

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

*[Handwritten signature: J. Greedy]*

DEC 20 PM 2:09

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

*[Handwritten signature: Tina Paul]*

Signature of Candidate

Dec 20, 2021

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)

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

DEC 20 PM 2:18

*[Handwritten Signature]*

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)

*Mayor*

**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**

*December 20, 2021*

**26. Signature of Candidate**

**X**

*[Handwritten 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.

*December 20, 2021*

Date

**X**

*[Handwritten Signature]*

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)

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

DEC 29 PM 3:25

DEC 20 PM 2:18

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)

Mayor

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

December 20, 2021

26. Signature of Candidate

X Tina Paul

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.

December 20, 2021

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

# CAMPAIGN TREASURER'S REPORT SUMMARY

(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

OFFICE USE ONLY

JAN 10 PM 3:36

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

☒ Candidate Office Sought: Mayor

☐ 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 / 21 To 12 / 31 / 21 Report Type: 2021 M12

☒ Original

☐ Amendment

☐ Special Election Report

## (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_, \_\_\_\_\_, 0 . 00

Loans \$ \_\_\_\_\_, \_\_\_\_\_, 400 . 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

\$ \_\_\_\_\_, \_\_\_\_\_, 400 . 00

## (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_, \_\_\_\_\_, 0 . 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

(Type name)

Tina Paul

☒ Candidate ☐ Chairperson (only for PC and PTY)

X  
Signature



JAN 10 PM 3:36

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Tina Paul (2) I.D. Number \_\_\_\_\_

(3) Cover Period 12 / 01 / 21 through 12 / 31 / 21 (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						
12 / 21 / 21	PAUL, Tina 9225 COLLINS AVE. SURFSIDE, FL 33154	S	Photographer, Archivist	LOA		400.00
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**(1) Name Tina Paul

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 12 / 01 / 21 through 12 / 31 / 21(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					
//	N/A				
//					
//					
//					
//					
//					
//					



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 10 PM 3:36

Candidate for:

☒ Mayor

☐ Commissioner, District \_\_\_\_\_

☐ Property Appraiser

☐ Clerk of the Circuit Courts

☐ Community Council, Area \_\_\_\_\_, Sub-Area \_\_\_\_\_

REPORT IDENTIFIERS

Report Name 2021 M12 Cover Period 12.01.2021 through 12.31.2021

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

MIAMI-DADE  
COUNTY

***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 2021 M12 (4) Cover Period 12.01.2021 through 12.31.2021

(5) Report Type ☒ Original ☐ Amendment (6) Page 1 of 1

[illegible]



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

JAN 24 PM 4:48

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Tina Paul  
for the office of Mayor (Mayor or Commissioner) at an election to be held on March 15, 2022.

This petition must be filed with the Town Clerk between January 10, 2022 and January 29, 2022 (by 12:00pm).

Signature: <u>Arlene Z. Ayala</u>	Date: <u>12/29/21</u> D.O.B. <u>          </u>
Print Name: <u>ARLENE Z. AYALA</u>	Address: <u>          </u>
Signature: <u>Bieke Millwood</u>	Date: <u>12-30-21</u> D.O.B. <u>          </u>
Print Name: <u>Bieke Millwood</u>	Address: <u>          </u>
Signature: <u>Andrew Roth</u>	Date: <u>12-30-21</u> D.O.B. <u>          </u>
Print Name: <u>ANDREW ROTH</u>	Address: <u>          </u>
Signature: <u>Christopher Aron</u>	Date: <u>12/31/21</u> D.O.B. <u>          </u>
Print Name: <u>Christopher Aron</u>	Address: <u>          </u>
Signature: <u>Julissa Cruz</u>	Date: <u>12-30-21</u> D.O.B. <u>          </u>
Print Name: <u>Julissa Cruz</u>	Address: <u>          </u>
Signature: <u>Roger Fabelo</u>	Date: <u>1-2-22</u> D.O.B. <u>          </u>
Print Name: <u>Roger Fabelo</u>	Address: <u>          </u>
Signature: <u>Nichole Drake</u>	Date: <u>1-2-2022</u> D.O.B. <u>          </u>
Print Name: <u>NICHOLE DRAKE</u>	Address: <u>          </u>
Signature: <u>Sheela Goldberg</u>	Date: <u>1-3-2022</u> D.O.B. <u>          </u>
Print Name: <u>SHEELA GOLDBERG</u>	Address: <u>          </u>
Signature: <u>Eli Tordeman</u>	Date: <u>1/3/21</u> D.O.B. <u>          </u>
Print Name: <u>Eli Tordeman</u>	Address: <u>          </u>
Signature: <u>Chari Gray</u>	Date: <u>1/4/21</u> D.O.B. <u>          </u>
Print Name: <u>CHARI GRAY</u>	Address: <u>          </u>
Signature: <u>John Rodriguez</u>	Date: <u>1/5/2021</u> D.O.B. <u>          </u>
Print Name: <u>John Rodriguez</u>	Address: <u>          </u>
Signature: <u>Raoul Cappelli</u>	Date: <u>1/6/22</u> D.O.B. <u>          </u>
Print Name: <u>Raoul Cappelli</u>	Address: <u>          </u>
Signature: <u>Barbara Cohen</u>	Date: <u>1-6-22</u> D.O.B. <u>          </u>
Print Name: <u>BARBARA COHEN</u>	Address: <u>          </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: Tina Paul  
Address of Circulator: 9225 COLLINS AVE. #512 SURFSIDE, FL 33154  
Email address of Circulator: tinapictures@yahoo.com

### ACCEPTANCE OF NOMINATION

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

Signature of Candidate: Tina Paul Date: 1.24.22



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 JAN 24 PM 4:49  
for the office of Mayor (Mayor or Commissioner) at an election to be held on March 15, 2022.

This petition must be filed with the Town Clerk between January 10, 2022 and January 29, 2022 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>1-7-22</u> D.O.B. <u>1-1-22</u>
Print Name: <u>JEFFREY PLATT</u>	Address: <u></u>
Signature: <u>[Signature]</u>	Date: <u>1-7-22</u> D.O.B. <u>1-1-22</u>
Print Name: <u>Donald Lewin</u>	Address: <u></u>
Signature: <u>[Signature]</u>	Date: <u>1/7/22</u> D.O.B. <u></u>
Print Name: <u>David CHENG</u>	Address: <u></u>
Signature: <u>[Signature]</u>	Date: <u>1/07/22</u> D.O.B. <u>1-1-22</u>
Print Name: <u>Eben K. Hausmire</u>	Address: <u></u>
Signature: <u>[Signature]</u>	Date: <u>1-7-22</u> D.O.B. <u>1-1-22</u>
Print Name: <u>MAURICE P NEVILLE</u>	Address: <u></u>
Signature: <u>[Signature]</u>	Date: <u>1-7-22</u> D.O.B. <u>1-1-22</u>
Print Name: <u>Jenifer Z...</u>	Address: <u></u>
Signature: <u>[Signature]</u>	Date: <u>JAN 9, 2022</u> D.O.B. <u>1-1-22</u>
Print Name: <u>PETER HICKEY</u>	Address: <u></u>
Signature: <u>[Signature]</u>	Date: <u>1-7-22</u> D.O.B. <u>1-1-22</u>
Print Name: <u>Dalia Blumstein</u>	Address: <u></u>
Signature: <u>[Signature]</u>	Date: <u>1-7-22</u> D.O.B. <u>1-1-22</u>
Print Name: <u>Samuel Weintraub</u>	Address: <u></u>
Signature: <u>[Signature]</u>	Date: <u>1-7-22</u> D.O.B. <u>1-1-22</u>
Print Name: <u>Allen Blumstein</u>	Address: <u></u>
Signature: <u>[Signature]</u>	Date: <u>1/8/22</u> D.O.B. <u>1-1-22</u>
Print Name: <u>Richard Sussman</u>	Address: <u></u>
Signature: <u>[Signature]</u>	Date: <u>1/7/22</u> D.O.B. <u>1-1-22</u>
Print Name: <u>Evelyn R Sussman</u>	Address: <u></u>
Signature: <u>[Signature]</u>	Date: <u>1/7/22</u> D.O.B. <u>1-1-22</u>
Print Name: <u>LINDA DANIEL</u>	Address: <u></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, #512 SURFSIDE, FL 33154  
Email address of Circulator: tinapictures@yahoo.com

#### ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: 1.24.22



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

JAN 24 PM 4:49

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Tina Paul  
for the office of Mayor (Mayor or Commissioner) at an election to be held on March  
15, 2022.

This petition must be filed with the Town Clerk between January 10, 2022 and January 29, 2022 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>1/7/22</u>	D.O.B. <u>1-1-21</u>
Print Name: <u>Jessica Maharbiz</u>	Address: <u>1-1-21</u>	
Signature: <u>[Signature]</u>	Date: <u>1-7-22</u>	D.O.B. <u>1-1-21</u>
Print Name: <u>Charlatta Sabir</u>	Address: <u>1-1-21</u>	
Signature: <u>[Signature]</u>	Date: <u>1/8/22</u>	D.O.B. <u>1-1-21</u>
Print Name: <u>A. KERBEL</u>	Address: <u>1-1-21</u>	
Signature: <u>[Signature]</u>	Date: <u>9/3/1982</u>	D.O.B. <u>1-1-21</u>
Print Name: <u>(J. Kerbel)</u>	Address: <u>1-1-21</u>	
Signature: <u>[Signature]</u>	Date: <u>01/09/2022</u>	D.O.B. <u>1-1-21</u>
Print Name: <u>Ivete Pasini</u>	Address: <u>1-1-21</u>	
Signature: <u>[Signature]</u>	Date: <u>1/03/1958</u>	D.O.B. <u>1-1-21</u>
Print Name: <u>P.O. SANCHEZ</u>	Address: <u>1-1-21</u>	
Signature: <u>[Signature]</u>	Date: <u>1/9/2022</u>	D.O.B. <u>1-1-21</u>
Print Name: <u>JENNIFER OKEN</u>	Address: <u>1-1-21</u>	
Signature: <u>[Signature]</u>	Date: <u>01/09/22</u>	D.O.B. <u>1-1-21</u>
Print Name: <u>Dorit B. Neutraub</u>	Address: <u>1-1-21</u>	
Signature: <u>[Signature]</u>	Date: <u>01/09/22</u>	D.O.B. <u>1-1-21</u>
Print Name: <u>EDUARDO YEZO</u>	Address: <u>1-1-21</u>	
Signature: <u>[Signature]</u>	Date: <u>1/9/22</u>	D.O.B. <u>1-1-21</u>
Print Name: <u>Grace Rais</u>	Address: <u>1-1-21</u>	
Signature: <u>[Signature]</u>	Date: <u>1/2/2022</u>	D.O.B. <u>1-1-21</u>
Print Name: <u>Grace Rais</u>	Address: <u>1-1-21</u>	
Signature: <u>[Signature]</u>	Date: <u>1/9/22</u>	D.O.B. <u>1-1-21</u>
Print Name: <u>Kristin Sanchez</u>	Address: <u>1-1-21</u>	
Signature: <u>[Signature]</u>	Date: <u>01/10/22</u>	D.O.B. <u>1-1-21</u>
Print Name: <u>MAGGIE VIKIT</u>	Address: <u>1-1-21</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, #512 SURFSIDE, FL 33154  
Email address of Circulator: tinapictures@yahoo.com

### ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: 1-24-22



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

JAN 24 PM 4:49

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for the office of Mayor (Mayor or Commissioner) at an election to be held on March  
15, 2022.

This petition must be filed with the Town Clerk between January 10, 2022 and January 29, 2022 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>1/8/21</u>	D.O.B.:
Print Name: <u>Ira de Guedes</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>1/9/22</u>	D.O.B.:
Print Name: <u>MARILYN MEISCHEID</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>1/10/22</u>	D.O.B.:
Print Name: <u>Patricia Gaveia</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>01/10/22</u>	D.O.B.:
Print Name: <u>Roberto Garcia</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>01/10/22</u>	D.O.B.:
Print Name: <u>Laura Patricia Vargas</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>1/10/22</u>	D.O.B.:
Print Name: <u>Dalia Velando-Garcia</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>2/10/22</u>	D.O.B.:
Print Name: <u>ARMA ANDRADE</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>1/10/22</u>	D.O.B.:
Print Name: <u>Adio V. Hot</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>1/10/22</u>	D.O.B.:
Print Name: <u>Dorell H. Weyer</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>1/12/22</u>	D.O.B.:
Print Name: <u>Shomo Danzinger</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>1/13/22</u>	D.O.B.:
Print Name: <u>Jennifer Rotker</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>1-14-22</u>	D.O.B.:
Print Name: <u>JESSICA</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>1/14/22</u>	D.O.B.:
Print Name: <u>CAROLYN BAUMEL</u>	Address:	

## 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, #512 Surfside, FL 33154  
Email address of Circulator: tinapictures@yahoo.com

## ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: 1.24.22



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

JAN 24 PM 4:49

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Tina Paul  
for the office of Mayor (Mayor or Commissioner) at an election to be held on March 15, 2022.

This petition must be filed with the Town Clerk between January 10, 2022 and January 29, 2022 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>1-17-22</u>	D.O.B. <u>[Blank]</u>
Print Name: <u>Jeffrey Rose</u>	Address: <u>[Blank]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/16/2022</u>	D.O.B. <u>[Blank]</u>
Print Name: <u>Ann Finlay</u>	Address: <u>[Blank]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/16/22</u>	D.O.B. <u>[Blank]</u>
Print Name: <u>JOSEPH CORDERI</u>	Address: <u>[Blank]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/17/22</u>	D.O.B. <u>[Blank]</u>
Print Name: <u>ELIANA R. Salzhaber</u>	Address: <u>[Blank]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/17/22</u>	D.O.B. <u>[Blank]</u>
Print Name: <u>David Epstein</u>	Address: <u>[Blank]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/17/2022</u>	D.O.B. <u>[Blank]</u>
Print Name: <u>MICHAEL KARUKIN</u>	Address: <u>[Blank]</u>	
Signature: <u>[Signature]</u>	Date: <u>1-17-22</u>	D.O.B. <u>[Blank]</u>
Print Name: <u>ROSEMARY KARUKIN</u>	Address: <u>[Blank]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/18/22</u>	D.O.B. <u>[Blank]</u>
Print Name: <u>William Blumentranz</u>	Address: <u>[Blank]</u>	
Signature: <u>[Signature]</u>	Date: <u>01/18/22</u>	D.O.B. <u>[Blank]</u>
Print Name: <u>SANDRA [Blank]</u>	Address: <u>[Blank]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/18/22</u>	D.O.B. <u>[Blank]</u>
Print Name: <u>SCOTT C. Argow</u>	Address: <u>[Blank]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/18/22</u>	D.O.B. <u>[Blank]</u>
Print Name: <u>George Fisher</u>	Address: <u>[Blank]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/18/22</u>	D.O.B. <u>[Blank]</u>
Print Name: <u>MARTNA gershanovica</u>	Address: <u>[Blank]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/18/22</u>	D.O.B. <u>[Blank]</u>
Print Name: <u>Jorge Cortes</u>	Address: <u>[Blank]</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, #512 Surfside, FL 33154  
Email address of Circulator: tinapictures@yahoo.com

### ACCEPTANCE OF NOMINATION

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



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

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Signature: <u>[Signature]</u>	Date: <u>1/18/22</u>	D.O.B.:
Print Name: <u>ILEANA CORTES</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>1/19/22</u>	D.O.B.:
Print Name: <u>Elizabeth Espinosa</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>1/20/22</u>	D.O.B.:
Print Name: <u>Sara Liss</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>1/20/22</u>	D.O.B.:
Print Name: <u>Avery Paek</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>01-20/22</u>	D.O.B.:
Print Name: <u>HEVENKA MATORCEUR</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>1/20/22</u>	D.O.B.:
Print Name: <u>[Signature]</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>1/20/22</u>	D.O.B.:
Print Name: <u>GURI FRIDMAN</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>01-20-22</u>	D.O.B.:
Print Name: <u>Ampero Korbel</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>01/20/22</u>	D.O.B.:
Print Name: <u>Alicia Moydelgreen</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>01/20/22</u>	D.O.B.:
Print Name: <u>Xavier Vahmani</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>1/20/22</u>	D.O.B.:
Print Name: <u>Judith Frankel</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>1/20/22</u>	D.O.B.:
Print Name: <u>Daniel Frankel</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>1/20/22</u>	D.O.B.:
Print Name: <u>LOUISA Agresti</u>	Address:	

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Signature of Circulator: [Signature]  
Address of Circulator: 9225 Collins Ave, #512 Surfside, FL 33154  
Email address of Circulator: tinapictures@yahoo.com

### ACCEPTANCE OF NOMINATION

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2022.

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Signature: <u>[Signature]</u>	Date: <u>1/20/22</u> D.O.B. <u>                    </u>
Print Name: <u>Helene Keldman</u>	Address: <u>                    </u>
Signature: <u>[Signature]</u>	Date: <u>01-21-22</u> D.O.B. <u>                    </u>
Print Name: <u>Carlos Pineiro</u>	Address: <u>                    </u>
Signature: <u>[Signature]</u>	Date: <u>01-21-22</u> D.O.B. <u>                    </u>
Print Name: <u>John C. Ayala MD</u>	Address: <u>                    </u>
Signature: <u>[Signature]</u>	Date: <u>1/21/22</u> D.O.B. <u>                    </u>
Print Name: <u>Kathy Imberman</u>	Address: <u>                    </u>
Signature: <u>[Signature]</u>	Date: <u>1/22/22</u> D.O.B. <u>                    </u>
Print Name: <u>MARC IMBERMAN</u>	Address: <u>                    </u>
Signature: <u>[Signature]</u>	Date: <u>1/22/22</u> D.O.B. <u>                    </u>
Print Name: <u>Max Ariel Imberman</u>	Address: <u>                    </u>
Signature: <u>[Signature]</u>	Date: <u>1/22/22</u> D.O.B. <u>                    </u>
Print Name: <u>David Karp</u>	Address: <u>                    </u>
Signature: <u>[Signature]</u>	Date: <u>1/23/2022</u> D.O.B. <u>                    </u>
Print Name: <u>FRED LANDSMAN</u>	Address: <u>                    </u>
Signature: <u>[Signature]</u>	Date: <u>1/23/2022</u> D.O.B. <u>                    </u>
Print Name: <u>Sandra Castillo</u>	Address: <u>                    </u>
Signature: <u>[Signature]</u>	Date: <u>1/23/22</u> D.O.B. <u>                    </u>
Print Name: <u>MICHAEL MESSING</u>	Address: <u>                    </u>
Signature: <u>[Signature]</u>	Date: <u>1/23/22</u> D.O.B. <u>                    </u>
Print Name: <u>Phyllis Franklin</u>	Address: <u>                    </u>
Signature: <u>[Signature]</u>	Date: <u>1/23/22</u> D.O.B. <u>                    </u>
Print Name: <u>MICHAEL DRANOFF</u>	Address: <u>                    </u>
Signature: <u>[Signature]</u>	Date: <u>1/23/22</u> D.O.B. <u>                    </u>
Print Name: <u>DANIE DIETZ</u>	Address: <u>                    </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, #512 Surfside, FL 33154

Email address of Circulator: tinapictures@yahoo.com

## ACCEPTANCE OF NOMINATION

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

[Signature] 1.24.22



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

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Signature: <u>Jennifer Hill</u>	Date: <u>1/23/2022</u> D.O.B. _____
Print Name: <u>Jennifer Hill</u>	Address: _____
Signature: <u>Celeste De Armas</u>	Date: <u>1/23/2022</u> D.O.B. _____
Print Name: <u>Celeste De Armas</u>	Address: _____
Signature: <u>Paul Baldauf</u>	Date: <u>1/23/2022</u> D.O.B. _____
Print Name: <u>Paul Baldauf</u>	Address: _____
Signature: <u>Roberto Hernandez-Alende</u>	Date: <u>1-23-22</u> D.O.B. _____
Print Name: <u>Roberto Hernandez-Alende</u>	Address: _____
Signature: <u>Robert Lisman</u>	Date: <u>1/24-22</u> D.O.B. _____
Print Name: <u>Robert Lisman</u>	Address: _____
Signature: <u>Yady Santos</u>	Date: <u>1/24/22</u> D.O.B. _____
Print Name: <u>Yady Santos</u>	Address: _____
Signature: <u>Clara Dwyer</u>	Date: <u>1/24/22</u> D.O.B. _____
Print Name: <u>Clara Dwyer</u>	Address: _____
Signature: <u>Christopher Hynaski</u>	Date: <u>1/24/2022</u> D.O.B. _____
Print Name: <u>Christopher Hynaski</u>	Address: _____
Signature: <u>Tina Paul</u>	Date: <u>1.24.22</u> D.O.B. _____
Print Name: <u>Tina Paul</u>	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: _____
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: Tina Paul  
Address of Circulator: 9225 Collins Ave, #512 Surfside, FL 33154  
Email address of Circulator: tinapaul@fifibear.com

## ACCEPTANCE OF NOMINATION

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

Tina Paul 1.24.22

TINA PAUL Campaign Account

0991

63-4/630 FL  
1035

DATE January 24, 2022

PAY  
TO THE  
ORDER OF Town of Surfside

\$ 25.00

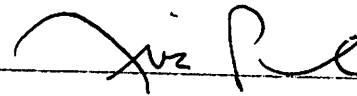
Twenty five and <sup>xx</sup>/<sub>100</sub>

DOLLARS

 Security  
Features  
Details on  
Back

BANK OF AMERICA 

FOR Qualifying fee



MP



**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

JAN 24 PM 4:59

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 Mayor, \_\_\_\_\_,  
(Office) (District #)

\_\_\_\_\_, \_\_\_\_\_; I am a qualified elector of Town of Surfside 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): 119278085

**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 tina.pictures@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

Sworn to (or affirmed) and subscribed before me by means of

online notarization ☐ OR physical presence ☒

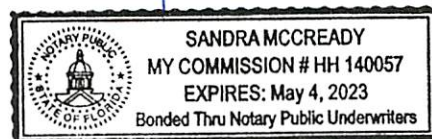
this 24th day of January, 2022

Personally Known ☒ OR Produced Identification ☐

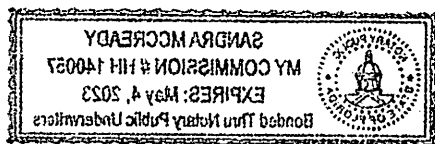
Type of Identification Produced: \_\_\_\_\_

**Signature of Notary Public**

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









## TOWN OF SURFSIDE

MUNICIPAL BUILDING  
9293 HARDING AVENUE  
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 15, 2022

### 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 }

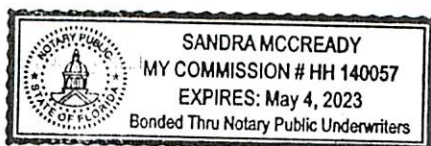
TOWN OF SURFSIDE }

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 / Archivist; 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 January 29, 2022 and that if elected, I will willingly serve as Mayor  
(Mayor or Commissioner) of the Town of Surfside, if elected.

[Signature]  
Signature of Candidate

1.24.22  
Date

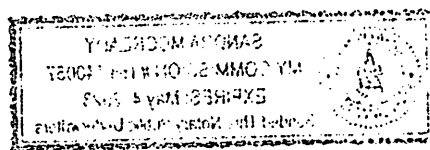
Sworn to and subscribed before me this 24 day of January, 20 22.



[Signature]  
NOTARY PUBLIC

Sandra W. McCreedy  
PRINTED NAME OF NOTARY





**FORM 1****STATEMENT OF  
FINANCIAL INTERESTS****2021**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 :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Mayor

CHECK ONLY IF ☒ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

JAN 24 PM 4:49

**\*\*\*\* THIS SECTION MUST BE COMPLETED \*\*\*\*****DISCLOSURE PERIOD:**

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2021.

**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, #512	Service, Sale, Licensing
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
N/A			

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

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

N/A

You are not limited to the space on the  
lines on this form. Attach additional  
sheets, if necessary.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, 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
N/A	

**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
	N/A	
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		

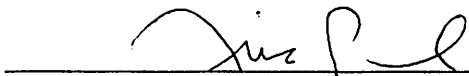
**PART G — TRAINING** For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

☐ 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:

JANUARY 24, 2022

**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), send it to CEForm1@leg.state.fl.us and retain a copy for your records. 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, 2021.

**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,

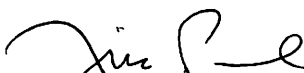
1. I shall not make my race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
2. I shall not make my opponent's race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
3. I will condemn any appeal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

January 24, 2022  
**Date**





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

[miamidade.gov](http://miamidade.gov)

January 26, 2022

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

Dear Mrs. McCready:

The Miami-Dade Elections Department has completed the verification of the petitions for Tina Paul, a candidate for the office of Mayor for Town of Surfside. A total of 27 petitions were reviewed for verification; of which 26 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 black ink, appearing to read "Christina White", written over a horizontal line.

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 26 signatures submitted by Tina Paul for the office of Mayor for the Town of Surfside matched the signatures on the voter files.



Christina White  
Supervisor of Elections

WITNESS MY HAND  
AND OFFICIAL SEAL,  
AT MIAMI, MIAMI-DADE  
COUNTY, FLORIDA,  
ON THIS 26<sup>th</sup> DAY OF  
JANUARY, 2022



**TOWN OF SURFSIDE**  
**Office of the Town Clerk**

MUNICIPAL BUILDING  
9293 HARDING AVENUE  
SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra N. McCready, MPA, MMC,  
Town Clerk

January 27, 2022

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 Mayor for the Town of Surfside. Your name will be placed on the ballot for the March 15, 2022 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 N. McCready, MPA, 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

☐ Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

☒ Candidate Office Sought: Mayor

☐ 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

OFFICE USE ONLY

FEB 9 PM 3:26

### (5) Report Identifiers

Cover Period: From 01 / 01 / 22 To 01 / 31 / 22 Report Type: m1

☒ Original

☐ Amendment

☐ Special Election Report

### (6) Contributions This Report

Cash & Checks \$ 1,300.00

Loans \$ 0.00

Total Monetary \$ 1,300.00

In-Kind \$ 0.00

### (7) Expenditures This Report

Monetary Expenditures \$ 25.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 25.00

### (8) Other Distributions

\$ 0.00

### (9) TOTAL Monetary Contributions To Date

\$ 1,700.00

### (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

Tina Paul

(Type name)

Tina Paul

☒ Candidate ☐ Chairperson (only for PC and PTY)

X  
Signature

Tina Paul

FEB 9 PM 3:26

## CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Tina Paul

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 01 / 01 / 22 through 01 / 31 / 22(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					
<u>01/24/22</u>	<u>Town of Surfside</u> <u>9293 Harding Ave</u> <u>Surfside, FL 33154</u>	<u>Qualifying</u> <u>fee</u>	<u>CAN</u>		<u>\$25.00</u>
<u>/ /</u>					
<u>/ /</u>					
<u>/ /</u>					
<u>/ /</u>					
<u>/ /</u>					
<u>/ /</u>					
<u>/ /</u>					
<u>/ /</u>					
<u>/ /</u>					

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

FEB 9 PM 3:26

(1) Name Tina Paul (2) I.D. Number \_\_\_\_\_

(3) Cover Period 01 / 01 / 22 through 01 / 31 / 22 (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		
01 / 06 / 22	Cohen, Barbara and Louis Cohen 9341 Collins Ave Surfside, FL 33154	1		CHE			\$100.00
01 / 09 / 22	Pasini, Ivete 8888 Collins Ave Surfside, FL 33154	1	Real Estate PA	CHE			\$200.00
01 / 13 / 22	Lewin, Donald 9225 Collins Ave Surfside, FL 33154	1	Retired Management Consultant	CHE			\$1000.00
/ /							
/ /							
/ /							
/ /							



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



OFFICE USE ONLY

Name

Tina Paul

I.D. Number

FEB 9 PM 3:26

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 MT Cover Period 01/01/22 through 01/31/22

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]

Signature

X

[Signature]

Signature

MIAMI-DADE  
COUNTY

FEB 9 PM 3:26

(5) Report Type ☒ Original ☐ Amendment (6) Page 1 of 1

[illegible]



# CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY

FEB 18 PM 4:53

(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: Mayor

☐ 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 / 22 To 02 / 17 / 22 Report Type: 25P1

☒ Original

☐ Amendment

☐ Special Election Report

## (6) Contributions This Report

Cash & Checks \$ 2,450.00

Loans \$ 0.00

Total Monetary \$ 2,450.00

In-Kind \$ 0.00

## (7) Expenditures This Report

Monetary Expenditures \$ 2,920.82

Transfers to Office Account \$ 0.00

Total Monetary \$ 2,920.82

## (8) Other Distributions

\$ 0.00

## (9) TOTAL Monetary Contributions To Date

\$ 4,150.00

## (10) TOTAL Monetary Expenditures To Date

\$ 2,945.82

## (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 Xin Pe  
Signature

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

X Xin Pe  
Signature

## CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Tina Paul

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 02 / 01 / 22 through 02 / 17 / 22(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
2/4/22	Miami Dade County Elections 2700 NW 87 Ave Miami, FL 33172	Vote Data	CAN		\$20.00
2/9/22	Town of Surfside 9293 Harding Ave Surfside, FL 33154	Town Photo	CAN		\$6.00
2/11/22	Conception Design 17032 West Dixie Hwy North Miami Beach, FL 33160	Custom T-Shirts	CAN		\$471.87
2/15/22	Arhlene Ayala 9225 Collins Ave, #512 Surfside, FL 33154	Graphic Design Poster, Flyers, Business Card, Website, T-Shirts	CAN		\$750.00
2/17/22	U.S. Post Office 250 95th Street Surfside, FL 33154	Every Door Direct Mail	CAN		\$749.00
2/17/22	Tina Paul 9225 Collins Ave Surfside, FL 33154	Expenses: Campaign Buttons EDDM Printing YARD SIGNS BUSINESS CARDS Posters, Pens	RMB		\$923.95
<del>1/1</del>					
<del>1/1</del>					



## CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Tina Paul (2) I.D. Number \_\_\_\_\_(3) Cover Period 02 / 01 / 22 through 02 / 17 / 22 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
2, 1, 22	Lichter, Richard 9001 Collins Ave Surfside, FL 33154	1	Investment Professional	CHE			\$200.00
2, 7, 22	DP Real Estate Holdings LLC 2700 SW 8th Street Miami, FL 33135	B	Real Estate	CHE			\$1,000.00
2, 7, 22	1570 NW 14th Street LLC 2700 SW 8th St Miami, FL 33135	B	Commercial Real Estate	CHE			\$1,000.00
2, 11, 22	Abramson, Ellen 8864 Frowde Ave Surfside, FL 33154	1		CHE			\$50.00
2, 15, 22	Pineiro, Carlos 8855 Collins Ave Surfside, FL 33154	1	Practice Manager	RCT (zelle)			\$100.00
2, 16, 22	Sabin, Wendy 176 Loganberry Lane Freehold, NJ 07728	1	Activist	RCT (zelle)			\$100.00
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

Surfside, FL 33154

FEB 18 PM 4:54

☐ 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 25P1 Cover Period 02/01/22 through 02/17/22

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

## 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 25 P 1 (4) Cover Period 02.01.2022 through 02.17.2022

(5) Report Type ☒ Original ☐ Amendment (6) Page \_\_\_\_\_ of \_\_\_\_\_

[illegible]



## CAMPAIGN TREASURER'S REPORT SUMMARY

### OFFICE USE ONLY

MAR 4 PM 2:30

(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: Mayor

☐ 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 / 18 / 22 To 03 / 03 / 22 Report Type: 11P1

☒ Original

☐ Amendment

☐ Special Election Report

### (6) Contributions This Report

Cash & Checks \$ 1,505.00

Loans \$ \_\_\_\_\_

Total Monetary \$ 1,505.00

In-Kind \$ 0.00

### (7) Expenditures This Report

Monetary Expenditures \$ 628.95

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ 628.95

### (8) Other Distributions

\$ \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ 5,655.00

### (10) TOTAL Monetary Expenditures To Date

\$ 3,574.77

### (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

MAR 4 PM 2:30

(3) Cover Period

02 / 18 / 22

through

03 / 03 / 22

(4) Page

1 of 2

(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				
02 / 19 / 22	Williams, Randy 1933 Taylor St Hollywood, FL 33020	1		CAS			\$5.00
02 / 21 / 22	Findlay, ANN 8859 Dickens Ave Surfside, FL 33154	1		RCT (Zelle)			\$100.00
02 / 22 / 22	Stone, Suzanne 303 East 57th St apt 44F New York, NY 10022	1		CHE			\$50.00
02 / 23 / 22	Guedes, Ikaída 9225 Collins Ave #503 Surfside, FL 33154	1		RCT (Zelle)			\$25.00
02 / 24 / 22	The Miami Women's Pac 1742 W Flagler St Miami, FL 33135	P		CHE			\$250.00
02 / 25 / 22	Torozambrana, Ivelisse 9225 Collins Ave #312 Surfside, FL 33154	1		RCT (Zelle)			\$50.00
02 / 27 / 22	Adrienne and Leon BRUM 9156 Byron Ave Surfside, FL 33154	1		CHE			\$25.00

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

MAR 4 PM 2:30

(1) Name Tina Paul (2) I.D. Number \_\_\_\_\_

(3) Cover Period 02 / 18 / 22 through 03 / 03 / 22 (4) Page 2 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
03, 02, 22	Book, Ronald 18851 NE 29 <sup>th</sup> AVE Ste 1010 Aventura, FL 33180	B	PA	CHE			\$1,000.00
/ /							
/ /							
/ /							
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MAR 4 PM 2:30

## CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name TINA PAUL

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 02 / 18 / 22 through 03 / 03 / 22(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					
03/01/22	BANK of America 1108 Kane Concourse Bay Harbor Islands, FL 33154	Monthly Fee			\$16.00
03/03/22	Tina Paul 9225 Collins Ave Surfside, FL 33154	Expenses Campaign Yard Signs, Buttons, Pens	RMB		\$612.95
/ /					
/ /					
/ /					
/ /					
/ /					

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

MAR 4 PM 2:30

Candidate for:

☒ Mayor

☐ Commissioner, District \_\_\_\_\_

☐ Property Appraiser

☐ Clerk of the Circuit Courts

☐ Community Council, Area \_\_\_\_\_, Sub-Area \_\_\_\_\_

REPORT IDENTIFIERS

Report Name 11P1 Cover Period 02-18-22 through 03-03-22

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]

Signature

X

[Signature]

Signature

MIAMI-DADE  
COUNTY

(1) Name Tina Paul (2) I.D. Number MAR 4 PM 2:31

(3) Report Name HP 1 (4) Cover Period 02-18-22 through 03-03-22

(5) Report Type ☒ Original ☐ Amendment (6) Page 1 of 1

[illegible]



## CAMPAIGN TREASURER'S REPORT SUMMARY

### OFFICE USE ONLY

MAR 11 PM 3:06

(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: Mayor

☐ 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 / 04 / 22 To 03 / 10 / 22 Report Type: LP1

☒ 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 \$ \_\_\_\_\_, \_\_\_\_\_, 190 . 03

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

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, 190 . 03

### (8) Other Distributions

\$ \_\_\_\_\_, \_\_\_\_\_, 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_, 5 , 655 . 00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_, 3 , 764 . 80

### (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

Tina Paul

(Type name)

Tina Paul

☒ Candidate ☐ Chairperson (only for PC and PTY)

X  
Signature

Tina Paul

MAR 11 PM 3:06

## CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Tina Paul

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 03/04/22 through 03/10/22(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					
03/06/22	Rossey's Natural Snacks Surfside Farmers Market 95th Street and Collins Ave Surfside, FL 33154	Homemade Guacamole for Campaign Meet and greet	CAN		\$ 15.00
03/06/22	Frenchie's Bakeshop Surfside Farmers Market 95th Street and Collins Ave Surfside, FL 33154	French cookies for Campaign Meet and greet	CAN		\$ 15.00
03/06/22	All You Can Eat Nuts Surfside Farmers Market 95th Street and Collins Ave Surfside, FL 33154	Mixed Nuts for Campaign Meet and Greet	CAN		\$ 18.00
03/09/22	Tina Paul 9225 Collins Ave Surfside, FL 33154	Expenses Refreshments for Campaign Meet and Greet	RMB		\$ 142.03
1/1					
1/1					
1/1					
1/1					

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Tina Paul

(2) I.D. Number MAR 11 PM 3:06

(3) Cover Period 03 / 04 / 22 through 03 / 10 / 22 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
/ /	N/A						
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							



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

MAR 11 PM 3:06

Candidate for:

☒ Mayor

☐ Commissioner, District \_\_\_\_\_

☐ Property Appraiser

☐ Clerk of the Circuit Courts

☐ Community Council, Area \_\_\_\_\_, Sub-Area \_\_\_\_\_

REPORT IDENTIFIERS

Report Name 4 p 1 Cover Period 03.04.22 through 03.10.22

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]

Signature

X

[Signature]

Signature

MIAMI-DADE  
COUNTY

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

(5) Report Type ☒ Original ☐ Amendment (6) Page 1 of 1

[illegible]

# 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

JUN 3 AM 10:48

☐ Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

☒ Candidate Office Sought: Mayor

☐ 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 / 11 / 22 To 06 / 13 / 22 Report Type: 18 TRG

☒ 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 \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ 1,890.20

Transfers to Office Account \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ 0.00

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ 1,890.20

## (8) Other Distributions

\$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ 0.00

## (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ 5,655.00

## (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ 5,655.00

## (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

(1) Name Tina Paul

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 03 / 11 / 22 through 06 / 13 / 22 (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		
/ /	N/A						
/ /							
/ /							
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/ /							
/ /							
/ /							

## CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Tina Paul

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 03 / 11 / 22 through 06 / 13 / 22(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
(6) Sequence Number					
3/14/22	Bank of America 1108 Kane Concourse Bay Harbor Islands, FL 33154	Checks order	CAN		\$23.35
3/15/22	Ruth Fenichel 1568 Washington Ave Miami Beach, FL 33139	Campaign Worker Election Day	CAN		\$180.00
3/15/22	Charu N. Al-Sahl 320 88th Street Surfside, FL 33154	Refreshments for Campaign event and Election Day	RMB		\$100.00
3/24/22	Emidia Lucchese 9200 Bay Drive Surfside, FL 33154	Campaign Event Refreshments	RMB		\$60.00
3/24/22	Jennifer Hill 9172 Dickens Ave Surfside, FL 33154	Campaign Event Refreshments	RMB		\$100.00
3/24/22	Phyllis Shamis 625 92nd Street Surfside, FL 33154	Campaign Worker	CAN		\$75.00
3/24/22	Arlene Ayala 9225 Collins Ave Surfside, FL 33154	Election Day DJ	CAN		\$150.00
3/24/22	Tina Paul 9225 Collins Ave Surfside, FL 33154	Campaign Expenses and Election Day Expenses	RMB		\$290.58

## CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Tina Paul

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 03 / 11 / 22 through 06 / 13 / 22(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
(6) Sequence Number					
04/01/22	Bank of America 1108 Kane Concourse Bay Harbor Islands, FL 33154	Monthly fee	CAN		\$16.00
04/15/22	Tina Paul 9225 Collins Ave Suntside, FL 33154	Thank you cards and mailing to Campaign donors	RMB		\$78.32
05/02/22	Gabriel Garcia White 400 81st St Miami Beach, FL 33141	Campaign Worker	CAN		\$100.00
05/02/22	Bank of America 1108 Kane Concourse Bay Harbor Islands, FL 33154	Monthly fee	CAN		\$16.00
05/04/22	Tina Paul 9225 Collins Ave Suntside, FL 33154	Loan Reimbursement	RMB		\$400.00
05/27/22	American Red Cross	501(c)(3) donation	DIS		\$300.95
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

JUN 3 AM 10:48

Address (number and street)

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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 18 TRG Cover Period 03.11.22 through 06.13.22

Report Type ☒ Original ☐ Amendment

CERTIFICATION

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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



MIAMI-DADE  
COUNTY

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

(5) Report Type ☒ Original ☐ Amendment (6) Page 1 of 1

[illegible]

MD-ED 26 (Rev. 03/13)