

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)
(Please print or type)

OFFICE USE ONLY


11-04-15 16:53 RCVD SKH

10-21-15 12:47 RCVD SKH

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

October 9, 2015

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)

11-04-15 16:53 RCVD *SM*

10-21-15 12:47 RCVD *SM*

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

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

Tina Paul

3. Address (include post office box or street, city, state, zip code)

9225 Collins Ave
Surfside, FL 33154

4. Telephone

(305) 608-5570

5. E-mail address

tinapictures@yahoo.com

6. Office sought (include district, circuit, group number)

Commissioner

7. If a candidate for a **nonpartisan** office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a **partisan** office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Tina Paul

11. Mailing Address

9225 Collins Ave

12. Telephone

(305) 608-5570

13. City

Surfside

14. County

Miami Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

tinapictures@yahoo.com

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

SUN TRUST

20. Address

9600 Collins Ave

21. City

Bal Harbour

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

October 9, 2015

26. Signature of Candidate

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.

October 9, 2015
Date

Tina Paul
Signature of Campaign Treasurer or Deputy Treasurer



TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 15, 2016

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 }

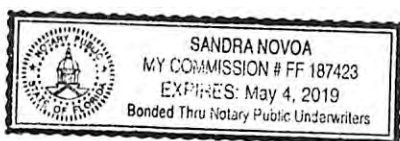
TOWN OF SURFSIDE }

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; 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 December 17, 201⁵ 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

11.25.2015
Date

Sworn to and subscribed before me this 25th day of November, 201⁵



Sandra Novoa
NOTARY PUBLIC
PRINTED NAME OF NOTARY

**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Not for use by Judicial or
School Board Candidates)

11-25-15 A10:42 RCVD *Sen*

OFFICE USE ONLY

OATH OF CANDIDATE
(Section 99.021, Florida Statutes)

I, Tina Paul
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * – NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of Commissioner, _____,
(office) (district #)
_____ 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.

X *Tina Paul* (305) 608-5570 tinapictures@yahoo.com
Signature of Candidate Telephone Number Email Address

9225 Collins Ave Surfside FL 33154
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 119278085

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

STATE OF FLORIDA

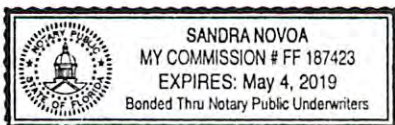
COUNTY OF Miami Dade

Sworn to (or affirmed) and subscribed before me this 25th day of November, 20 15.

Personally Known: _____ or

Produced Identification: DL

Type of Identification Produced: 482 240 733



Sandra Novoa
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public

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 9225 Collins Ave. #512

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>Bernice Alfors</u>	Date: <u>11-7-2015</u>	Voters Reg. #
Print Name: <u>BERNICE ALFORSO</u>	Address:	
Signature: <u>Jeffrey L. Platt</u>	Date: <u>11/7/2015</u>	Voters Reg. # <u>115866650</u>
Print Name: <u>JEFFREY L. PLATT</u>	Address:	
Signature: <u>Magueline Danga</u>	Date: <u>11/7/15</u>	Voters Reg. #
Print Name: <u>Magueline Danga</u>	Address:	
Signature: <u>Naomi Patterson</u>	Date: <u>11-7-15</u>	Voters Reg. #
Print Name: <u>NAOMI PATTERSON #1009</u>	Address:	
Signature: <u>HANIVLIS HAWK</u>	Date: <u>11-7-15</u>	Voters Reg. #
Print Name: <u>HANIVLIS HAWK</u>	Address:	
Signature: <u>Joanna Stevens</u>	Date: <u>11.7.15</u>	Voters Reg. #
Print Name: <u>JOANNA STEVENS</u>	Address:	
Signature: <u>Lidia Chasara</u>	Date: <u>11-11-15</u>	Voters Reg. #
Print Name: <u>LIDIA CHASARA</u>	Address:	
Signature: <u>Carmen Phait</u>	Date: <u>11-13-15</u>	Voters Reg. #
Print Name: <u>CARMEN PHAIT</u>	Address:	
Signature: <u>Eudenia Aries</u>	Date: <u>11-13-15</u>	Voters Reg. #
Print Name: <u>Eudenia Aries</u>	Address:	
Signature: <u>Martin Listowsky</u>	Date: <u>11-15-15</u>	Voters Reg. #
Print Name: <u>MARTIN LISTOWSKY</u>	Address:	
Signature: <u>Christa Diaz</u>	Date: <u>11-15-15</u>	Voters Reg. #
Print Name: <u>CHRISTA DIAZ</u>	Address:	
Signature: <u>Mare Listowsky</u>	Date: <u>11/15/15</u>	Voters Reg. #
Print Name: <u>MARE LISTOWSKY</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: Marionne Keischiep
Address of Circulator: 9225 Collins Ave # 803, Surfside, FL 33154
Email address of Circulator: mare 0413 @ aol. com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: Tina Paul Date: 11.25.2015

