

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

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

(PLEASE PRINT OR TYPE)

01-11-18P03:37 RCVD *gxn*

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

Jan 10, 2018

26. Signature of Candidate

X *[Signature]*

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.

Jan 10, 2018

Date

X

[Signature]
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

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

OFFICE USE ONLY

01-11-18P03:37 RCVD *gun*

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 *Tina Paul*
Signature of Candidate

Jan 10, 2018
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)

01-11-18P03:37 RCVD *gen*

01-12-18P03:10 RCVD *gen*

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

Jan 10, 2018

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.

Jan 10, 2018

Date

X

Signature of Campaign Treasurer or Deputy Treasurer



TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

01-31-18P01:59 RCVD *ex.*

GENERAL ELECTION – MARCH 20, 2018

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 }

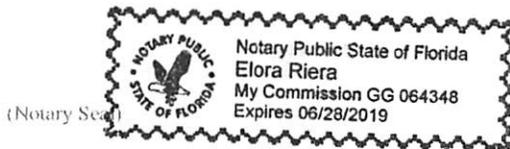
TOWN OF SURFSIDE }

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; 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 February 5, 2018 and that if elected, I will willingly serve as Commissioner
(Mayor or Commissioner) of the Town of Surfside, if elected.

Tina Paul
Signature of Candidate

1.31.18
Date

Sworn to and subscribed before me this 31st day of January, 2018.



Elora Riera
NOTARY PUBLIC
Elora Riera
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:

Write-in candidate

01-31-18P01:58 RCVD *el*

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 (305) 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

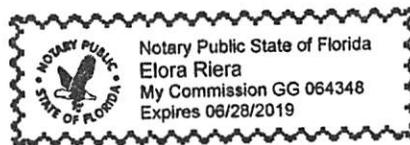
COUNTY OF MIAMI-DADE

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

Sworn to (or affirmed) and subscribed before me this 31st
day of January, 2018.

Personally Known: _____ or Produced Identification: _____

Type of Identification Produced: _____



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

Surfside 33154 Miami-Dade

CITY :

ZIP :

COUNTY :

NAME OF AGENCY :

Commissioner

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

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

COPY

**** **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
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")

9125 Emerson Ave Surfside FL - Sold 7.10.17

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	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:

Jim Paul

Date Signed:

January 31, 2018

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.

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

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 20,
2018. 01-31-18P01:58 RCVD

This petition must be filed with the Town Clerk between January 15, 2018 and February 5, 2018 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>2/14/18</u>	Voters Reg. # <u>109490045</u>
Print Name: <u>LOUIS A. COHEN</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>1-14-18</u>	Voters Reg. # <u>109490046</u>
Print Name: <u>BARBARA COHEN</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>1-14-18</u>	Voters Reg. # <u># 1006</u>
Print Name: <u>BARBARA V. McLAUGHLIN</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>1-15-18</u>	Voters Reg. # <u></u>
Print Name: <u>DOROTHY W. KEHER</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/16/18</u>	Voters Reg. # <u></u>
Print Name: <u>RAMOND W. FARLER</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>01/16/18</u>	Voters Reg. # <u></u>
Print Name: <u>[Signature]</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>1-16-18</u>	Voters Reg. # <u></u>
Print Name: <u>TONI STRANSKY</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/17/18</u>	Voters Reg. # <u></u>
Print Name: <u>BERYL ZISHMAN</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/17/18</u>	Voters Reg. # <u></u>
Print Name: <u>JUDITH ZISHMAN</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/12/18</u>	Voters Reg. # <u></u>
Print Name: <u>MARTA OLCHAK</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>1-17-18</u>	Voters Reg. # <u># 701</u>
Print Name: <u>GRACE E HEISING</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/17/2018</u>	Voters Reg. # <u></u>
Print Name: <u>LEOBILDO E LADAGA</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/17/18</u>	Voters Reg. # <u></u>
Print Name: <u>DELPHINE M. TRICOMI</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: [Signature]
Address of Circulator: 9341 Collins Avenue #1008
E-mail address of Circulator: loubar1008@gmail.com

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Commissioner (Mayor or Commissioner) and agree to

Signature of Candidate: [Signature] Date: 1-31-18

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

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 20, 2018.

01-31-18 PM 5:58 RCVD

This petition must be filed with the Town Clerk between January 15, 2018 and February 5, 2018 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>01/21/18</u>	Voters Reg. #
Print Name: <u>Johanna Estrander</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/22/18</u>	Voters Reg. #
Print Name: <u>ELIANA SAIZHOVER</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/22/18</u>	Voters Reg. #
Print Name: <u>Phyllis Franklin</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/23/18</u>	Voters Reg. #
Print Name: <u>Shera Goldberg</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/24/18</u>	Voters Reg. #
Print Name: <u>Gloria Apher</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/23/18</u>	Voters Reg. #
Print Name: <u>JENNIFER OKEN</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>01/23/18</u>	Voters Reg. #
Print Name: <u>MAGGIE VESPA</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/23/18</u>	Voters Reg. #
Print Name: <u>Belinda Esquenazi</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: _____	Voters Reg. #
Print Name: <u>PATLA DEMAPAZ</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: _____	Voters Reg. # <u>1412</u>
Print Name: _____	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/24/2018</u>	Voters Reg. #
Print Name: <u>NORMA S. PARRON</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: _____	Voters Reg. #
Print Name: <u>IVAN PARRON</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>01-24-18</u>	Voters Reg. #
Print Name: <u>Andrew Roth</u>	Address: <u>[Redacted]</u>	

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 12 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 Surfside FL 33154
Email address of Circulator: tinapictures@yahoo.com

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Commissioner (Mayor or Commissioner) and agree to

Signature of Candidate: [Signature] Date: 1.31.18

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

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Tina Paul ^{9-31-18 PAUL RCVD} for the office of Commissioner (Mayor or Commissioner) at an election to be held on March 20, 2018.

This petition must be filed with the Town Clerk between January 15, 2018 and February 5, 2018 (by 12:00pm).

Signature: <u>Arhlene Z. Avalin</u>	Date: <u>1/12/18</u>	Voters Reg. # <u>119278128</u>
Print Name: <u>ARHLENE Z. AVALIN</u>	Address: <u>[REDACTED]</u>	
Signature: <u>Durrell Handwerker</u>	Date: <u>1/12/18</u>	Voters Reg. # <u>[REDACTED]</u>
Print Name: <u>DURRELL HANDWERKER</u>	Address: <u>[REDACTED]</u>	
Signature: <u>Elaine Killeen</u>	Date: <u>1/16/18</u>	Voters Reg. # <u>[REDACTED]</u>
Print Name: <u>ELAINE KILLEEN</u>	Address: <u>[REDACTED]</u>	
Signature: <u>Jessica Flax</u>	Date: <u>1/17/18</u>	Voters Reg. # <u>[REDACTED]</u>
Print Name: <u>JESSICA FLAX</u>	Address: <u>[REDACTED]</u>	
Signature: <u>Maurice P. Neville</u>	Date: <u>1/17/18</u>	Voters Reg. # <u>[REDACTED]</u>
Print Name: <u>MAURICE P. NEVILLE</u>	Address: <u>[REDACTED]</u>	
Signature: <u>Carlos Ronda</u>	Date: <u>1/17/18</u>	Voters Reg. # <u>[REDACTED]</u>
Print Name: <u>CARLOS RONDA</u>	Address: <u>[REDACTED]</u>	
Signature: <u>Yuri Fridman</u>	Date: <u>1/17/2018</u>	Voters Reg. # <u>[REDACTED]</u>
Print Name: <u>YURI FRIDMAN</u>	Address: <u>[REDACTED]</u>	
Signature: <u>John Rodriguez</u>	Date: <u>1/18/18</u>	Voters Reg. # <u>[REDACTED]</u>
Print Name: <u>JOHN RODRIGUEZ</u>	Address: <u>[REDACTED]</u>	
Signature: <u>Israel Pardo</u>	Date: <u>1/19/18</u>	Voters Reg. # <u>[REDACTED]</u>
Print Name: <u>ISRAEL PARDO</u>	Address: <u>[REDACTED]</u>	
Signature: <u>Barbara Wall</u>	Date: <u>1-20-18</u>	Voters Reg. # <u>[REDACTED]</u>
Print Name: <u>BARBARA WALL</u>	Address: <u>[REDACTED]</u>	
Signature: <u>Sesena Hein</u>	Date: <u>1-21-18</u>	Voters Reg. # <u>[REDACTED]</u>
Print Name: <u>SESENA HEIN</u>	Address: <u>[REDACTED]</u>	
Signature: <u>Fatima Hamid</u>	Date: <u>1-21-18</u>	Voters Reg. # <u>[REDACTED]</u>
Print Name: <u>FATIMA HAMID</u>	Address: <u>[REDACTED]</u>	
Signature: <u>Jim Buckley</u>	Date: <u>[REDACTED]</u>	Voters Reg. # <u>[REDACTED]</u>
Print Name: <u>JIM BUCKLEY</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: [Signature]
Address of Circulator: 9225 Collins Ave Surfside FL 33154
Mail address of Circulator: tinapictures@yahoo.com

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Commissioner (Mayor or Commissioner) and agree to

Signature of Candidate: [Signature] Date: 1.31.18

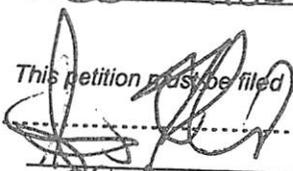
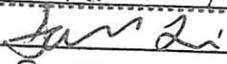
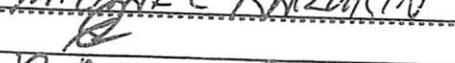
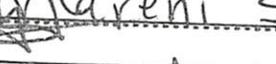
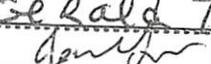
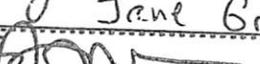
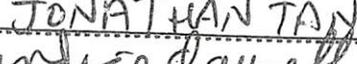
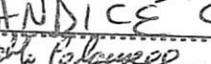
YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION
PLEASE SIGN AND PRINT YOUR NAME CLEARLY

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA-31-18P01:58 RCVD

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 20,
2018.

This petition must be filed with the Town Clerk between January 15, 2018 and February 5, 2018 (by 12:00pm).

Signature: 	Date: <u>01/17/2018</u>	Voters Reg. #
Print Name: <u>Stanley Fox</u>	Address: [REDACTED]	
Signature: 	Date: <u>1/18/2018</u>	Voters Reg. #
Print Name: <u>Elida S. Mangano</u>	Address: [REDACTED]	
Signature: 	Date: <u>1/18/18</u>	Voters Reg. #
Print Name: <u>SARA LI</u>	Address: [REDACTED]	
Signature: 	Date: <u>1/18/2018</u>	Voters Reg. #
Print Name: <u>MICHAEL KARUKIN</u>	Address: [REDACTED]	
Signature: 	Date: <u>1-18-18</u>	Voters Reg. #
Print Name: <u>Barry Cohen</u>	Address: [REDACTED]	
Signature: 	Date: <u>1/18/18</u>	Voters Reg. #
Print Name: <u>Elise J. Harris</u>	Address: [REDACTED]	
Signature: 	Date: <u>1/18/18</u>	Voters Reg. #
Print Name: <u>Mareni Starve</u>	Address: [REDACTED]	
Signature: 	Date: <u>1-18-18</u>	Voters Reg. #
Print Name: <u>Avery Paek</u>	Address: [REDACTED]	
Signature: 	Date: <u>1-18-18</u>	Voters Reg. #
Print Name: <u>GERALD TOWNSON</u>	Address: [REDACTED]	
Signature: 	Date: <u>1/18/18</u>	Voters Reg. #
Print Name: <u>Jane Graham</u>	Address: [REDACTED]	
Signature: 	Date: <u>01/18/18</u>	Voters Reg. #
Print Name: <u>JONATHAN TANOS</u>	Address: [REDACTED]	
Signature: 	Date: <u>1-18-2018</u>	Voters Reg. #
Print Name: <u>CANDICE CLAUSELL</u>	Address: [REDACTED]	
Signature: 	Date: <u>1-18-18</u>	Voters Reg. #
Print Name: <u>PABLO CLAUSELL</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: Jill 2 Amali
Address of Circulator: 9225 COLLINS AVE #512 SURFSIDE, FL
Email address of Circulator: LADYARHELENE@GMAIL.COM

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Commissioner (Mayor or Commissioner) and agree to

Signature of Candidate: Tina Paul Date: 1.31.18

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 01-31-18P01:58 RCVD

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 15,
2016.

This petition must be filed with the Town Clerk not more than fifty-five and not less than thirty five days prior to the election.

Signature: <u>Deborah Cimadevilla</u>	Date: <u>1/25/18</u>	Voters Reg. #
Print Name: <u>Deborah Cimadevilla</u>	Address: [REDACTED]	
Signature: <u>Roger Faber</u>	Date: <u>1-25-18</u>	Voters Reg. #
Print Name: <u>ROGER FABER</u>	Address: [REDACTED]	
Signature: <u>Angel Kerbel</u>	Date: <u>1/30/18</u>	Voters Reg. #
Print Name: <u>ANGEL KERBEL</u>	Address: [REDACTED]	
Signature: <u>Angel Kerbel</u>	Date: <u>1/30/18</u>	Voters Reg. #
Print Name: <u>ANGEL KERBEL</u>	Address: [REDACTED]	
Signature: <u>Steven Flood</u>	Date: <u>1-30-18</u>	Voters Reg. #
Print Name: <u>STEVEN FLOOD</u>	Address: [REDACTED]	
Signature: <u>Margot Caceres</u>	Date: <u>1/31/2018</u>	Voters Reg. #
Print Name: <u>Margot Caceres</u>	Address: [REDACTED]	
Signature: <u>Robert [unclear]</u>	Date: <u>1-31-18</u>	Voters Reg. #
Print Name: <u>ROBERT [unclear]</u>	Address: [REDACTED]	
Signature: <u>John [unclear]</u>	Date: <u>1/31/18</u>	Voters Reg. #
Print Name: <u>JOHN [unclear]</u>	Address: [REDACTED]	
Signature: <u>Haven [unclear]</u>	Date: <u>Jan 31</u>	Voters Reg. #
Print Name: <u>Haven [unclear]</u>	Address: [REDACTED]	
Signature: _____	Date: _____	Voters Reg. # _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	Voters Reg. # _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	Voters Reg. # _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	Voters Reg. # _____
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: Tina Paul
Address of Circulator: 9225 Collins Ave Surfside FL 33154
Email address of Circulator: tinapictures@yahoo.com

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Commissioner (Mayor or Commissioner) and agree to

Signature of Candidate: Tina Paul Date: 1-31-18

Tina Paul Campaign Account

0991
63-4/630 FL
1035

DATE Jan. 31, 2018

PAY TO THE ORDER OF Town of Surfside

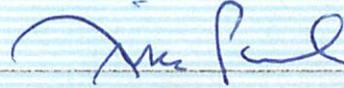
\$ 25.00

Twenty Five and $\frac{xx}{100}$

DOLLARS  Security Features Details on Back

Bank of America 

FOR qualifying fee



COPY

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

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**

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,

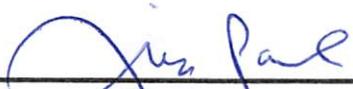
1. I shall not make my race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
2. I shall not make my opponent's race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
3. I will condemn any appeal 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

Jan. 31, 2018
Date



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

miamidade.gov

February 5, 2018

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 25 petitions were reviewed for verification; of which 25 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)



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

February 6, 2018

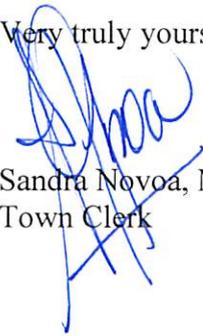
Ms. Tina Paul
9225 Collins Avenue, Apt 512
Surfside, FL 33154

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 20, 2018 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

(1) Tina Paul
Name

(2) 9225 COLLINS AVE
Address (number and street)

SURFSIDE, FL 33154
City, State, Zip Code

OFFICE USE ONLY

02-07-18P05:47 RCVD

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 / 2018 To 01 / 31 / 2018 Report Type: 2018M1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 100.00

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

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 400.00

(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 Tina Paul
Signature

(Type name) Tina Paul

Candidate Chairperson (only for PC and PTY)

X Tina Paul
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 01 / 01 / 2018 through 01 / 31 / 2018 (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, 11, 18	PAUL, TINA 9225 COLLINS AVE SUFTSIDE FL 33154	S	Photographer	LOA			300.00
01, 15, 18	Cohen, BARBARA & LOUIS 9341 COLLINS AVE SUFTSIDE FL 33154	I		CHE			100.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name TINA PAUL

(2) I.D. Number _____

(3) Cover Period 01 / 01 / 2018 through 01 / 31 / 2018

(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					
01/31/18	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

Candidate for:

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

REPORT IDENTIFIERS

Report Name 2018 M1 Cover Period 01-01-2018 through 01-31-2018

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 Tina Paul
Signature

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

Tina Paul
(Type name) Candidate

X Tina Paul
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Tina Paul
Name

(2) 9225 Collin Ave
Address (number and street)

Surfside, FL 33154
City, State, Zip Code

OFFICE USE ONLY

02-23-18P03:42 RCVD *pk*

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 02 / 01 / 2018 To 02 / 16 / 2018 Report Type: 25P1

Original Amendment Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , 00 . 00

Total Monetary \$ _____ , _____ , 00 . 00

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 233 . 46

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

Total Monetary \$ _____ , _____ , 233 . 46

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 400 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 258 . 46

(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 *Tina Paul*

Signature

(Type name) Tina Paul

Candidate Chairperson (only for PC and PTY)

X *Tina Paul*

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 02 / 01 / 2018 through 02 / 16 / 2018 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(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 02 / 01 / 2018 through 02 / 16 / 2018 (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
02/09/18	OFFICE DEPOT/OFFICE MAX NORTH MIAMI	YARD SIGNS	CAN		\$80.22
02/09/18	COSTCO 14585 BISCAYNE BLVD N. MIAMI BEACH, FL 33181	TEST PRINTS	CAN		\$11.50
02/14/18	COSTCO 14585 BISCAYNE BLVD N. MIAMI BEACH, FL 33181	POSTCARDS	CAN		\$95.22
02/14/18	OFFICE DEPOT/OFFICE MAX NORTH MIAMI	YARD SIGN	CAN		\$46.52
/ /					
/ /					
/ /					
/ /					

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 Sunrise, FL 33154

CHECK IF ADDRESS HAS CHANGED

02-23-18P03:43 RCVD *pk*

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 02/01/2018 through 02/16/2018

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 *Tina Paul*
Signature

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

Tina Paul
(Type name) Candidate

X *Tina Paul*
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

03-09-18A10:59 RCVD

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 02 / 17 / 2018 To 03 / 02 / 2018 Report Type: 11P1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, 1 , 100.00

Loans \$, , .

Total Monetary \$, 1 , 100.00

In-Kind \$, , .

(7) Expenditures This Report

Monetary Expenditures \$, , 695.85

Transfers to Office Account \$, , .

Total Monetary \$, , 695.85

(8) Other Distributions

\$, , .

(9) TOTAL Monetary Contributions To Date

\$, 1 , 500.00

(10) TOTAL Monetary Expenditures To Date

\$, , 954.31

(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 _____

(3) Cover Period 02 / 17 / 2018 through 03 / 02 / 2018 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
		Type	Occupation				
02 / 23 / 18	Monceau Realty LLC 1108 Kane Concourse Suite 309 Bryantwood Islands FL 33154	B	Real ESTATE	CHE			1,000.00
03 / 01 / 18	Cohen, Barbara # Louis 9341 Collins Ave Sunside, FL 33154	I		CHE			100.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

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

(3) Cover Period 02 / 17 / 2018 through 03 / 02 / 2018 (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
02/28/18	OFFICE DEPOT / OFFICE MAX NORTH MIAMI	YARD SIGN	CAN		\$ 20.85
02/28/18	Azhlene Ajalin Graphic Design 9225 Collins Ave Suntside, FL 33154	Flyer/Poster Design Photography Website page	CAN		\$ 675.00
///					

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

Sweetwater, FL 33154

CHECK IF ADDRESS HAS CHANGED

03-09-18A10:59 RCVD

Candidate for:

Mayor

Commissioner, District _____

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 11 P 1 Cover Period 02/17/2018 through 03/02/2018

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

03-16-18P02:17 RCVD

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 03 / 03 / 2018 To 03 / 15 / 2018 Report Type: 4P1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 1,000.00

Loans \$ _____

Total Monetary \$ 1,000.00

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ _____

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 2,500.00

(10) TOTAL Monetary Expenditures To Date

\$ 954.31

(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 03 / 03 / 2018 through 03 / 15 / 2018 (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
03, 08, 18	DP Real Estate Holdings LLC 2700 SW 8th St Miami, FL 33135	B	Real Estate	CHE			500.00
03, 08, 18	LIBRE, LLC 2700 SW 8th St Miami, FL 33135	B	Publication	CHE			500.00
/ /							
/ /							
/ /							
/ /							
/ /							
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/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Tina Paul (2) I.D. Number _____
 (3) Cover Period 03 / 03 / 2018 through 03 / 15 / 2018 (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
 / /	NONE				
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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

03-16-18P02:17 RCVD

Address (number and street)

9225 COLLINS AVE

City, State, Zip Code

Sweetside, 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 4P1 Cover Period 03-03-2018 through 03-15-2018

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

Tina Paul

Signature

X

Tina Paul

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

06-15-18P04:31 RCVD

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 03 / 15 / 18 To 06 / 18 / 18 Report Type: 18TRG

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 \$ _____ , 1 , 545 . 69

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

Total Monetary \$ _____ , 1 , 545 . 69

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 2 , 500 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 2 , 500 . 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 Tina Paul

Signature

(Type name) Tina Paul

Candidate Chairperson (only for PC and PTY)

X Tina Paul

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 03 / 15 / 18 through 06 / 18 / 18 (4) Page 1 of 1

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

(1) Name Tina Paul

(2) I.D. Number _____

(3) Cover Period 03/15/18 through 06/18/18

(4) Page 1 of 2

(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
03/17/18	Printing Dave 13995 NW 7th Ave North Miami, FL 33168	T-shirts	CAN		\$ 95.79
03/19/18	Costco 14585 Biscayne Blvd N. Miami, FL 33181	Election Day Refreshments	CAN		\$ 113.10
03/19/18	Office Depot/office Max North Miami, FL	Election Day Supplies	CAN		\$ 42.09
03/19/18	Publix 9400 Harding Ave Surfside, FL 33154	Election Day Supplies	CAN		\$ 41.74
03/22/18	Arlene Ayalin 9225 Collins Ave Surfside, FL 33154	Campaign Worker	CAN		\$ 180.00
03/22/18	Tina Paul 9225 Collins Ave Surfside, FL 33154	Loan Reimbursement	RMB		\$ 300.00
03/26/18	Tina Paul 9225 Collins Ave Surfside, FL 33154	Gas, Tolls, Election Day Dinner	RMB		\$ 95.00
/ /					

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Tina Paul

(2) I.D. Number _____

(3) Cover Period 03 / 15 / 18 through 06 / 18 / 18

(4) Page 2 of 2

(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
05/01/18	BANK of America 1108 Kane Concourse Bay Harbor Is, FL 33154	Service FEE			\$ 17.00
06/01/18	Bank of America 1108 Kane Concourse Bay Harbor Is, FL 33154	Service FEE			\$ 17.00
06/05/18	Gumbo Limbo Nature Center 1801 North Ocean Blvd Boca Raton, FL 33432	501(c)3 donation	DIS		\$ 215.00
06/06/18	Volunteer Cleanup Org. Miami Beach, FL 33139	501(c)3 donation	DIS		\$ 214.97
06/06/18	Global Empowerment - MISSION 1040 Biscayne Blvd Suite 2403 Miami, FL 33132 INC	501(c)3 donation	DIS		\$ 214.00
///					
///					
///					

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

06-15-18P04:31 RCVD

Candidate for:

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

REPORT IDENTIFIERS

Report Name 18TRG Cover Period 03/15/2018 through 06/18/2018

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]

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



This report must be filed by applicable candidates running for Town of Surfside Mayor or Town Commissioner.

(1) Name Tina Paul (2) I.D. Number
(3) Report Name 18TRG (4) Cover Period 03/15/18 through 06/18/18
(5) Report Type [X] Original [] Amendment (6) Page 1 of 1

Table with 5 columns: (7) Row Number, (8) Full Name (Last, Suffix, First, Middle), (9) Employed By, (10) Name of Organization Employed By (if not directly hired by campaign), (11) Amendment Type. The table contains one row with 'NONE' in column 8 and is otherwise empty, with a diagonal line drawn across it.

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES