christina White
Supervisor of Elections

WITNESS MY HAND
AND OFFICIAL SEAL,
AT MIAMI, MIAMI-DADE
COUNTY, FLORIDA,
ON THIS 19th DAY OF
NOVEMBER, 2019



TOWN OF SURFSIDE
Office of the Town Clerk

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra Novoa, MMC, Town Clerk

November 20, 2019

Ms. Tina Paul
9225 Collins Avenue, Apt 512
Surfside, FL 33154

Dear Ms. Paul,

I am pleased to inform you that according to records on file in this office, you have qualified as a candidate for the office of the Town Commission for the Town of Surfside. Your name will be placed on the ballot for the March 17, 2019 Municipal Election.

Congratulations on your qualification and if I can assist in any way throughout the process, please feel free to contact me.

Very truly yours,

Sandra Novoa, MMC
Town Clerk

CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY

DEC 2 PM 3:07

SM

1) TINA PAUL
Name

2) 9225 COLLINS AVE
Address (number and street)
SURFSIDE, FL 33154
City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Commissioner
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 11 / 01 / 2019 To 11 / 30 / 2019 Report Type: 2019 M11

- Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 500 . 00

Loans \$ _____ , _____ , 300 . 00

Total Monetary \$ _____ , _____ , 0 . 00

In-Kind \$ _____ , _____ , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 25 . 00

Transfers to Office Account \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , _____ , 0 . 00

(8) Other Distributions

\$ _____ , _____ , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 800 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 25 . 00

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Tina Paul
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X [Signature]
Signature

(Type name) Tina Paul
 Candidate Chairperson (only for PC and PTY)

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

DEC 2 PM 3:08 *SKN*

(1) Name Tina Paul

(2) I.D. Number _____

(3) Cover Period 11 / 01 / 2019 through 11 / 30 / 2019 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		Amount
11,06,19	Paul, Tina 9225 Collins Ave, Surfside, FL 33154	S	Photographer	LOA			300.00
11,24,19	Lewin, Donald 9225 Collins Ave. Surfside, FL 33154	I	Retired Management Consultant	CHE			500.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

DEC 2 PM 3:08 SKN

(1) Name Tina Paul

(2) I.D. Number _____

(3) Cover Period 11 / 01 / 2019 through 11 / 30 / 2019

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
11/13/19	TOWN of Surfside 9293 Harding AVE Surfside, FL 33154	qualifying fee	CAN		\$ 25.00
///					
///					
///					
///					
///					
///					
///					
///					

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name

Tina Paul

I.D. Number

Address (number and street)

9225 COLLINS AVE.

City, State, Zip Code

Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

DEC 2 PM 3:08

SN

Candidate for:

Mayor

Commissioner, District _____

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 2019 M11 Cover Period 11.01.2019 through 11.30.2019

Report Type Original Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

Tina Paul

(Type name) Treasurer Deputy Treasurer

X
Signature

[Signature]

I certify that I have examined this report and it is true, correct, and complete.

Tina Paul

(Type name) Candidate

X
Signature

[Signature]

CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY

JAN 8 PM 4:10

1) Tina Paul
 Name
 2) 9225 Collins Ave
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Commissioner
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 12 / 01 / 2019 To 12 / 31 / 2019 Report Type: 2019M12

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 0.00

Loans \$ _____ , _____ , 0.00

Total Monetary \$ _____ , _____ , 0.00

In-Kind \$ _____ , _____ , 0.00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 0.00

Transfers to Office Account \$ _____ , _____ , 0.00

Total Monetary \$ _____ , _____ , 0.00

(8) Other Distributions

\$ _____ , _____ , 0.00

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 800.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 25.00

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:


(Type name) Tina Paul
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

(Type name) Tina Paul
 Candidate Chairperson (only for PC and PTY)

X Tina Paul
 Signature

X Tina Paul
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

JAN 8 PM 4:10 

(1) Name Tina Paul (2) I.D. Number _____

(3) Cover Period 12 / 01 / 2019 through 12 / 31 / 2019 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
/ /	NONE						
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Tina Paul

(2) I.D. Number _____

(3) Cover Period 12 / 01 / 2019 through 12 / 31 / 2019

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
/ /	None				
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name

Tina Paul

I.D. Number

Address (number and street)

9225 COLLINS AVE

City, State, Zip Code

Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

JAN 8 PM 4:10

Candidate for:

Mayor

Commissioner, District _____

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 2019 M12 Cover Period 12.01.2019 through 12.31.2019

Report Type Original Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

Tina Paul

(Type name)

Treasurer

Deputy Treasurer

I certify that I have examined this report and it is true, correct, and complete.

