

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

JAN 2 AM10:55

SMC

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

*SGM*

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:**



**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**



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*

NOTE: This form must be on file with the filing officer before  
opening the campaign account.

OFFICE USE ONLY

JAN 5 PM 2:27 *gmc*

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* *Jim Pe*

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

I, Tina Paul

(Please Print or Type Name)

do hereby accept the appointment designated above as:

Campaign Treasurer.

Deputy Treasurer.

28. Date: *January 2, 2026*

29. Signature of Campaign Treasurer or Deputy Treasurer

*X* *Jim Pe*



# *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

### Contents

### Date Received

### Initials

#### 1. Qualifying as a candidate:

Appointment of Campaign Treasurer and  
Designation of Campaign Depository

1/2/2024  
1/5/2024

TP

Nominating Petition

1/2/2024.

TP

Statement of Candidate

1/2/2024.

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  
3. Campaign Activities Memorandum

1/5/2026 78  
1/5/2026 78

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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

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:

Tina Paul  
Candidate Signature

Date: JANUARY 5, 2026