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 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>11-17-15</u>	Voters Reg. #
Print Name: <u>ANDREW ROSE</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11-22-15</u>	Voters Reg. #
Print Name: <u>Oliver Sanchez</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11-17-15</u>	Voters Reg. #
Print Name: <u>HAZEL SHONBERGER</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11-14-15</u>	Voters Reg. #
Print Name: <u>LEHA GAINES</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11-15-15</u>	Voters Reg. #
Print Name: <u>JEANNIE SHONIS</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>17 NOV 15</u>	Voters Reg. #
Print Name: <u>Charles B. Gaines</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/18/15</u>	Voters Reg. #
Print Name: <u>YURI FRIDMAN</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/19/15</u>	Voters Reg. # <u>119801825</u>
Print Name: <u>Donald Lewin</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/19/15</u>	Voters Reg. #
Print Name: <u>Israel Krutz</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/20</u>	Voters Reg. #
Print Name: <u>CONNIE TRUCCIO</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/20</u>	Voters Reg. #
Print Name: <u>[Signature]</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11-24-15</u>	Voters Reg. #
Print Name: <u>MAURICE P NEVILLE</u>	Address:	
Signature: _____	Date: _____	Voters Reg. # _____
Print Name: _____	Address: _____	

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 12 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 Commissioner (Mayor or Commissioner) and agree to

Signature of Candidate: [Signature] Date: 11-25-2015

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 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>Ashlene Z. Ayalin</u>	Date: <u>11/5/15</u>	Voters Reg. # <u>119278120</u>
Print Name: <u>ARHLENE Z. AYALIN</u>	Address: _____	
Signature: <u>Leo J. Paul</u>	Date: <u>11/5/15</u>	Voters Reg. # <u>10882962</u>
Print Name: <u>Leo J. Paul</u>	Address: _____	
Signature: <u>Jennifer M. Oken</u>	Date: <u>11/5/15</u>	Voters Reg. # <u>109046612</u>
Print Name: <u>JENNIFER M. OKEN</u>	Address: _____	
Signature: <u>Carlos Rianda</u>	Date: <u>11/6/15</u>	Voters Reg. # <u>109756375</u>
Print Name: <u>Carlos Rianda</u>	Address: _____	
Signature: <u>Duvell Handwerker</u>	Date: <u>11/6/15</u>	Voters Reg. # _____
Print Name: <u>Duvell Handwerker</u>	Address: _____	
Signature: <u>Leslie L. Bruens</u>	Date: <u>11/8/15</u>	Voters Reg. # _____
Print Name: <u>LESLIE L. BRUENS</u>	Address: _____	
Signature: <u>John Rodriguez</u>	Date: <u>11/9/15</u>	Voters Reg. # <u>109958222</u>
Print Name: <u>John Rodriguez</u>	Address: _____	
Signature: <u>Marta Olchynka</u>	Date: <u>11/10/15</u>	Voters Reg. # _____
Print Name: <u>MARTA OLCHYNKA</u>	Address: _____	
Signature: <u>Deborah Gimadavilla</u>	Date: <u>11/10/15</u>	Voters Reg. # _____
Print Name: <u>Deborah Gimadavilla</u>	Address: _____	
Signature: <u>Clara Diaz-Leal</u>	Date: <u>11/10/15</u>	Voters Reg. # _____
Print Name: <u>CLARA DIAZ-LEAL</u>	Address: _____	
Signature: <u>Tom Loukewicz</u>	Date: <u>11/12/15</u>	Voters Reg. # <u>114245767</u>
Print Name: <u>Tom Loukewicz</u>	Address: _____	
Signature: <u>Michael Klahr</u>	Date: <u>11/16/15</u>	Voters Reg. # _____
Print Name: <u>MICHAEL KLAHR</u>	Address: _____	
Signature: <u>Kristin (Min) Sanchez</u>	Date: <u>11/24/15</u>	Voters Reg. # _____
Print Name: <u>KRISTIN (Min) SANCHEZ</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: 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 Commissioner (Mayor or Commissioner) and agree to

