

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

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

(PLEASE PRINT OR TYPE)

NOV 14 PM 1:59 *SMC*

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

tinafpaul@gmail.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

tinafpaul@gmail.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

November 14, 2023

26. Signature of Candidate




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.

November 14, 2023

Date


Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

NOV 14 PM 1:59

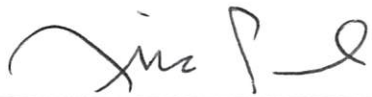
SME

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



Signature of Candidate

November 14, 2023

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)

NOV 14 PM 1:59 smc
NOV 14 PM 4:29

COPY

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

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

[X] 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

tinafpaul@gmail.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 [X] No Party Affiliation [] Party candidate.

9. I have appointed the following person to act as my [X] 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

tinafpaul@gmail.com

18. I have designated the following bank as my [X] 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

November 14, 2023

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: [X] Campaign Treasurer [] Deputy Treasurer.

November 14, 2023

Date

[X]

Tina Paul

Signature of Campaign Treasurer or Deputy Treasurer



TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

NOV 14 PM 4:34

GENERAL ELECTION – MARCH 19, 2024

RECEIPT OF DOCUMENTS

Candidate:

Tina

Paul

First Name

Middle Name

Last name

Commissioner

Office Sought (Mayor or Commissioner)

Phone No.:

305-608-5570

Fax No.:

Cell Phone:

305-608-5570

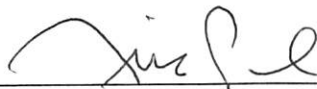
E-Mail Address:

tinafpaul@gmail.com

This is to acknowledge my receipt of the following documents:

- The Florida Election Code (2022) – Digital Format (USB)
- Candidate and Campaign Treasurer Handbook (2022) – Digital Format (USB)
- Guide to the Sunshine Amendment and Code of Ethics (2023) – Digital Format (USB)
- Reporting Dates Schedule (Election Date: March 19, 2024)
- Campaign Activities Memorandum

Received by:



Candidate Signature

Date:

Nov. 14, 2023



Town of Surfside

9293 Harding Avenue
Surfside, FL 33154

2024 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of Candidate Tina Paul
Office Sought Commissioner
Phone No.: 305.608.5570 Cell Phone No: same
E-Mail Address: tinapaul@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>11/14/2023</u>	<u>TP</u>
Nominating Petition	<u> </u>	<u> </u>
Statement of Candidate	<u>11/14/2023</u>	<u>TP</u>
Sworn Statement of Qualification	<u> </u>	<u> </u>
Candidate Oath	<u> </u>	<u> </u>
Form 1 – Statement of Financial Interest (2022)	<u> </u>	<u> </u>
Declaration and First Amendment Waiver Volunteer Statement of Fair Campaign Practice	<u> </u>	<u> </u>
Qualifying Fee \$25.00	<u> </u>	<u> </u>
L & A Schedule	<u> </u>	<u> </u>
Proof of Residency	<u> </u>	<u> </u>

& Voter Registration

2. **Important Dates to Remember**

3. **Campaign Activities Memorandum**

Candidate's Signature

Date

**CANDIDATE OATH
NONPARTISAN OFFICE**

Do not use this form if a Judicial or School Board Candidate)

NOV 21 PM 1:25

Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate

OFFICE USE ONLY

Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, Tina Paul,
(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box (see page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of Commissioner,
(Office) (District #)

, ; I am a qualified elector of 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 tinafpaul@gmail.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

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

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence
this 21ST day of November, 2023.



Personally Known OR Produced Identification
Type of Identification Produced: _____



TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

NOV 21 PM 1:25

GENERAL ELECTION – MARCH 19, 2024

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 }

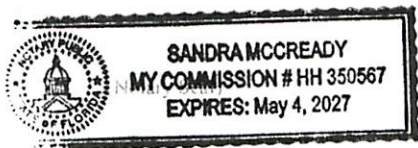
TOWN OF SURFSIDE }

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 Avenue,
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 November 22, 2023 and that if elected, I will willingly serve as
Commissioner (Mayor or Commissioner) of the Town of Surfside, if elected.

Tina Paul
Signature of Candidate

11.21.23
Date

Sworn to and subscribed before me this 21 day of November, 20 23.



Sandra W. McCreedy
NOTARY PUBLIC
Sandra W. McCreedy
PRINTED NAME OF NOTARY

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

NOV 21 PM 1:25

MAILING ADDRESS :

9225 Collins Ave

Surfside 33154 Miami-Dade

CITY : ZIP : COUNTY :

NAME OF AGENCY :

Town of Surfside

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Commissioner

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

****** THIS SECTION MUST BE COMPLETED ******

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2022.

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 Surfside	licensing, service, sales
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	Equitable, Voya Financial

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	

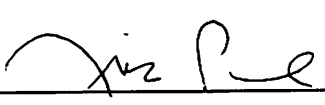
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
 (If you have nothing to report, write "none" or "n/a")

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

<p><u>SIGNATURE OF FILER:</u></p> <p>Signature: _____ </p> <p>Date Signed: _____ November 21, 2023</p>	<p><u>CPA or ATTORNEY SIGNATURE ONLY</u></p> <p>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:</p> <p>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.</p> <p>CPA/Attorney Signature: _____</p> <p>Date Signed: _____</p>
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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, 2022.