Tina Paul

(Type name)

Candidate

X

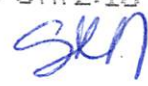
Signature

X

Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Tina Paul
 Name
 (2) 9225 Collins Ave
 Address (number and street)
Sunrise, FL 33154
 City, State, Zip Code

OFFICE USE ONLY
 FEB 6 PM 2:18
 FEB 6 PM 2:18


Check here if address has changed (3) ID Number: _____

(4) Check appropriate box(es):
 Candidate Office Sought: Commissioner
 Political Committee (PC)
 Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
 Party Executive Committee (PTY) Check here if PTY has disbanded
 Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 01 / 01 / 20 To 01 / 31 / 20 Report Type: 2020 M1
 Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 240 . 00
 Loans \$ _____, _____, _____ . 00
 Total Monetary \$ _____, _____, _____ . 00
 In-Kind \$ _____, _____, 500 . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 340 . 63
 Transfers to Office Account \$ _____, _____, _____ . 00
 Total Monetary \$ _____, _____, _____ . 00

(8) Other Distributions
 \$ _____, _____, _____ . 00

(9) TOTAL Monetary Contributions To Date
 \$ _____, 1 , 040 . 00

(10) TOTAL Monetary Expenditures To Date
 \$ _____, _____, 365 . 63

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Tina Paul
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

(Type name) Tina Paul
 Candidate Chairperson (only for PC and PTY)

X Tina Paul
 Signature

X Tina Paul
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Tina Paul

(2) I.D. Number FEB 6 PM 2:19 *sen*

(3) Cover Period 01, 01, 20 through 01, 31, 20 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		Amount
01, 17, 20 1	Ayalin, Arhlene 9225 Collins Ave Surfside, FL 33154	1	Graphic Designer	INK	YARD SIGN/ Campaign flyer/ Button Design		500.00
01, 28, 20 2	Neville, Peter and June 9148 Abbott Ave Surfside, FL 33154	1	Retired	CAS			40.00
01, 29, 20 3	Lewin, Donald 9225 Collins Ave Surfside, FL 33154	1	Retired Management Consultant	CHE			200.00
/ /							
/ /							
/ /							
/ /							

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name

Tina Paul

I.D. Number

Address (number and street)

9225 COLLINS AVE

City, State, Zip Code

Surfside, FL 33154

FEB 6 PM 2:19

gjn

CHECK IF ADDRESS HAS CHANGED

Candidate for:

- Mayor
- Commissioner, District _____
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 2020 M1 Cover Period 01.01.2020 through 01.31.2020

Report Type Original Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

Tina Paul

(Type name) Treasurer Deputy Treasurer

X
Signature

I certify that I have examined this report and it is true, correct, and complete.

Tina Paul

(Type name) Candidate

X
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

1) Tina Paul
 Name
 2) 9225 Collins Ave
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY
 FEB 21 PM 2:22

 FEB 21 PM 2:22

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Commissioner
 Political Committee (PC)
 Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
 Party Executive Committee (PTY) Check here if PTY has disbanded
 Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 02 / 01 / 20 To 02 / 20 / 20 Report Type: 25 P 1

- Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, 1 , 100 . 00
 Loans \$, , . 00
 Total Monetary \$, , . 00
 In-Kind \$, , . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 703 . 71
 Transfers to Office Account \$, , . 00
 Total Monetary \$, , . 00

(8) Other Distributions
 \$, , . 00

(9) TOTAL Monetary Contributions To Date
 \$, 2 , 140 . 00

(10) TOTAL Monetary Expenditures To Date
 \$, 1 , 069 . 34

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Tina Paul
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

(Type name) Tina Paul
 Candidate Chairperson (only for PC and PTY)