Signature of Candidate: Tina Paul Date: 11.25.2015

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 *Fair Winds*
TOWN OF SURFSIDE, FLORIDA *9225 Collins #512*

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>11/7/15</u>	Voters Reg. #
Print Name: <u>RANDY FREEDMAN</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/07/15</u>	Voters Reg. #
Print Name: <u>BRUNILLA ESPINOSA</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/7/15</u>	Voters Reg. #
Print Name: <u>Marta Veliz</u>	Address:	
Signature: _____	Date: _____	Voters Reg. # _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	Voters Reg. # _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	Voters Reg. # _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	Voters Reg. # _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	Voters Reg. # _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	Voters Reg. # _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	Voters Reg. # _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	Voters Reg. # _____
Print Name: _____	Address: _____	

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 3 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: tina.pictures@yahoo.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: 11.25.2015

**DECLARATION
FOR CANDIDATES NOT AUTOMATICALLY COVERED BY THE MIAMI-DADE
ETHICAL CAMPAIGN PRACTICES ORDINANCE**

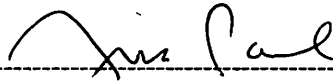
The Ethical Campaign Practices Ordinance may apply to any candidate, and his or her campaign staff, for elective office with a constituency in whole or in part in Miami-Dade County who agrees to abide by the mandatory and/or voluntary fair campaign practices.

I, Tina Paul, a candidate for the office of Commissioner, agree to abide by the mandatory fair campaign practices as provided in Section 2-11.1.1(C)(1) of the Code of Miami-Dade County and recognize as compulsory the jurisdiction of the Ethics Commission. I further agree that the Ethics Commission will have the authority to decide whether said candidate has violated the mandatory campaign practices and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any.

By signing this declaration, I acknowledge that I will follow the mandatory campaign practices and shall not:

- a) with actual malice make or cause to be made any untrue oral statement about another candidate or a member of his or her family or staff which exposes said person to hatred, contempt, or ridicule, or causes said person to be shunned or avoided, or injured in his or her business or occupation; or
- b) with actual malice publish or cause to be published by writing, printing, picture, effigy, sign or otherwise than by mere speech any untrue statement about another candidate or a member of his or her family or staff which exposes said person to be shunned or avoided, or injured in his or her business or occupation; or
- c) willfully injury, deface or damage or cause to be injured, defaced or damaged by any means any campaign poster, sign, leaflet, handbill, literature or other campaign material of another candidate; or
- d) knowingly obtain, or cause to be obtained campaign property of another candidate with the intent to, temporarily or permanently, deprive the candidate of a right to the property or a benefit therefrom; or
- e) knowingly file with the Ethics Commission a groundless or frivolous complaint against another candidate; or
- f) knowingly fail to remove a campaign sign within thirty (30) days of the last election in which the candidate was on the ballot; or
- g) knowingly erect or cause to be erected a campaign sign within the right-of-way limits of any County-maintained road in Miami-Dade County.

Once the declaration is signed it is deemed irrevocable for the duration of the campaign.



Signature

11.25.2015

Date

In addition to abiding by the Mandatory Campaign Practices, I agree to follow the voluntary Statement of Fair Campaign Practices enumerated in Section 2-11.1(D):

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 opponents' 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 which 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, which 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.

I, Tina Paul, a candidate for the office of Commissioner, agree to abide by the Statement of Fair Campaign Practices mandatory fair campaign practices as provided in Section 2-11.1.1(C)(1) of the Code of Miami-Dade County and described on the previous page and recognize as compulsory the jurisdiction of the Ethics Commission. I further agree that the Ethics Commission will have the authority to decide whether said candidate has violated the Statement of Fair Statement Campaign Practices and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any.

Once the declaration is signed it is deemed irrevocable for the duration of the campaign.

Tina Paul
Signature

November 25, 2015
Date

PLEASE FILE FORM(S) WITH THE MIAMI-DADE COMMISSION ON ETHICS AND PUBLIC TRUST AND THE MIAMI-DADE SUPERVISOR OF ELECTIONS.

Miami-Dade Commission on Ethics
19 West Flagler Street
Suite 220
Miami, FL 33130

Miami-Dade Supervisor of Elections
2700 N.W. 87th Avenue
Doral, Florida 33172

New P.O. Box #:
P.O.Box 521550
Miami, Florida 33152-1550

For further information contact Miami Dade Elections Department, Public Services at 305-499-8400



TOWN OF SURFSIDE
Office of the Town Clerk

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra Novoa, MMC, Town Clerk

December 3, 2015

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 Commissioner for the Town of Surfside. Your name will be placed on the ballot for the March 15, 2016 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 Novoa, 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

OFFICE USE ONLY

TOWN OF SURFSIDE

DEC9'15 03:56PM

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 11 / 01 / 15 To 11 / 30 / 15 Report Type: _____

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 0 . _____

Loans \$ _____, _____, 200 . 00

Total Monetary \$ _____, _____, 0 . _____

In-Kind \$ _____, _____, 0 . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 25 . 00

Transfers to Office Account \$ _____, _____, 0 . _____

Total Monetary \$ _____, _____, 0 . _____

(8) Other Distributions

\$ _____, _____, _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 200 . 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

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

(3) Cover Period 11 / 01 / 15 through 11 / 30 / 15 (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		
11 / 04 / 15	PAUL, Tina 9225 COLLINS AVE SUNNYSIDE, FL 33154	S	photographer	LOA			200.00
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name TINA PAUL

(2) I.D. Number _____

(3) Cover Period 11 / 01 / 15 through 11 / 30 / 15

(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					
11/25/15	TOWN of Surfside 9293 Harding Ave 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 Ave

City, State, Zip Code
Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

TOWN OF SURFSIDE

DEC915 03:56PM

Candidate for:

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

REPORT IDENTIFIERS

Report Name _____ Cover Period 11.01.15 through 11.30.15

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 _____ (4) Cover Period 11.01.15 through 11.30.15
 (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
	NONE			

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

TOWN OF SURFSIDE

JAN1116 02:33PM

(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 12 / 01 / 15 To 12 / 31 / 15 Report Type: _____

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 0 . _____

Loans \$ _____, _____, 0 . _____

Total Monetary \$ _____, _____, 0 . _____

In-Kind \$ _____, _____, 0 . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 0 . _____

Transfers to Office Account \$ _____, _____, 0 . _____

Total Monetary \$ _____, _____, 0 . _____

(8) Other Distributions

\$ _____, _____, _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 200 . 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

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

(3) Cover Period 12 / 01 / 15 through 12 / 31 / 15 (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	Contribution Type	In-kind Description	Amendment	Amount
/ /	NONE						
/ /							
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name TINA PAUL

(2) I.D. Number _____

(3) Cover Period 12/01/15 through 12/31/15

(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					
// /	NAME				
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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

JAN11'16 02:34PM

Candidate for:

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

REPORT IDENTIFIERS

Report Name _____ Cover Period 12.01.15 through 12.31.15

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.

(1) Name TINA PAUL (2) I.D. Number _____

(3) Report Name _____ (4) Cover Period 12.01.15 through 12.31.15

(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
	NONE			

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

02-03-16A11:21 RCVD *gln*

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 / 16 To 01 / 31 / 16 Report Type: _____

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 0 . _____

Loans \$ _____, _____, 0 . _____

Total Monetary \$ _____, _____, 0 . _____

In-Kind \$ _____, _____, 0 . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 12 . 00

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

Total Monetary \$ _____, _____, 12 . 00

(8) Other Distributions

\$ _____, _____, 0 . _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 200 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 37 . 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

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

(3) Cover Period 01 / 01 / 16 through 01 / 31 / 16 (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		
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Tina Paul

(2) I.D. Number _____

(3) Cover Period 01 / 01 / 16 through 01 / 31 / 16

(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 / 29 / 16	SUNTRUST Campaign Account Maintenance Fee	Maintenance fee			\$ 12.00
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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

Sunrise, FL 33154

CHECK IF ADDRESS HAS CHANGED

02-08-16 11:21 RCVD

SKN

Candidate for:

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

REPORT IDENTIFIERS

Report Name _____ Cover Period 01.01.16 through 01.31.16

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.

(1) Name Tina Paul (2) I.D. Number _____
(3) Report Name _____ (4) Cover Period 01.01.16 through 01.31.16
(5) Report Type Original Amendment (6) Page _____ of _____

(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
	NONE			

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Tina Paul

Name

(2) 9225 Collins Ave

Address (number and street)

Subside 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

02-19-16P12:58 RCVD *cyh*

(5) Report Identifiers

Cover Period: From 02 / 01 / 16 To 02 / 12 / 16 Report Type: _____

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 0 . _____

Loans \$ _____, _____, 0 . _____

Total Monetary \$ _____, _____, 0 . _____

In-Kind \$ _____, _____, 150 . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 100 . 00

Transfers to Office Account \$ _____, _____, 0 . _____

Total Monetary \$ _____, _____, 0 . _____

(8) Other Distributions

\$ _____, _____, _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 200 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 137 . 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

(Type name)

Tina Paul

Candidate Chairperson (only for PC and PTY)

X
Signature

[Handwritten Signature]

X
Signature

[Handwritten Signature]

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 02 / 01 / 16 through 02 / 12 / 16 (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							
02 09 16	Ayalin, Arhlene 9225 Collins Ave Sunrise, FL 33154	1	Graphic Designer	INR	Campaign Flyer/ Poster Design		150.00
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02-19-16P12:58 RCVD *gn*

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Tina Paul

(2) I.D. Number _____

(3) Cover Period 02/01/16 through 02/12/16

(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
02/10/16	Arhlene Ayalin 9225 Collins Ave Sunrise, FL 33154	printing expenses	RMB		\$ 100.00
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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

02-19-16P12:59 RCVD

SEN

Candidate for:

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

REPORT IDENTIFIERS

Report Name _____ Cover Period 02.01.16 through 02.12.16

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 _____ (4) Cover Period 02.01.16 through 02.12.16
 (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>NONE</u>			

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Tina Paul

(2) 9225 Collins Ave

Address (number and street)
Surfside, FL 33154

City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY

TOWN OF SURFSIDE

MAR 4 '16 01:30PM

(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 02 / 13 / 16 To 02 / 26 / 16 Report Type: 11 day prior

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 50.00

Loans \$ _____, _____, 0.00

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

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 250.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 137.00

(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 02 / 13 / 16 through 02 / 26 / 16 (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		
2, 22, 16	STONE, SUZANNE 141 Great Neck Rd Great Neck NY 11021	1		CHE			50.00
1 /							
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TOWN OF SURFSIDE
MAR 4 '16 01:38PM

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name TINA PAUL

(2) I.D. Number _____

(3) Cover Period 02/13/16 through 02/26/16

(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
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TOWN OF SURFSIDE

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

Candidate for:

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

REPORT IDENTIFIERS

Report Name 11 day prior Cover Period 02/13/16 through 02/26/16

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

TOWN OF SURFSIDE

**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 _____ (4) Cover Period 02.13.16 through 02.26.16

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

(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>NONE</u>			

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: 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
MAR 11 '16 12:14 PM

(5) Report Identifiers

Cover Period: From 02 / 27 / 16 To 3 / 10 / 16

Report Type: 4 day prior

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____ 50.00

(7) Expenditures This Report

Monetary Expenditures \$ _____ 87.00

Transfers to Office Account \$ _____

Total Monetary \$ _____ 87.00

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ _____ 250.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ 224.00

(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

(Type name)

Tina Paul

Candidate Chairperson (only for PC and PTY)

X [Signature]
Signature

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 02, 27, 16 through 3, 10, 16 (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						
2, 26, 16	Marianne Meisheid 9225 Collins Ave Suntside, FL 33584			INK	printing and distributor of flyers		\$50.00
1 / 1	 	 	 	 	 	 	
 	 	 	 	 	 	 	
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MAR11 16 12:14PM

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Tina Paul

(2) I.D. Number _____

(3) Cover Period 02/27/16 through 3/10/16

(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					
2/29/16	SUNTRUST Bank Campaign Account	Maintenance fee			\$ 12.00
3/10/16	Aehlene Ayalin 9225 Collins Ave Suntside FL 33154	additional printing expenses	RMB		\$ 75.00
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TOWN OF SURFSIDE

MAR11'16 12:15PM

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

MAR11'16 12:15PM

Candidate for:

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

REPORT IDENTIFIERS

Report Name 4 day prior Cover Period 02.27.16 through 3.10.16

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 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: 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
MAR 11 '16 12:14 PM

(5) Report Identifiers

Cover Period: From 02 / 27 / 16 To 3 / 10 / 16 Report Type: 4 day
prior

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____ 50.00

(7) Expenditures This Report

Monetary Expenditures \$ _____ 87.00

Transfers to Office Account \$ _____

Total Monetary \$ _____ 87.00

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ _____ 250.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ 224.00

(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

(Type name)

Tina Paul

Candidate Chairperson (only for PC and PTY)

X
Signature

[Signature]

X
Signature

[Signature]

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 02, 27, 16 through 3, 10, 16 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type			
2, 26, 16	Marianne Meischeid 9225 Collins Ave Suntside, FL 33511			INK	printing and distribution of flyers		\$50.00
/ /							
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MAR 11 2016 12:14 PM

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name TINA PAUL

(2) I.D. Number _____

(3) Cover Period 02/27/16 through 3/10/16

(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					
2/29/16	SUNTRUST Bank Campaign Account	Maintenance fee			\$ 12.00
3/10/16	Aehlene Ayalin 9225 Collins Ave Suntside FL 33154	additional printing expenses	RMB		\$ 75.00
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TOWN OF SUNTIDE

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

MAR11'16 12:15PM

Candidate for:

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

REPORT IDENTIFIERS

Report Name 4 day prior Cover Period 02.27.16 through 3.10.16

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

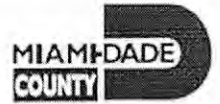
X [Signature]
Signature

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 _____ (4) Cover Period 02.27.16 through 3.10.16
 (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
	NONE			
TOWN OF SURFSIDE				
MAR 11 '16 12:15PM				

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: _____

OFFICE USE ONLY

06-07-16A11:35 RCVD

(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 03/11/16 To 06/13/16 Report Type: Final

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 0 . _____

Loans \$ _____, _____, 0 . _____

Total Monetary \$ _____, _____, 0 . _____

In-Kind \$ _____, _____, 0 . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 26 . 00

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

Total Monetary \$ _____, _____, _____ . _____

(8) Other Distributions

\$ _____, _____, _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 250 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 250 . 00

(11) Certification

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

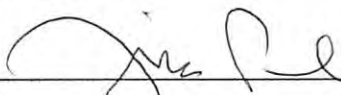
I certify that I have examined this report and it is true, correct, and complete:

(Type name)

Tina Paul

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

X
Signature

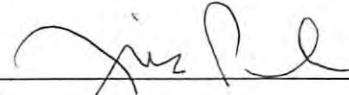


(Type name)

Tina Paul

Candidate Chairperson (only for PC and PTY)

X
Signature



CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Tina Paul

(2) I.D. Number _____

(3) Cover Period 03, 11, 16 through 06, 13, 16

(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					
3/31/16	SUN TRUST Campaign Account	Maintenance Fee			\$ 12.00
4/7/16	TINA PAUL 9225 COLLINS AVE	Reimbursement	RMB		\$ 14.00
///					
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name TINA PAUL (2) I.D. Number _____

(3) Cover Period 03, 11, 16 through 06, 13, 16 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
		Type	Occupation				
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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 SUNNYSIDE FL 33154

CHECK IF ADDRESS HAS CHANGED

06-07-15A11:35 RCVD

Candidate for:

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

REPORT IDENTIFIERS

Report Name final Cover Period 03.11.16 through 06.13.16

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.

(1) Name Tina Paul (2) I.D. Number _____
(3) Report Name _____ (4) Cover Period 03.11.16 through 06.13.16
(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
	NONE			

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES