

**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).



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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*

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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)**

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*tinapictures@yahoo.com*

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*Commissioner*

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**10. Name of Treasurer or Deputy Treasurer**

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**11. Mailing Address**

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**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)**

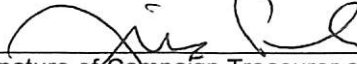
I, *Tina Paul*, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

*Jan 10, 2018*

Date

*X*

  
Signature of Campaign Treasurer or Deputy Treasurer