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

VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES

As a candidate for public office in Miami-Dade County, I believe that political issues can be freely debated without appealing to racial, ethnic, religious, sexual, or other prejudices. I recognize that such negative appeals serve only to divide this community and create long-term moral, social, and economic problems. Therefore,

1. I shall not make my race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
2. I shall not make my opponent's race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
3. I will condemn any appeal to prejudice based on race, creed, national origin, religion, gender, physical disability, or sexual orientation.
4. I shall not, without just cause, attack or question my opponent's patriotism.
5. I shall not publish, display, or circulate any anonymous campaign literature or political advertisement.
6. I shall not tolerate my supporters engaging in these activities that I condemn, nor shall I accept their continued support if they engage in such activities. I will not permit any member of my campaign organization to engage in these activities and will immediately and publicly repudiate the support of any other individual or group that resorts to the methods and tactics I condemn.
7. I shall run a positive campaign emphasizing my qualifications for office and positions on issues of public concern.
8. I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions.
9. I will neither use nor permit the use of malicious untruths or innuendoes about an opponent's personal life, nor will I make or condone unfounded accusations discrediting that person's credibility.
10. I will take personal responsibility for approving or disavowing the substance of attacks on my opponent that may come from third parties supporting my candidacy.
11. I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

BY SIGNING THIS DECLARATION AND FIRST AMENDMENT WAIVER, I AGREE TO

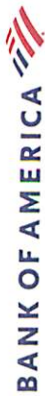
- **ABIDE BY THE VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES,**
- **SUBMIT TO THE COMPULSORY JURISDICTION OF THE ETHICS COMMISSION, AND**
- **WAIVE MY FIRST AMENDMENT RIGHTS.**

I, Tina Paul, a candidate for the office of
please print your name
Commissioner in Town of Surfside
elective office sought county, municipality, or other jurisdiction

agree to abide by the *voluntary* Statement of Fair Campaign Practices as provided in Section 2-11.1.1(D)(1) of the Code of Miami-Dade County, Florida, and to recognize as compulsory the jurisdiction of the Ethics Commission. I further agree that the Ethics Commission will have the authority to decide whether I have violated the *voluntary* Statement of Fair Campaign Practices and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any, which may include an admonition or public reprimand. I recognize that I have the right before signing this DECLARATION AND FIRST AMENDMENT WAIVER to consult my own legal counsel and to request and receive from the Ethics Commission an advisory opinion as to whether my planned campaign activities are likely to violate the *voluntary* Statement of Fair Campaign Practices. I also recognize that after signing this agreement, I will continue to have the right to request and receive from the Ethics Commission an advisory opinion regarding any future campaign activities that I may be considering. I hereby proclaim (1) that my agreement to abide by the Statement of Fair Campaign Practices is *voluntary*, knowing, and intelligent; (2) that I have not been forced, pressured, or otherwise coerced into making this agreement; and (3) that I am aware of the *voluntary* nature of this agreement. I recognize that there is no penalty for refusing to agree to abide by the *voluntary* Statement of Fair Campaign Practices. I also recognize that in signing this agreement, I will be forfeiting rights to which I would otherwise be entitled under the First Amendment to the U.S. Constitution and Article I, Section 4, of the Constitution of the State of Florida. Once the DECLARATION AND FIRST AMENDMENT WAIVER is signed, it is deemed irrevocable for the duration of the campaign.

x Tina Paul
 Signature

November 21, 2023
 Date



Cashier's Check

No. 1002412441

Notice to Purchaser - In the event that this check is lost, misplaced or stolen, a sworn statement and 90-day waiting period will be required prior to replacement. This check should be negotiated within 90 days.

BAY HARBOR ISLAND

0005 0109377 0103

Pay



\$25.00

Twenty Five and 00/100 Dollars

To The TOWN OF SURFSIDE
Order Of

Remitter (Purchased By): TINA PAUL, CAMPAIGN

Bank of America, N.A.
SAN ANTONIO, TX

Void After 90 Days

30-1/1140

NTX

Date 11/17/23 02:35:05 PM

Tina Paul
AUTHORIZED SIGNATURE

COPY/REPRODUCTION PROTECTION

00-53-3364B 06-2019

THE ORIGINAL DOCUMENT HAS A WHITE REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENTS.



Town of Surfside

9293 Harding Avenue
Surfside, FL 33154

2024 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of Candidate Tina Paul
Office Sought Commissioner
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>11/14/2023</u>	<u>TP</u>
Nominating Petition	<u>11/21/2023</u>	<u>TP</u>
Statement of Candidate	<u>11/14/2023</u>	<u>TP</u>
Sworn Statement of Qualification	<u>11/21/2023</u>	<u>TP</u>
Candidate Oath	<u>11/21/2023</u>	<u>TP</u>
Form 1 – Statement of Financial Interest (2022)	<u>11/21/2023</u>	<u>TP</u>
Declaration and First Amendment Waiver Volunteer Statement of Fair Campaign Practice	<u>11/21/2023</u>	<u>TP</u>
Qualifying Fee \$25.00	<u>11/21/2023</u>	<u>TP</u>
L & A Schedule	<u>N/A</u>	<u>TP</u>
Proof of Residency		

& Voter Registration

2. Important Dates to Remember

3. Campaign Activities Memorandum

11/21/23 JP

11/21/23 JP

11/14/23 JP
11/21/23 JP


Candidate's Signature

November 21, 2023
Date

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

NOV 21 PM 1:25

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Tina Paul
for the office of Commissioner (Mayor or Commissioner) at an election to be held on March
19, 2024.

This petition must be filed with the Town Clerk between November 3, 2023 and November 22, 2023 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B.
Print Name: <u>MARIA Isabel Cabell</u>	Address: [Redacted]
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B.
Print Name: <u>Mary Henderson</u>	Address: [Redacted]
Signature: <u>[Signature]</u>	Date: <u>11-16-23</u> D.O.B.
Print Name: <u>MARY A. SANDS</u>	Address: [Redacted]
Signature: <u>[Signature]</u>	Date: <u>11-16-2023</u> D.O.B.
Print Name: <u>MARINA SARABIA</u>	Address: [Redacted]
Signature: <u>[Signature]</u>	Date: <u>11-16-2023</u> D.O.B.
Print Name: <u>Lorena O'Malley</u>	Address: [Redacted]
Signature: <u>[Signature]</u>	Date: <u>11-16-2023</u> D.O.B.
Print Name: <u>PAUL O'MALLEY</u>	Address: [Redacted]
Signature: <u>[Signature]</u>	Date: <u>11/16/2023</u> D.O.B.
Print Name: <u>Coridad Y Ilouierdo</u>	Address: [Redacted]
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B.
Print Name: <u>Madeline P. Noble</u>	Address: [Redacted]
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B.
Print Name: <u>Maria P. Noble</u>	Address: [Redacted]
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B.
Print Name: <u>Phyllis James</u>	Address: [Redacted]
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B.
Print Name: <u>CAMILLO PINO</u>	Address: [Redacted]
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B.
Print Name: <u>ANDREA TRAVANI</u>	Address: [Redacted]
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B.
Print Name: <u>Jennifer Hill</u>	Address: [Redacted]

