

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

JAN 2 AM 10:55

Sme

I, Tina Paul,

candidate for the office of Mayor;

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

X



Signature of Candidate

January 2, 2026

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)

JAN 2 AM 10:55

gme

NOTE: This form must be on file with the filing 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):
(Please Print or Type Name)

Tina Frances Paul

3. Address (include PO Box or Street, City, State, Zip Code):

9225 Collins Avenue
Surfside, FL 33154

4. Telephone:

(305) 608-5570

5. Candidate's Voter Registration #:

119278085

(not required for qualifying purposes)

6. Email Address:

tinafpaul@gmail.com

7. Office Sought (include district, circuit, group, or seat #):

Mayor

8. If a candidate for a nonpartisan office, check the box if applicable:

☐ I intend to run as a Write-In Candidate.

9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a

☐ Write-In Candidate. ☐ No Party Affiliation Candidate. ☐ _____ Party candidate.

10. I have appointed the following person to act as my: ☒ Campaign Treasurer ☐ Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

Tina Paul

12. Telephone:

(305) 608-5570

13. Email Address:

tinafpaul@gmail.com

14. Mailing Address:

9225 Collins Ave

15. City:

Surfside

16. State:

FL

17. Zip Code:

33154

18. I have designated the following bank as my (check appropriate box): ☒ 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 THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date: January 2, 2026

26. Signature of Candidate:

X *Tina Paul*

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

I, Tina Paul do hereby accept the appointment designated above as:
(Please Print or Type Name)

☒ Campaign Treasurer.

☐ Deputy Treasurer.

28. Date: January 2, 2026

29. Signature of Campaign Treasurer or Deputy Treasurer

X *Tina Paul*

APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

JAN 2 AM 10:55

gmc

JAN 5 PM 2:27

gmc

NOTE: This form must be on file with the filing 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):
(Please Print or Type Name)

Tina Frances Paul

3. Address (include PO Box or Street, City, State, Zip Code):

9225 Collins Avenue
Surfside, FL 33154

4. Telephone:

(305) 608-5570

5. Candidate's Voter Registration #:

119278085

(not required for qualifying purposes)

6. Email Address:

tinafpaul@gmail.com

7. Office Sought (include district, circuit, group, or seat #):

Mayor

8. If a candidate for a nonpartisan office, check the box if applicable:

☐ I intend to run as a Write-In Candidate.

9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a

☐ Write-In Candidate. ☐ No Party Affiliation Candidate. ☐ _____ Party candidate.

10. I have appointed the following person to act as my:

☒ Campaign Treasurer

☐ Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

Tina Paul

12. Telephone:

(305) 608-5570

13. Email Address:

tinafpaul@gmail.com

14. Mailing Address:

9225 Collins Ave

15. City:

Surfside

16. State:

FL

17. Zip Code:

33154

18. I have designated the following bank as my (check appropriate box): ☒ 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 THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date: January 2, 2026

26. Signature of Candidate:

X Tina Paul

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

I, Tina Paul do hereby accept the appointment designated above as:
(Please Print or Type Name)

☒ Campaign Treasurer.

☐ Deputy Treasurer.

28. Date: January 2, 2026

29. Signature of Campaign Treasurer or Deputy Treasurer

X Tina Paul



Town of Surfside

9293 Harding Avenue
Surfside, FL 33154

2026 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of Candidate Tina Paul
Office Sought Mayor
Phone No.: 305.608.5570 Cell Phone No: same
E-Mail Address: tinafpaul@gmail.com

<u>Contents</u>	<u>Date Received</u>	<u>Initials</u>
1. Qualifying as a candidate:		
Appointment of Campaign Treasurer and Designation of Campaign Depository	<u>1/2/2026</u> <u>1/5/2026</u>	<u>TP</u>
Nominating Petition	_____	_____
Statement of Candidate	<u>1/2/2026</u>	<u>TP</u>
Sworn Statement of Qualification	_____	_____
Candidate Oath	_____	_____
Form 1 – Statement of Financial Interest (2025)	_____	_____
Declaration and First Amendment Waiver Volunteer Statement of Fair Campaign Practice	_____	_____
Qualifying Fee \$25.00	_____	_____
L & A Schedule	_____	_____

2. Important Dates to Remember

1/5/2026

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3. Campaign Activities Memorandum

1/5/2026

78

Candidate's Signature

Date



TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 17, 2026

RECEIPT OF DOCUMENTS

Candidate:

Tina

First Name

Middle Name

Paul

Last name

Mayor

Office Sought (Mayor or Commissioner)

Phone No.: 305 - 608 - 5570

Cell Phone: Same

E-Mail Address: tinafpaul@gmail.com

This is to acknowledge my receipt of the following documents:

- ☒ The Florida Election Code (2024) – Available on the Town's website
- ☒ Candidate and Campaign Treasurer Handbook (2024) – Available on the Town's website
- ☒ Guide to the Sunshine Amendment and Code of Ethics (2025) – Available on the Town's website
- ☒ Reporting Dates Schedule (Election Date: March 17, 2026)
- ☒ Campaign Activities Memorandum

Received by:

[Signature]
Candidate Signature

Date:

JANUARY 5, 2026