X [Signature]
 Signature

X [Signature]
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

FEB 21 PM 2:22

(1) Name Tina Paul (2) I.D. Number _____

(3) Cover Period 02/01/20 through 02/20/20 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number #		Type	Occupation	Type	Description		
02/06/20	LIBRE, LLC 2700 SW 8th St Miami, FL 33135	B	Publication	CHE			500.00
1							
02/06/20	DP Real Estate Holdings, LLC 2700 SW 8th St Miami, FL 33135	B	Real Estate	CHE			500.00
2							
02/19/20	Carlos Piveiro, MS and John C Ayala, MD 8855 Collins Ave Surfside, FL 33154	I	Practice Manager	CHE			100.00
3							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Tina Paul

(2) I.D. Number _____

(3) Cover Period 02/01/20 through 02/20/20

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
02/07/20 1	Concept-ion Design 17032 W DIXIE Hwy North Miami Beach FL 33160	T-Shirt printing	CAN		62.59
02/12/20 2	Postmaster 250 95th St Surfside, FL 33154	EDDM postage	CAN		349.15
02/18/20 3	Ashlene Ayala 9225 Collins Ave Surfside, FL 33154	Graphic Design	CAN		200.00
02/20/20 4	Tina Paul 9225 Collins Ave Surfside, FL 33154	Additional printing, food contribution for Meet and Greet	RMB		91.97
1/1					
1/1					
1/1					
1/1					

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name Tina Paul

I.D. Number _____

Address (number and street)
9225 Collins Ave

City, State, Zip Code
Sue Side, FL 33154

CHECK IF ADDRESS HAS CHANGED

Candidate for:

- Mayor
- Commissioner, District _____
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 25 P1 Cover Period 02.01.20 through 02.20.20

Report Type Original Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

Tina Paul
(Type name) Treasurer Deputy Treasurer

X [Signature]
Signature

I certify that I have examined this report and it is true, correct, and complete.

Tina Paul
(Type name) Candidate

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

1) Tina Paul
 Name
 2) 9225 Collins Ave
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

MAR 6 PM 3:49

Check here if address has changed (3) ID Number: _____

4) Check appropriate box(es):

Candidate Office Sought: Commissioner

Political Committee (PC) Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO) Check here if PTY has disbanded

Party Executive Committee (PTY) Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

(5) Report Identifiers

Cover Period: From 02 / 21 / 20 To 03 / 05 / 20 Report Type: 11P1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 75.00

Loans \$ _____, _____, 00

Total Monetary \$ _____, _____, 00

In-Kind \$ _____, _____, 00

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 519.71

Transfers to Office Account \$ _____, _____, 00

Total Monetary \$ _____, _____, 00

(8) Other Distributions

\$ _____, _____, 00

(9) TOTAL Monetary Contributions To Date

\$ _____, 2,215.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, 1,589.05

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Tina Paul

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

(Type name) Tina Paul

Candidate Chairperson (only for PC and PTY)

X [Signature]

Signature

X [Signature]

Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Tina Paul (2) I.D. Number _____

(3) Cover Period 02 / 21 / 20 through 03 / 05 / 20 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		Amount
02 / 21 / 20	Maggie and Robert McMonagle 9040 EMERSON AVE SUNTSIDE, FL 33154	1		CHE			75.00
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name TINA PAUL

(2) I.D. Number _____

(3) Cover Period 02/21/20 through 03/05/20

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
02/28/20	Postmaster 250 95th St Suefside, FL 33154	EDDM postage	CAN		354.11
03/06/20	Visa Citi payment for Costco printing	postcard printing	PCS		130.53
03/06/20	Discover Card payment for office max	Custom yard sign	PCS		35.07
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name Tina Paul

I.D. Number _____

Address (number and street) 9225 COLLINS AVE

City, State, Zip Code Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

Candidate for:

- Mayor
- Commissioner, District _____
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 11P1 Cover Period 02-21-20 through 03-05-20

Report Type Original Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

Tina Paul
(Type name) Treasurer Deputy Treasurer

X [Signature]
Signature

I certify that I have examined this report and it is true, correct, and complete.

Tina Paul
(Type name) Candidate

X [Signature]
Signature