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 13 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]
Address of Circulator: 9225 Collins Ave Surfside, FL 33154
Email address of Circulator: tinafpaul@gmail.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: 11.21.23

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

NOV 21 PM 1:25

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Tina Paul
for the office of Commissioner (Mayor or Commissioner) at an election to be held on March
19, 2024.

This petition must be filed with the Town Clerk between November 3, 2023 and November 22, 2023 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>MARIA ELENA FERNANDEZ</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>MILKA RASKAS</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/2023</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Victorio Saik</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/2023</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>ANDE SOKOLOFF MIRANDA</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Ruben Coto</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Sarah Jacob</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Darrell Arnold</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-16-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Frank V. MacBride Jr</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>MARIA LORENA VILLANRA</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Rocio Alvarez</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-16-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Diana Glez D.</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-15-2023</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Edilia L. JIMENEZ</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Gerardo Vildostegui</u>	Address: <u>[Redacted]</u>

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 13 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]
Address of Circulator: 9225 Collins Ave Surfside, FL 33184
Email address of Circulator: tinafpaul@gmail.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: 11.21.23

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

NOV 21 PM 1:25

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Tina Paul
for the office of Commissioner (Mayor or Commissioner) at an election to be held on March
19, 2024.

This petition must be filed with the Town Clerk between November 3, 2023 and November 22, 2023 (by 12:00pm).

Signature: <u>A. M. Z. Ayali</u>	Date: <u>11/14/23</u> D.O.B. [REDACTED]
Print Name: <u>ARHUENE, Z. AYALIN</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/14/23</u> D.O.B. [REDACTED]
Print Name: <u>OSCAR AMIRAN CHAVEZ B</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/14/2023</u> D.O.B. [REDACTED]
Print Name: <u>JEFFREY PAUL</u>	Address: [REDACTED]
Signature: <u>Eben K. Hansmire II</u>	Date: <u>11/14/23</u> D.O.B. [REDACTED]
Print Name: <u>Eben K. Hansmire II</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/14/23</u> D.O.B. [REDACTED]
Print Name: <u>DAVID W. CHENG</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11-15-23</u> D.O.B. [REDACTED]
Print Name: <u>ANDREW ROTH</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/15/23</u> D.O.B. [REDACTED]
Print Name: <u>Issac Kutz</u>	Address: [REDACTED]
Signature: <u>Elizabeth Espinosa</u>	Date: <u>11/15/23</u> D.O.B. [REDACTED]
Print Name: <u>Elizabeth Espinosa</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/15/2023</u> D.O.B. [REDACTED]
Print Name: <u>JOHN ROBRICER</u>	Address: [REDACTED]
Signature: <u>Marianna Meischeid</u>	Date: <u>11/15/2023</u> D.O.B. [REDACTED]
Print Name: <u>Marianna Meischeid</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/15/2023</u> D.O.B. [REDACTED]
Print Name: <u>PATRICK MANOS</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/15/23</u> D.O.B. [REDACTED]
Print Name: <u>Basil Cappel</u>	Address: [REDACTED]
Signature: <u>Ross Jila Bobick</u>	Date: <u>11/15/23</u> D.O.B. [REDACTED]
Print Name: <u>Ross Jila Bobick</u>	Address: [REDACTED]

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 13 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]
Address of Circulator: 9225 Collins Ave Surfside, FL 33154
Email address of Circulator: TINA.PAUL@gmail.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: 11.21.23

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

NOV 21 PM 1:25

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Tina Paul
for the office of Commissioner (Mayor or Commissioner) at an election to be held on March
19, 2024.

This petition must be filed with the Town Clerk between November 3, 2023 and November 22, 2023 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>11/16/2023</u> D.O.B. [REDACTED]
Print Name: <u>Judy Martinez</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/16/2023</u> D.O.B. [REDACTED]
Print Name: <u>Paul Baldorf</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/16/2023</u> D.O.B. [REDACTED]
Print Name: <u>Paul Baldorf</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/16/2023</u> D.O.B. [REDACTED]
Print Name: <u>Paul Baldorf</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. [REDACTED]
Print Name: <u>Irene Arizola</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. [REDACTED]
Print Name: <u>Evangelina</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. [REDACTED]
Print Name: <u>Evangelina</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. [REDACTED]
Print Name: <u>EMIL TEMLAS</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. [REDACTED]
Print Name: <u>ELIANA R. SALZHAUER</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/16/2023</u> D.O.B. [REDACTED]
Print Name: <u>Seledia Borrja-Krasner</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. [REDACTED]
Print Name: <u>RICHARD KARUKIN</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11-16-23</u> D.O.B. [REDACTED]
Print Name: <u>ROSEMARY KARUKIN</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/19/23</u> D.O.B. [REDACTED]
Print Name: <u>Swier Valmora</u>	Address: [REDACTED]

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 13 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]
Address of Circulator: 9225 COLLINS AVE Surfside, FL 33154
Email address of Circulator: tinapaul@gmail.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: 11-21-23

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

NOV 21 PM 1:25

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Tina Paul for
the office of Commissioner (Mayor or Commissioner) at an election to be held on March 15,
2016.

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

Signature: <u>[Signature]</u>	Date: <u>11/18/23</u>	Voters Reg. # <u>DOR 117</u>
Print Name: <u>Chadwick Burdett</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/19/23</u>	Voters Reg. # <u>[Redacted]</u>
Print Name: <u>Doreen Gitzew</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/19/23</u>	Voters Reg. # <u>[Redacted]</u>
Print Name: <u>STEFANO GULBARI</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/19/23</u>	Voters Reg. # <u>[Redacted]</u>
Print Name: <u>Walter MAY</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/19/23</u>	Voters Reg. # <u>[Redacted]</u>
Print Name: <u>Celida Cuon Ch</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/19/23</u>	Voters Reg. # <u>[Redacted]</u>
Print Name: <u>Victoria DIAZ</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>[Redacted]</u>	Voters Reg. # <u>[Redacted]</u>
Print Name: <u>Luis Roberto</u>	Address: <u>8155C Uptown Ave</u>	
Signature: <u>[Signature]</u>	Date: <u>[Redacted]</u>	Voters Reg. # <u>[Redacted]</u>
Print Name: <u>Connie Rumbaul</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>[Redacted]</u>	Voters Reg. # <u>[Redacted]</u>
Print Name: <u>Luis Delgado</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>[Redacted]</u>	Voters Reg. # <u>[Redacted]</u>
Print Name: <u>Jarrah Rosenblum</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11-19-23</u>	Voters Reg. # <u>[Redacted]</u>
Print Name: <u>KRISTIN SANCHEZ</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11-19-2023</u>	Voters Reg. # <u>[Redacted]</u>
Print Name: <u>PEDRO O. SANCHEZ</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/20/23</u>	Voters Reg. # <u>[Redacted]</u>
Print Name: <u>Dwight Haudesger</u>	Address: <u>[Redacted]</u>	

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 13 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]
Address of Circulator: 9225 COLLINS AVE Surfside, FL 33154
Email address of Circulator: tinafpaul@gmail.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: Tina Paul Date: 11.21.23



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

November 21, 2023

Ms. Michelle McClain
Miami-Dade Elections Department
2700 NW 87th Avenue
Miami, FL 33172

RE: VERIFICATION OF PETITION SIGNATURES – TINA PAUL

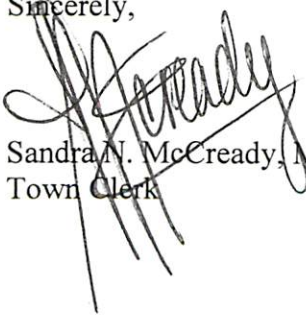
Dear Ms. McClain:

Enclosed are the original petition forms for TINA PAUL. This petition is for a candidate seeking to qualify for office in the TOWN OF SURFSIDE. The Town Charter, under section 101 requires the verification of 25 valid signatures in order for the petition to be sufficient. Please verify signatures in accordance with the Town of Surfside Charter.

TINA PAUL: Filed intent to run for office on November 14, 2023.

Please return the original petition forms to us along with a certificate certifying the number of valid signatures.

Sincerely,


Sandra N. McCready, MPA, MMC
Town Clerk



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

November 22, 2023

Ms. Tina Paul
9225 Collins Avenue
Surfside, Fl 33154

Dear Ms. Paul:

I am pleased to inform you that according to records on file in this office, you have qualified as a candidate for the office of the Town Commission for the Town of Surfside. Your name will be placed on the ballot for the March 19, 2024 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 Avenue
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

JAN 8 PM 4:00

Sme

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Commissioner
- Political Committee (PC)
- Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
- Party Executive Committee (PTY) Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 10 / 01 / 23 To 12 / 31 / 23 Report Type: 2023Q4

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , 1,325 . 00

Loans \$ _____ , 400 . 00

Total Monetary \$ _____ , 1,725 . 00

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 25 . 00

Transfers to Office Account \$ _____ , _____ , _____ . 00

Total Monetary \$ _____ , _____ , 25 . 00

(8) Other Distributions

\$ _____ , _____ , _____ . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , 1,725 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 25 . 00

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

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

(Type name) Tina Paul

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X *Tina Paul*
 Signature

(Type name) Tina Paul

Candidate Chairperson (only for PC and PTY)

X *Tina Paul*
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

JAN 8 PM 4:00 *Sme*

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

(3) Cover Period 10 / 01 / 23 through 12 / 31 / 23 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		Amount
11 / 14 / 23	PAUL, Tina F 9225 Collins Ave Sunrise, FL 33154	S	Photographer Archivist	LOA			\$ 400.00
12 / 16 / 23	Jimenez, Edilia L 9025 Byron Ave Sunrise, FL 33154	I	Retired	CHE			\$ 25.00
12 / 16 / 23	Pasini, Ivete 8888 Collins Ave Sunrise, FL 33154	I	Account Executive	CHE			\$ 200.00
12 / 21 / 23	Villalba, Maria L 400 90th Street Sunrise, FL 33154	I	Research Physician	CHE			\$ 100.00
12 / 24 / 23	Lewin, Donald 9225 Collins Ave Sunrise, FL 33154	I	Retired	CHE			\$ 1,000.00
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Tina Paul

(2) I.D. Number _____

(3) Cover Period 10 / 01 / 23 through 12 / 31 / 23

(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					
11 / 17 / 23	Town of Surfside 9293 Harding Avenue Surfside, FL 33154	Qualifying Fee	CAN		\$ 25.00
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name

Tina Paul

I.D. Number

Address (number and street)

9225 COLLINS AVENUE

City, State, Zip Code

Sweetside, FL 33154

CHECK IF ADDRESS HAS CHANGED

JAN 8 PM 4:00

Some

Candidate for:

Mayor

Commissioner, District _____

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 2023 Q4 Cover Period 10.01.23 through 12.31.23

Report Type Original Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

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

Tina Paul

(Type name) Treasurer Deputy Treasurer

X

[Signature]

Signature

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

Tina Paul

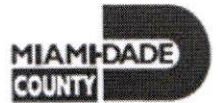
(Type name) Candidate

X

[Signature]

Signature

**PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES**



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

JAN 8 PM 4:00 *Sme*

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

(3) Report Name 2023 Q4 (4) Cover Period 10.01.23 through 12.31.23

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

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
	<u>N/A</u>			

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Tina Paul
 Name
 (2) 9225 Collins Avenue
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

TOWN OF SURFSIDE
 JAN 19 '24 3:48PM

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Commissioner
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 01 / 01 / 24 To 01 / 12 / 24 Report Type: 202460DP

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , 1,125 . 00

Loans \$ _____ , _____ , _____ . 00

Total Monetary \$ _____ , 1,125 . 00

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , 1,413 . 47

Transfers to Office Account \$ _____ , _____ , _____ . 00

Total Monetary \$ _____ , 1,413 . 47

(8) Other Distributions

\$ _____ , _____ , _____ . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , 2,850 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 1,438 . 47

(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

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Tina Paul

(2) I.D. Number TOWN OF SURFSIDE
~~JAN 19 '24 3:49PM~~

(3) Cover Period 01 / 01 / 24 through 01 / 12 / 24

(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
01 / 05 / 24	Levinson, Marc and Mary 9380 Carlyle Ave Surfside, FL 33154	I	Retired	CHE			\$ 50.00
01 / 07 / 24	Kinsey, H.H. 9465 Byron Ave Surfside, FL 33154	I	former entertainment Reporter	CHE			\$ 50.00
01 / 09 / 24	Saife, Victoria Chavez Batta, Adrian 9025 Abbott Ave Surfside, FL 33154	I	Technology Consultant/ Sales	CHE			\$ 50.00
01 / 10 / 24	Pinihero, Carlos 8855 Collins Ave, B11 Surfside, FL 33154	I	Practice Manager	CHE			\$ 100.00
01 / 10 / 24	Martinez, Judy 9333 Byron Ave Surfside, FL 33154	I	Film Producer	CHE			\$ 100.00
01 / 10 / 24	Acquario, Benjamin 524 90th Street Surfside, FL 33154	I	Sales	CHE			\$ 50.00
01 / 11 / 24	Santos, Mary 501 89th Street Surfside, FL 33154	I	Case Manager	CHE			\$ 100.00

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

COUNTY OF SUF SIDE
JAN 19 '24 3:49PM

pk

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

(3) Cover Period 01 / 01 / 24 through 01 / 12 / 24 (4) Page 2 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							
01, 11, 24	Herrera, Lucero 9133 Carlyle Ave Sunrise, FL 33154	I	Homemaker				\$ 100.00
01, 11, 24	Sarabia, Marina 501 89th Street Sunrise, FL 33154	I	Realtor				\$ 100.00
01, 11, 24	Carril, Maria I. 9056 Abbott Ave Sunrise, FL 33154	I	Retired				\$ 100.00
01, 12, 24	Blate, Anthony 9308 Bay Drive Sunrise, FL 33154	I	Retired				\$ 125.00
01, 12, 24	Acuario, Benjamin 524 90th Street Sunrise, FL 33154	I	sales				\$ 50.00
01, 12, 24	Chart, Magaly 8858 Byron Ave Sunrise, FL 33154	I	Secretary				\$ 150.00
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

JAN 19 '24 3:49PM

(1) Name Tina Paul

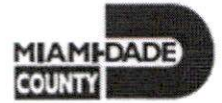
(2) I.D. Number _____

(3) Cover Period 01 / 01 / 24 through 01 / 12 / 24

(4) Page 1 of 1

(5) Date	(6) Sequence Number	(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
01 / 09 / 24		Flyer Studios Inc. 13740 SW 33rd Ct. Davie, FL 33330	Flyers for Mailer	CAN		\$ 493.27
01 / 10 / 24		Claudia Rodriguez Quinn Rainbow Design & Printing Solutions 729 NW 170 Terrace Pembroke Pines, FL 33028	Yard Signs	CAN		\$ 353.10
01 / 11 / 24		Office Depot/ Office Max 12255 Biscayne Blvd North Miami, FL 33181	Business Cards	CAN		\$ 32.10
01 / 12 / 24		Claudia Rodriguez Quinn Rainbow Design & Printing Solutions 729 NW 170 Terrace Pembroke Pines, FL 33028	Additional Yard Signs	CAN		\$ 535.00
 / / 						
 / / 						
 / / 						
 / / 						
 / / 						

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



OFFICE USE ONLY

Name

Tina Paul

I.D. Number

Address (number and street)

9225 Collins Avenue

City, State, Zip Code

Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

TOWN OF SURFSIDE
JAN 19 '24 3:49PM
PK

Candidate for:

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

REPORT IDENTIFIERS

Report Name 202460 DP Cover Period 01.01.2024 through 01.12.2024

Report Type Original Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

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

Tina Paul

(Type name) Treasurer Deputy Treasurer

X

[Signature]

Signature

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

Tina Paul

(Type name) Candidate

X

[Signature]

Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Tina Paul

Name

(2) 9225 Collins Avenue

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: Commissioner

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

OFFICE USE ONLY

FEB 2 PM 3:58

SJC

(5) Report Identifiers

Cover Period: From 01 / 13 / 24 To 01 / 26 / 24 Report Type: 2024B1

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 530 . 00

Loans \$ _____ , _____ , _____ . 00

Total Monetary \$ _____ , _____ , 530 . 00

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 316 . 60

Transfers to Office Account \$ _____ , _____ , _____ . 00

Total Monetary \$ _____ , _____ , 316 . 60

(8) Other Distributions

\$ _____ , _____ , _____ . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 3 , 380 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 1 , 755 . 07

(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

FEB 2 PM 3:58

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

(3) Cover Period 01 / 13 / 24 through 01 / 26 / 24 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		Amount
01 / 19 / 24 01	Travani, Andrea 9041 Dickens Ave Surfside, FL 33154	I	Civil Engineer	CHE			\$ 30.00
01 / 22 / 24 02	Callaway, Cynthia 9232 Dickens Ave Surfside, FL 33154	I	Sales Director	CHE			\$ 50.00
01 / 24 / 24 03	Tatum, Janice 8867 Froude Ave Surfside, FL 33154	I	Homemaker	CHE			\$ 200.00
01 / 25 / 24 04	Sanchez, Oliver 9140 Emerson Ave Surfside, FL 33154	I	Artist	CHE			\$ 100.00
01 / 25 / 24 05	MacDougald, Ian 8706 Byron Ave Surfside, FL 33154	I	Retired	CHE			\$ 100.00
01 / 25 / 24 06	Mallmann, Francisco 724 90th Street Surfside, FL 33154	I	Unemployed former chief strategy & financial officer	CHE			\$ 50.00
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Tina Paul

(2) I.D. Number _____

(3) Cover Period 01 / 13 / 24 through 01 / 26 / 24

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
01 / 25 / 24	National Pen Company 12121 Scripps Summit Dr. San Diego, CA 92131	Campaign Pens	CAN		\$ 249.25
01					
01 / 26 / 24	Flyer Studios Inc. 13740 SW 33rd Ct. Davie, FL 33330	Campaign Business Cards	CAN		\$ 67.35
02					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

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 Avenue

City, State, Zip Code
Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

FEB 2 PM 3:59

SAC

Candidate for:

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

REPORT IDENTIFIERS

Report Name 2024B1 Cover Period 01-13-2024 through 01-26-2024

Report Type Original Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

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

Tina Paul
(Type name) Treasurer Deputy Treasurer

X Tina Paul
Signature

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

Tina Paul
(Type name) Candidate

X Tina Paul
Signature

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.

FEB 2 PM 3:59

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

(3) Report Name 2024 B1 (4) Cover Period 01.13.24 through 01.26.24

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

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
	N/A			

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Tina Paul
 Name

(2) 9225 Collins Avenue
 Address (number and street)

Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

TOWN OF SURFSIDE

FEB 16 '24 3:16PM

SMC

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Commissioner
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 01 / 27 / 24 To 02 / 09 / 24 Report Type: 2024B2

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 815.00

Loans \$ _____ , _____ , 00

Total Monetary \$ _____ , _____ , 815.00

In-Kind \$ _____ , _____ , 00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , 2 , 284.95

Transfers to Office Account \$ _____ , _____ , 00

Total Monetary \$ _____ , 2 , 284.95

(8) Other Distributions

\$ _____ , _____ , _____ . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , 4 , 195.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 4 , 040.02

(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

COUNTY OF SURFSIDE
FEB16 '24 3:17PM

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

(3) Cover Period 01 / 27 / 24 through 02 / 09 / 24 (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	Type	Description	Amendment	Amount
01, 29, 24	Miranda, Andree 9473 Bay Drive Surfside, FL 33154	I	Managing Partner	CHE			\$ 100.00
01, 30, 24	Barriga, Soledad 8840 Garland Ave Surfside, FL 33154	I	Independent Journalist	CHE			\$ 125.00
01, 31, 24	Sarabia, Marina 501 89th Street Surfside, FL 33154	I	Realtor	CHE			\$ 50.00
01, 31, 24	Barriga, Soledad 8840 Garland Ave. Surfside, FL 33154	I	Independent Journalist	CHE			\$ 100.00
02, 01, 24	Pullo, April 424 92nd Street Surfside, FL 33154	I	Scenic Artist	CHE			\$ 25.00
02, 05, 24	Jimenez, Edilia L. 9025 Byron Ave. Surfside, FL 33154	I	Retired	CHE			\$ 25.00
02, 06, 24	Langee, Ethie 4700 N. 37th Street Hollywood, FL 33023	I	Technical Business Analyst	CHE			\$ 180.00

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

TOWN OF SURFSIDE

(1) Name Tina Paul

(2) I.D. Number FEB16 '24 3:17PM

(3) Cover Period 01 / 27 / 24 through 02 / 09 / 24

(4) Page 2 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number							
02 / 06 / 24	Villalba, Maria L. 400 90 th Street Surfside, FL 33154	I	Research Physician	CHE			\$ 100.00
02 / 06 / 24	Lucchese, Marcio 9200 Bay Drive Surfside, FL 33154	I	Airline Pilot	CHE			\$ 20.00
02 / 07 / 24	Paul, Ira J. 1205 Sun Circle W. Melbourne, FL 32935	I	Retired	CHE			\$ 90.00
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Tina Paul

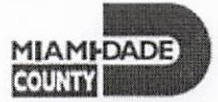
(2) I.D. Number _____

(3) Cover Period 01 / 27 / 24 through 02 / 09 / 24

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
01 / 27 / 24	Yandris Designs LLC 9201 Fontainebleau Blvd. Unit 3 Miami, FL 33172	Campaign T-Shirts	CAN		\$ 428.00
02 / 01 / 24	Bank of America 1108 Kane Concourse Bay Harbor Islands, FL 33154	Monthly Fee	CAN		\$ 16.00
02 / 05 / 24	United States Postal Service 250 95th Street Surfside, FL 33154	Every Door Direct Mail	CAN		\$ 740.95
02 / 08 / 24	Arlene Ayalin Graphic Designer 9225 Collins Avenue Surfside, FL 33154	Photography, Graphic Design, Website Design, T-Shirt Design	CAN		\$ 900.00
02 / 09 / 24	Burkett, Charles W. 1332 Biscaya Drive Surfside, FL 33154	Reimbursement for mailer of Joint Candidate Declaration	CAN		\$ 200.00
/ /					
/ /					
/ /					

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



OFFICE USE ONLY

Name

Tina Paul

I.D. Number

Address (number and street)

9225 Collins Ave.

City, State, Zip Code

Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

TOWN OF SURFSIDE

FEB 16 '24 3:17PM

SMC

Candidate for:

Mayor

Commissioner, District _____

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 2024B2 Cover Period 01.27.24 through 02.09.24

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]

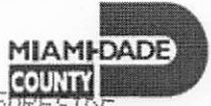
Signature

X

[Signature]

Signature

PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES



TOWN OF SURFSIDE

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

FEB 16 '24 3:17PM

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

(3) Report Name 2024 B2 (4) Cover Period 01.27.24 through 02.09.24

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

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
	<u>NA</u>			

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Tina Paul
Name

(2) 9225 Collins Avenue
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: Commissioner

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

OFFICE USE ONLY

TOWN OF SURFSIDE

FEB23 '24 2:03PM

PK

(5) Report Identifiers

Cover Period: From 02 / 10 / 24 To 02 / 22 / 24 Report Type: 25P

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 130 . 00

Loans \$ _____ , _____ , _____ . 00

Total Monetary \$ _____ , _____ , 130 . 00

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , _____ . 00

Transfers to Office Account \$ _____ , _____ , _____ . 00

Total Monetary \$ _____ , _____ , _____ . 00

(8) Other Distributions

\$ _____ , _____ , _____ . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 4 , 325 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 4 , 040 . 02


(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:

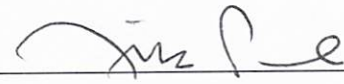
(Type name) Tina Paul

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

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

FEB23 '24 2:03PM *AK*

(1) Name Tina Paul

(2) I.D. Number _____

(3) Cover Period 02 / 10 / 24 through 02 / 22 / 24

(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		
02 / 11 / 24	Cimadevilla, Deborah 6381 SW 62 ND TERE South Miami, FL 33143	I	Real Estate	CHE			\$ 50.00
02 / 21 / 24	Martinez, Judy 9333 Byron Ave Surfside, FL 33154	I	Film Producer	CHE			\$ 80.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Tina Paul

(2) I.D. Number _____

(3) Cover Period 02 / 10 / 24 through 02 / 22 / 24

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



OFFICE USE ONLY

Name

Tina Paul

I.D. Number

Address (number and street)

9225 COLLINS AVE

City, State, Zip Code

Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

TOWN OF SURFSIDE
FEB23 '24 2:04PM
AK

Candidate for:

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

REPORT IDENTIFIERS

Report Name 25P Cover Period 02-10-24 through 02-22-24

Report Type Original Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

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

Tina Paul

(Type name) Treasurer Deputy Treasurer

X

Tina Paul

Signature

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

Tina Paul

(Type name) Candidate

X

Tina Paul

Signature

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. *pk*

FEB23 '24 2:04PM

(1) Name Tina Paul (2) I.D. Number _____
(3) Report Name 25P (4) Cover Period 02-10-24 through 02-22-24
(5) Report Type Original Amendment (6) Page 1 of 1

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
	N/A			

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Tina Paul
 Name
 (2) 9225 Collins Avenue
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

TOWN OF SURFSIDE

MAR8 '24 2:01PM
AK

Check here if address has changed (3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Commissioner

Political Committee (PC)

Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded

Party Executive Committee (PTY) Check here if PTY has disbanded

Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 02 / 23 / 24 To 03 / 07 / 24 Report Type: 11P1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 250 . 00

Loans \$ _____ , _____ , _____ . 00

Total Monetary \$ _____ , _____ , 250 . 00

In-Kind \$ _____ , _____ , 135 . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 83 . 35

Transfers to Office Account \$ _____ , _____ , _____ . 00

Total Monetary \$ _____ , _____ , 83 . 35

(8) Other Distributions

\$ _____ , _____ , _____ . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 4 , 575 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 4 , 123 . 37

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

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

(Type name) Tina Paul

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X *Tina Paul*
 Signature

(Type name) Tina Paul

Candidate Chairperson (only for PC and PTY)

X *Tina Paul*
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 02 / 23 / 24 through 03 / 07 / 24 (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	Amendment	Amount
02 / 27 / 24	Rousseau, Guillaume 9349 Abbott Ave Surfside, FL 33154	I	VP Supply Chain	CHE			\$150.00
02 / 27 / 24	Capuder, Rosanne D. 75 Henry St, 32K Brooklyn, NY 11201	I	Real Estate	CHE			\$100.00
03 / 01 / 24	Bennett, Rita 8925 Gillins Ave, 8D Surfside, FL 33154	I	Retired	INK	Meet and Greet Refreshments		\$ 50.00
03 / 04 / 24	Callaway, Cynthia 9232 Dickens Ave Surfside, FL 33154	I	Sales Director	INK	Wines for meet & Greet		\$ 85.00
/ /							
/ /							
/ /							
/ /							

TOWN OF SURFSIDE
MAR 8 '24 2:01PM
YAK

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Tina Paul

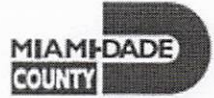
(2) I.D. Number _____

(3) Cover Period 02 / 23 / 24 through 03 / 07 / 24

(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					
02 / 28 / 24	Flyer Studios Inc. 13740 SW 33rd Ct. Davie, Fl 33330	Campaign Business Cards	CAN		\$ 67.35
03 / 01 / 24	Bank of America 1108 Kane Concourse Bay Harbor Islands, FL 33154	Monthly Fee	CAN		\$ 16.00
/ /				TOWN OF SURFSIDE	
/ /				MAR8 '24 2:01PM	<i>pk</i>
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name

Tina Paul

I.D. Number

TOWN OF SURFSIDE

Address (number and street)

9225 Collins Ave.

MAR8 '24 2:01PM

pk

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 11P1 Cover Period 02.23.24 through 03.07.24

Report Type Original Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

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

Tina Paul
(Type name) Treasurer Deputy Treasurer

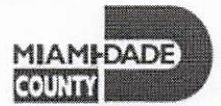
X [Signature]
Signature

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

Tina Paul
(Type name) Candidate

X [Signature]
Signature

**PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES**



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

(1) Name Tina Paul (2) I.D. Number _____
 (3) Report Name 11P1 (4) Cover Period 02.23.24 through 03.07.24
 (5) Report Type Original Amendment (6) Page 1 of 1

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
	N/A		TOWN OF SURFSIDE	
			MARS '24 2:01PM	PK

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Tina Paul

Name

(2) 9225 Collins Avenue

Address (number and street)

Surfside, FL 33154

City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY

MAR 15 '24 4:00PM

SMP

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Commissioner

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 03 / 08 / 24 To 03 / 15 / 24 Report Type: 4P1

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 250 . 00

Loans \$ _____ , _____ , _____ . 00

Total Monetary \$ _____ , _____ , 250 . 00

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 120 . 00

Transfers to Office Account \$ _____ , _____ , _____ . 00

Total Monetary \$ _____ , _____ , 120 . 00

(8) Other Distributions

\$ _____ , _____ , _____ . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , 4 , 825 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 4 , 243 . 37

(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

MAR 15 '24 4:00PM

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

(3) Cover Period 03 / 08 / 24 through 03 / 15 / 24 (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
03, 08, 24	Novak, Paul 1308 Biscaya Drive Surfside, FL 33154	I	Attorney	CHE			\$250.00
/ /							
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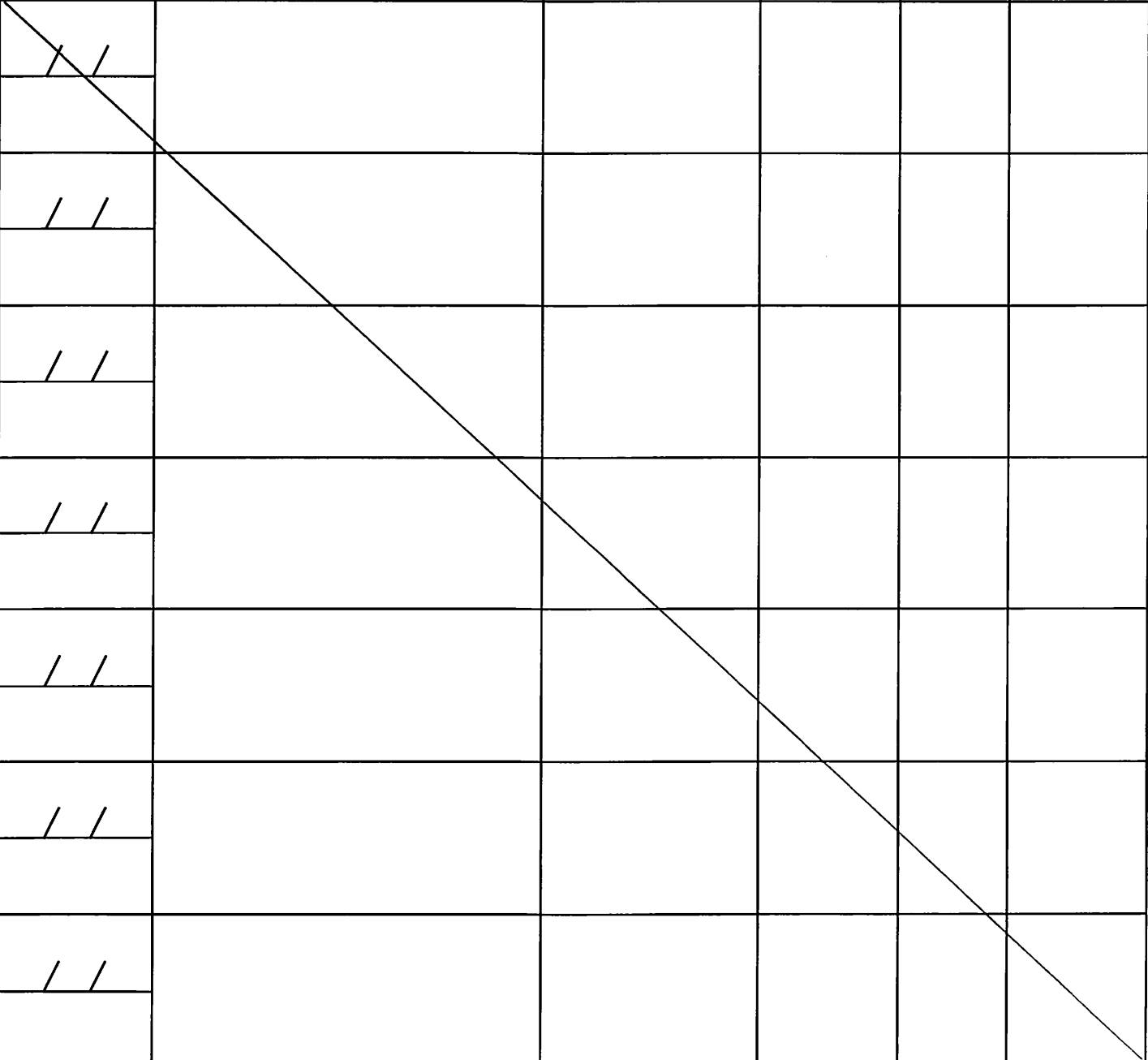
CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Tina Paul

(2) I.D. Number _____

(3) Cover Period 03 / 08 / 24 through 03 / 15 / 24

(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 / 15 / 24	Constant Contact 1601 Trapelo Rd. Waltham, MA 02451	Campaign Email Service	CAN		\$120.00
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name

TINA PAUL

I.D. Number

Address (number and street)

9225 COLLINS AVE

City, State, Zip Code

SURFSIDE, FL 33154

CHECK IF ADDRESS HAS CHANGED

MAR 15 '24 4:00PM

GMP

Candidate for:

Mayor

Commissioner, District _____

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name HP1 Cover Period 03.08.24 through 03.15.24

Report Type Original Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

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

TINA PAUL

(Type name) Treasurer Deputy Treasurer

X

[Signature]

Signature

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

TINA PAUL

(Type name) Candidate

X

[Signature]

Signature

PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES



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

MAR 15 '24 4:00PM

(1) Name TINA PAUL (2) I.D. Number _____
(3) Report Name 4P1 (4) Cover Period 03.08.24 through 03.15.24
(5) Report Type Original Amendment (6) Page 1 of 1

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
	N/A			