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

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

(PLEASE PRINT OR TYPE)

officer before opening the campa					OFFICE	USE	ONLY
1. CHECK APPROPRIATE BOX(ES	3):						
	AND THE PROPERTY OF	reasurer/Depu	ity Depository		Office		Party
2. Name of Candidate (in this order	:: First, Middle, Last)		s (include post office l	oox or str	eet, city,	state,	zip
Tina Paul		code)	5 Collins A	2/0	-		
	il address	(12)	1961				
(305)608 5570 + INAPI	ctures@yahoo.co	m Surt	side, FL 3	3154			
6. Office sought (include district, ci	rcuit, group number)	1	f a candidate for a <u>n</u>	onpartisa	an office	, chec	k if
		a	applicable:		- \^/-'! - 1-		!-l-4-
Commissio	NER		My intent is t	o run as a	a vvrite-ir	1 cand	idate.
8. If a candidate for a <u>partisan</u> offi	ice, check block and fil	l in name of p	arty as applicable:	My inten	nt is to rur	ı as a	
☐ Write-In ☐ No Party Affi	liation			Party	y cand	didate.	
9. I have appointed the following	person to act as my	Campai	gn Treasurer	Deputy	Treasure	r	
10. Name of Treasurer or Deputy Tr	easurer					200	
Tina Paul							
11. Mailing Address	٨		1	2. Teleph	none		
9225 Collins	AVE		(305)	608-	557	6
13. City 14. C	County 15. St	*	Code 17. E-mail a	ddress			
Svetside Mio	imi-Dade Fl				- Washington		OM
18. I have designated the following bank as my Primary Depository Secondary Depository							
19. Name of Bank 20. Address							
24 07	Tan County	2′	3. State		24. Zip C	ode.	
21. City	22. County	2.	o. State		24. Zip O	oue	
UNDER PENALTIES OF PERJURY, I DECI DESIGNATION	LARE THAT I HAVE READ TH OF CAMPAIGN DEPOSITOR	IE FOREGOING F	FORM FOR APPOINTMEN FACTS STATED IN IT A	T OF CAM	PAIGN TRI	EASURI	ER AND
25. Date	**************************************	26. Signature	e of Candidate				
November 4, 2019 X							
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)							
						nt	
I,, do hereby accept the appointment (Please Print or Type Name)							
designated above as: Campaign Treasurer Deputy Treasurer.							
			- 0	7			
November 4, 20	19 X		Xuz V				
Date		Signature of	Campaign Treasurer	or Deputy	/ Treasur	er	

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

NOV 4 PH 3:43

NOV 4 PM 3:43

1, Tina Paul
candidate for the office of;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.
X Nov 4, 2019 Signature of Candidate Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

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

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

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying

NOV 6 PM 1:28 567

officer before opening the campaign account.	OFFICE USE ONLY				
1. CHECK APPROPRIATE BOX(ES):					
☐ Initial Filing of Form Re-filing to Change: ☐ T	reasurer/Deputy Depository Office Party				
2. Name of Candidate (in this order: First, Middle, Last)	Address (include post office box or street, city, state, zip code)				
Tina Paul	9225 Collins Ave				
4. Telephone 5. E-mail address	0 0 1 5 20 5				
(305)608 5570 timapictures@yahoo.com					
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if				
	applicable: My intent is to run as a Write-In candidate.				
Commissioner	iviy intent is to full as a write-in candidate.				
8. If a candidate for a <u>partisan</u> office, check block and fill	I 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	12. Telephone				
9225 Collins AVE	(305) 608-5570				
13. City 14. County 15. Sta Sverside Mani - Dade FU	ate 16. Zip Code 17. E-mail address				
18. I have designated the following bank as my	Primary Depository Secondary Depository				
19. Name of Bank	20. Address				
Bank of America	1108 Kane Concourse 23. State 24. Zip Code				
21. City 22. County	23. State 24. Zip Code				
Bay Harbox Islands Miami - Dag	le FL 33154				
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ TH DESIGNATION OF CAMPAIGN DEPOSITOR	IE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND Y AND THAT THE FACTS STATED IN IT ARE TRUE.				
25. Date	26. Signature of Candidate				
November 4, 2019	X Jul				
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:	Deputy Treasurer.				
November 4, 2019 X	(Xin / l				
Date	Signature of Campaign Treasurer or Deputy Treasurer				



TOWN OF SURFSIDE

MUNICIPAL BUILDING 9293 HARDING AVENUE SURFSIDE, FLORIDA 33154



GENERAL ELECTION - MARCH 17, 2020

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,
that I am a Citizen of the United States, a qualified elector of Miami Dade County and the Town of
Surfside, Florida; that my address is 9225 Collins Ave
my occupation is Photographer / ARtist ; that I have been
a resident of the Town of Surfside since; that I will be at least twenty-one (21) years of
age by November 22, 2019 and that if elected, I will willingly serve as
(Mayor or Commissioner) of the Town of Surfside, if elected.
Signature of Candidate Nov 13, 2019 Date
Sworn to and subscribed before me this
SANDRA NOVOA MY COMMISSION # GG 293909 EXPIRES: May 4, 2023 PRINTED NAME OF NOTARY

CANDIDATE OATH – NONPARTISAN OFFICE

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

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

NOV 13 PM 4:46

☐ Write-in candidate

	OFFICE USE ON	ILY
	ate Oath (a), Florida Statutes)	
I, TINA Paul		
(Print name above as you wish it to appear on the ballot hyphen, check box ☐. (See page 2 - Compound Last I	t. If your last name consists of two or more names but has r Names). No change can be made after the end of qualifying ballot, the name must be printed above for oath purposes.)	
am a candidate for the nonpartisan office of	(Office) (District #)	,
	. ^	
(Circuit #) , (Group or Seat #) ; I am a qualified elector of	Miami - Dade County, Florid	a;
I am qualified under the Constitution and the Laws of Florida t	to hold the office to which I desire to be nominated or elected:	. 1
have qualified for no other public office in the state, the term o		
I seek; and I have resigned from any office from which I am r	• •	- 1
and I will support the Constitution of the United States and the		3,
-and 1 will support the deficitation of the difficult states and the	. Constitution of the otate of Fig. 1	
Candidate's Florida Voter Registration Number (located on yo	our voter information card):	_
Phonetic spelling for audio ballot: Print name phonetically coallot as may be used by persons with disabilities (see instruction		
X (303 608 - Signature of Candidate Telephone Number	5570 tinapictures@yaha.co	m
-		
9225 Collins AVE Surfsid	2 159 State ZIP Code	
, ACC (15 ACC) (15 ACC)	Sandra Nova	
STATE OF FLORIDA	Signature of Notary Public	•
COUNTY OF Miami-Dade.	Print, Type or Stamp Commissioned Name of Notary Public below:	
Sworn to (or affirmed) and subscribed before me this	SANDRA NOVOA MY COMMISSION # GG 293909 EXPIRES: May 4, 2023 Bonded Thru Notary Public Underwriters	
Type of Identification Produced:		

2018 FORM 1 STATEMENT OF FINANCIAL INTERESTS FOR OFFICE USE ONLY: Please print or type your name, mailing address, agency name, and position below: LAST NAME -- FIRST NAME -- MIDDLE NAME : IND 0 MAILING ADDRESS UMI NAME OF AGENCY: ommissioner NOV 13 PH 4:4: NAME OF OFFICE OR POSITION HELD OR SOUGHT: You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. CHECK ONLY IF (CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE **** BOTH PARTS OF THIS SECTION MUST BE COMPLETED **** **DISCLOSURE PERIOD:** THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one): **DECEMBER 31, 2018** OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: 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): **DOLLAR VALUE THRESHOLDS** COMPARATIVE (PERCENTAGE) THRESHOLDS OR 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") DESCRIPTION OF THE SOURCE'S SOURCE'S NAME OF SOURCE OF INCOME **ADDRESS** PRINCIPAL BUSINESS ACTIVITY Service and 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") PRINCIPAL BUSINESS NAME OF NAME OF MAJOR SOURCES ADDRESS OF BUSINESS' INCOME OF SOURCE ACTIVITY OF SOURCE **BUSINESS ENTITY**

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

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.

NOV 13 PM 4:43

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions] (If you have nothing to report, write "none" or "n/a")					
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
Stocks and IRAs	Nationwide Planning Associates Inc.				
Beneficiary Accounts	Voya Financial, AXA Equitable				
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non	ns] ne" or "n/a")				
NAME OF CREDITOR	ADDRESS OF CREDITOR				
PART F — INTERESTS IN SPECIFIED BUSINESSES ((If you have nothing to report, write "none") NAME OF BUSINESS ENTITY	[Ownership or positions in certain types of businesses - See instructions] e" or "n/a") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2				
ADDRESS OF BUSINESS ENTITY					
PRINCIPAL BUSINESS ACTIVITY					
POSITION HELD WITH ENTITY					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	S				
NATURE OF MY OWNERSHIP INTEREST					
PART G — TRAINING For elected municipal officers required to complete an	nnual ethics training pursuant to section 112.3142, F.S. I HAVE COMPLETED THE REQUIRED TRAINING.				
IF ANY OF PARTS A THROUGH G ARE	E CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE				
SIGNATURE OF FILE	ER: CPA or ATTORNEY SIGNATURE ONLY				
Signature:	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:				
Jin Vul	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.				
Date Signed: Nov. 13, 2019	CPA/Attorney Signature: Date Signed:				
FILING INSTRUCTIONS:					

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format) and send it to CEForm1@leg.state.fl.us. 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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2018.

DECLARATION AND FIRST AMENDMENT WAIVER

FOR CANDIDATES WHO AGREE TO COMPLY WITH THE *VOLUNTARY* STATEMENT OF FAIR CAMPAIGN PRACTICES

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AN EXPLANATION REGARDING YOUR RIGHTS

Section 2-11.1.1(D)(2) of the Code of Miami-Dade County, Florida, provides that any candidate for public office in Miami-Dade County may at any time *voluntarily* declare that he or she agrees to abide by the *voluntary* Statement of Fair Campaign Practices. In agreeing to abide by the *voluntary* Statement of Fair Campaign Practices, the candidate recognizes, as compulsory, the authority of the Miami-Dade County Commission on Ethics and Public Trust to decide whether the candidate has violated the *voluntary* Statement of Fair Campaign Practices and, if so, to impose the appropriate penalty, if any.

Before agreeing to abide by the *voluntary* Statement of Fair Campaign Practices, you should carefully read the *voluntary* Statement of Fair Campaign Practices included with this DECLARATION AND FIRST AMENDMENT WAIVER as well as the following information regarding your rights.

The Statement of Fair Campaign Practices is *voluntary*. You are under no obligation to agree to the *voluntary* Statement of Fair Campaign Practices. If you decide not to agree to the *voluntary* Statement of Fair Campaign Practices, you may still run for elective office in Miami-Dade County if you are qualified. There is NO PENALTY if you decide not to sign the *voluntary* Statement of Fair Campaign Practices.

If you decide to agree to the *voluntary* Statement of Fair Campaign Practices, you should know that you will be WAIVING YOUR FIRST AMENDMENT RIGHTS TO FREE SPEECH because certain speech prohibited by the *voluntary* Statement of Campaign Practices is protected by the First Amendment to the U.S. Constitution and Article I, Section 4, of the Florida Constitution. Prior to agreeing to comply with the *voluntary* Statement of Fair Campaign Practices, you should consider consulting an attorney to ensure that you understand the consequences of signing the DECLARATION AND FIRST AMENDMENT WAIVER.

Before signing this DECLARATION AND FIRST AMENDMENT WAIVER, you have the right to request and receive from the Ethics Commission an advisory opinion as to whether your planned campaign activities (e.g., campaign advertisement or statements) are likely to violate the *voluntary* Statement of Fair Campaign Practices. In the event that you sign the DECLARATION AND FIRST AMENDMENT WAIVER, you will continue to have the right to request and receive from the Ethics Commission an advisory opinion regarding any future campaign activities that you may be considering.

A determination by a candidate not to execute the DECLARATION AND FIRST AMENDMENT WAIVER shall not be construed by Miami-Dade County or the Ethics Commission to mean that the candidate is unethical in any way. Further, a determination by a candidate not to execute the DECLARATION AND FIRST AMENDMENT WAIVER should not be construed by any candidate or any other person or entity to mean that the candidate is unethical in any way.

INSTRUCTIONS

The DECLARATION AND FIRST AMENDMENT WAIVER, which includes the *voluntary* Statement of Fair Campaign Practices, can be found on page 2 of this form. If you are a candidate for county office and agree to abide by the *voluntary* Statement of Fair Campaign Practices, please sign the DECLARATION AND FIRST AMENDMENT WAIVER and file with the Miami-Dade Commission on Ethics and the Miami-Dade Elections Department. If you are a candidate for municipal office and agree to abide by the *voluntary* Statement of Fair Campaign Practices, please sign and file with the Miami-Dade Commission on Ethics and your respective municipal clerk. For further information, contact the Miami-Dade Office of Governmental Affairs at 305 499-8410.

Miami-Dade Commission on Ethics 19 W. Flagler St., Suite 820 Miami, FL 33130 Miami-Dade Elections Department 2700 NW 87th Ave. *or* P.O. Box 521550 Doral, FL 33172 Miami, FL 33152-1550

DECLARATION AND FIRST AMENDMENT WAIVER

FOR CANDIDATES WHO AGREE TO COMPLY WITH THE VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES

NOV 13 PM 4:56 SW **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,

- I shall not make my race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
- I shall not make my opponent's race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
- I will condemn any appeal to prejudice based on race, creed, national origin, religion, gender, physical disability, or sexual orientation.
- I shall not, without just cause, attack or question my opponent's patriotism.
- I shall not publish, display, or circulate any anonymous campaign literature or political advertisement. 5.
- 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.
- I shall run a positive campaign emphasizing my qualifications for office and positions on issues of public concern.
- I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions.
- 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 candi	date for the office of	
	please print your name			-	0 0 .	
	Commissioner	in	Town	of	Surtside	
	elective office sought		cou	unty, munici	pality, 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.

Nov. 13, 2019

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION PLEASE SIGN AND PRINT YOUR NAME CLEARLY

PLEASE SIGN AND PRINT YOUR NAME CLEARLY					
NOMINATING PETITION FOR MAYOR OR COMMISSIONER					

TOWN OF SUF	RFSIDE, FLORI	DA NOV 13 PM 4:35			
We the undersigned electors of the Town of Surfside, I	Florida hereby nomina	Time Parl			
10 00 00 00 00 00 00 00 00 00 00 00 00 0	그렇게 얼마나 아내는 아내는 아내는 아니는 그 아이들이 그리고 있다.	ner) at an election to be held on March			
17, 2020.	. 20				
This petition must be filed with the Town Clerk between	November 1, 2019 and	November 22, 2019 (by 12:00pm).			
- QA					
Signature:	Date: [1-9-2	D.O.B			
Print Name: Peter Co (+++	Address:				
Signature: Carly V	Date:	/ ⁹ D.O.B.			
Print Name: C KION da .	Address:				
Signature:	Date: 11/8	7 D.O.B.			
Print Name: Darry Ferinamez.	Address:				
Signature:	Date: 11/8/2	2019 D.O.B.			
Print Name: MARIVANA LLORENS	Address:				
Signature:	Date: 1186	<u> 7019</u> D.О.В.			
Print Name: Tsrve Frat	Address:				
Signature:	Date: 11/8/20	19 D.O.B.			
Print Name: Belivia Esquenazi	Address:				
Signature: AMM	Date: 11-09-1	/ 9 D.O.B.			
Print Name: ANDAEW ROTH	Address:				
Signature:	Date: 11/10/	(9, D.Q.B			
Print Name True (Nal Manca	Address:				
Signature: 5	Date: <u>/////</u> ///////////////////////////////	19 DOB			
Print Name SIABTAI MOURD TOU /W	Address:				
Signature: Similal Mi Olan	Date: 11 10 11	9 D.O.B.			
Print Name: JENNTER OKEN	Address:				
Signature:	Date: 11 11 19	D.O.B.			
Print Name: Rita Grauz	Address:	- Communication of the Communi			
Signature: MP Nendly	Date: // 1// · / 9	7_D.O.B			
Print Name: MAURICE & NEVICE	Address:				
Signature: Welmull Chrisdenulla	Date: // /// 20	0/9 D.O.B			
Print Name: Deborah Cimadevilla	Address:				
STATEMENT	OF CIRCULATOR	1			
The undersigned is the circulator of the foregoing paper cor	sign	natures. 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: A Mln 2. Anni					
Address of Circulator: 9225 (OUINS ALE. #512 SUEFSIDE, FL 53 154) Email address of Circulator: /ADYARITUENES EMAIL COM					
ACCEPTANCE	OF NOMINATION				
I hereby accept the nomination of Commission of	sioner	_ (Mayor or Commissioner) and agree to .			
	0	12 2-19			
Signature of Candidate:		Date: Nov 13, 2019			

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

We the undersigned electors of the Town of Surfside, Florida, hereby nominate for the office of Commissioner. (Mayor or Commissioner) at an election to be held on March 17, 2020. This petition must be filed with the Town Clerk between November 1, 2019 and November 22, 2019 (by 12.00pm). Signature: Townella O'Haram Date: Nov 12 2019 D.O.B. Print Name: Different Seenable Address: Signature: Date: Mayor D.O.B. Print Name: Print Name: Found Townella Address: Date: Mayor D.O.B. Signature: Townella Date: Mayor D.O.B. Address: Signature: Date: Mayor D.O.B. Print Name: Townella Date: Mayor D.O.B. Address: Signature: Date: D.O.B. Address: Mayor or Commissioner) and agree to server if elected. Signature of Circulator: Address: Mayor or Commissioner) and agree to server if elected. Signature of Candidate: Date: Nov. 13, 2019	TOWN OF	SURFSIDE, FL	ORIDA	NOV 13 PM 4:3	9
This pelition must be filed with the Town Clerk between November 1, 2019 and November 22, 2019 (by 12:00pm). Signature: Townell O'Housen Date: November 1, 2019 and November 22, 2019 (by 12:00pm). Print Name: Print Name: Date: November 1, 2019 and November 22, 2019 (by 12:00pm). Date: Nov					on March
Signature: Onlo House Date: Nor 12 2019 D.O.B. Print Name: PATICA OTHA GAN Address: Signature: Onlo FERNANDE Address: Onlo Date: Market Print Name: Onlo All ARET Print Name: Onlo All	No. 20 (2004) Programme (100 (2004))	(Mayor or comm	noolonon, at an olos		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Print Name: PATICA OTTA GAN Address: Signature: PRINT STATEMENT OF CIRCULATOR Print Name: PATICA STATEMENT OF CIRCULATOR Print Name: Print	This petition must be filed with the Town Clerk be	etween November 1, 201	9 and November 22,	2019 (by 12:00pm)).
Print Name: Signature: Print Name: Signature: Print Name: Address: Signature: Do.B. Address: Do.B. Add	Signature: Panela O'Horeyan	Date: Na	r. 12 Zo19D.O.B.		
Signature: JOCA Date: JULY JOCA Date: JULY JOCA DATE SERVANCE Address: Signature: JOCA Date: JULY JOCA Date: JULY JOCA DATE Address: Signature: JOCA DATE Address: JULY JOCA Address: Signature: JOCA JULY JULY JULY JULY JULY JULY JULY JULY		Address:			
Print Name: Print	Place P. D.	Date: _//	2/19 D.O.B.		
Signature: Print Name: Sociolo B. Lau valla Address: Signature: Print Name: Sociolo B. Lau valla Address: Signature: Print Name: Date: Print Name: Address: Signature: Print Name: Address: Signature: Date: Date: Date: Date: Do.B. Address: Signature: Do.B. Address: Signature: Do.B. Address: Signature: Do.B. Address: Signat	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Address:		1	7
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Signature: Print Name: Signature: Print Name: Print Name: Signature: Print Name: Signature: Date:	Signature: Delphines Mayorsk. Tries	Date:	13-19 D.O.B.		
Address: Signature: Joke Group Collection Date: ///3/05 D.O.B. Signature: Joke Group Collection Date: ///3/05 D.O.B. Signature: Joke Group Collection Date: ///3/05 D.O.B. Print Name: Date: D.O.B. Address: Date: D.O.B. Print Name: Address: Date: D.O.B. Print Name: Address: D.O.B. Signature: Date: D.O.B. Print Name: Address: D.O.B. Signature: Date: D.O.B. Print Name: Address: D.O.B. Signature: D.O.B. Print Name: Address: D.O.B. Signature: D.O.B. Signature: D.O.B. Print Name: Address: D.O.B. Signature: D.O.B. Signature: D.O.B. Address: D.O.B. A	Print Name: Delabine M. Tricomi	Address:			¹
Print Name: Signature: Print Name: Address: Signature: Print Name: Address: Signature: Print Name: Address: Print Name: Address: Date: Date: Do.O.B. Print Name: Address: Signature: Date: Date: Do.O.B. Print Name: Address: Signature: Date: Date: Date: Do.O.B. Print Name: Signature: Print Name: Signature: Print Name: Signature: Print Name: Statement of Circulator Address: Statement of Circulator: Address: Statement of the person whose name it purports to be. Signature of Circulator: Address of Circulator: Acceptance of Nomination Acceptance of Nomination (Mayor or Commissioner) and agree to serve if elected.		Date:	<u>-13-19</u> D.О.В.		
Print Name: Signature: Print Name: Signature: Print Name: Signature: Date: Date: Da	Print Name: ANGEL KERBEL	TTT			
Signature: Address: Print Name: Date: D.O.B. Address: Signature: Date: D.O.B. Address: D.O.B. Address: Signature: Date: D.O.B. Address: D.O.B. Address: Signature: Date: D.O.B. Address: Signature: D.O.B. Address: D.O.B. Address	Signature: Colo Signature:	_ Date: <u>///</u>	36019 DADE	de la companya de la	
Print Name: Date:	Print Name:	mm			- 9
Signature: Date: D.O.B. Print Name: Address: Signature: Date: D.O.B. Print Name: D.O.B. Date: D.O.B. Print Name: Address: Signature: Date: D.O.B. Print Name: Date: D.O.B. Print Name: Address: Signature: Date: D.O.B. Print Name: Address: Signature: Date: D.O.B. Print Name: Address: Statement of Circulator of the foregoing paper containing 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: Address: Signature of Circulator: Address of Circulator: Address of Circulator: Description of Signature of Circulator: Description of Sig	Signature: Agadeth Copie	_ Date:	13/15 D.O.B.	41.	
Print Name: Date D.O.B.	Print Name: Eliza BETT Eginosa	Address:			
Signature: Date:	Signature:	Date:	D.O.B.		
Print Name: Signature:	Print Name:	Address:			
Signature:	Signature:	Date:	D.O.B.		
Print Name: Date: D.O.B.	Print Name:	Address:			, , , , , , , , , , , , , , , , , , ,
Signature: Date:	Signature:	Date:	D.O.B.	7	3
Print Name: STATEMENT OF CIRCULATOR The undersigned is the circulator of the foregoing paper containing	Print Name:	Address:	***************************************		
STATEMENT OF CIRCULATOR The undersigned is the circulator of the foregoing paper containing 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:	Date:	D.O.B.		
The undersigned is the circulator of the foregoing paper containing	Print Name:	Address:		<u></u>	 .
thereto was made in my presence and is the genuine signature of the person whose name it purports to be. Signature of Circulator: ALL TOLLING ALL TOLLING SIMPLE TOLLING ALL TOLLING ACCEPTANCE OF NOMINATION I hereby accept the nomination of	15. 32	a			
I hereby accept the nomination of serve if elected. ACCEPTANCE OF NOMINATION (Mayor or Commissioner) and agree to	The undersigned is the circulator of the foregoing pap thereto was made in my presence and is the genuine	er containing signature of the perso			nded
I hereby accept the nomination of serve if elected. ACCEPTANCE OF NOMINATION (Mayor or Commissioner) and agree to	Signature of Circulator: H My 7-	f phi			•
Email address of Circulator: ACCEPTANCE OF NOMINATION I hereby accept the nomination of		LINS ALE	#512	SURFS	DE, th
I hereby accept the nomination of (Mayor or Commissioner) and agree to serve if elected.	Email address of Circulator: LAPY ARN L	ene (a GMA	SOM		33154
serve if elected.				Commissioner) a	and agree to
Signature of Candidate: Date: Nov. 13, 2019		199,010	(Wayor or c	,	05. 00 10
	Signature of Candidate:	<u>l</u>	Date: √	ov. 13,20	19

** For unredacted version, please contact the Town Clerks Office**

** Web Version Only**

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 O	F SUR	RFSIDE,	FLORIDA	_ \ NOU	/13 PM 4:39	_
We the u	indersianed elector	rs of the Town of S	urfside. F	lorida, her	ebv nominate	TINA	Paul	
for the office 17, 2020.		mi Ssioner			54	at an election t	to be held on Marc	ch d
	in		J. 6 - 4	N	4. 2040 N		//- 10.00\	
1111	s petition must be ille	ed with the Town Cler	k between	November	1, 2019 and Nov	ember 22, 2019 ((by 12:00pm).	
Signature:	A replene	2. Ayalin		Date:	11/6/19	7 р.о.в		
Print Name:	ARHJENE	Z. AYALI,	N	Address:				
Signature:	Jun -	Muly		Date:	11/6/14	D.O.B		\$
Print Name:	John Po	675462		Address:			#	
Signature.	escul			Date:	1/04/19	D.O.B. 3		- 7
Print Name:	MAGG(c	Vichot	***************************************	Address:				¥
Signature:	Sull Haly	\		Date:	11/6/19	D.O.B.	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
Print Name:	MICCORP HO	Nowleger	,,,,,,,,, ,,,,,,,,,	Address:				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Signature:	Jours	-em		Date:	11/1/19	_ D.O.B	<u> </u>	
Print Name:	Donald	Lowin		Address:	11.10			
Signature:	0	1 12 04	_	Date:	11/le/ A	_ D.O.B.		
Print Name:	VCHERE	1- 10-11		Address:	4/2/19	D 0 D		
'Signature:	Rock	appell			417/19	D.O.B.		
Print Name: Signature:	al Drut	(1)		Address:	1個-17-11	2DORC		
Print Name:	1000107	(icho)		Address:	THE THE PARTY OF T	<u>/ Ч.О.В.</u>		
Signature:	Phullin	Hould	···············	Date:	11/7/19	D.O.B.		
Print Name:	Thyllis F	canklen		Address:				5,
Signature:	July 4	200	·	Date:	11/7/19	D.O.B.	<u>-</u>	mmin.i
Print Name:	YURI FR	DMAIN		Address:				1
Signature:	feel			Date:	11/7/19	_ D.O.B		
Print Name:	Sylvianter	nandiz		Address:				
Signature: _	500	>		Date:	11 . 7 2010	1 D.O.B.		
Print Name:	Patura	e Oore	<u>Q</u>	Address:				
Signature: _	7 7050)		Date:	11/07/2010	D.O.B.		
Print Name:	KOSAN90	Sances	······································	Address:		, marition mari		i
	,	STATI	EMENT C	F CIRCUL	ATOR		,	ı
		of the foregoing pee and is the genuir					ature appended to be.	
Signature of C	Circulator:A_	blen 7. f	1 get	's			4	
Address of Cir		225 COLLI	NS /	AE #5	12 SUR	FSIDE, 1	FL 33154	
Émail address	of Circulator:	LADYARHUE ACCER	TANCE	OF NOMIN	L - COM			
I hereby accep	ot the nomination o	\sim		ioner		layor or Commi	issioner) and agre	e to
serve if elected			\bigcap	· ·	,			
Signature of C	andidate:	Jun	\'_	2		Date: Nov 13	3,2019	

Signature of Candidate:

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 SU	JRFSIDE, FLORIDA	,
We the undersigned electors of the Town of Surfside		TINA PAUL
for the office of <u>Commissioner</u> 17, 2020.	_ (Mayor or Commissioner)	at an election to be held on March
This petition must be filed with the Town Clerk between	een November 1, 2019 and Nove	ember 22, 2019 (by 12:00pm).
Signature: Carlos Finero	Date: <u>//-9-2019</u>	D.O.B
Print Name: Garles, Pinein	Address:	*
Signature:	Date: 11-9 2019	. D.O,B.
Print Name: Marco A, Solano.	Address:	
Signature: Lill Cushus .	Date: <u>[[-/0</u>	D.O.B.
Print Name: MARTA CASTRO	Address:	
Signature: Jenny Benezny	Date: 1/1/5//9	7 D.O.B. 1
Print Name: Jenni-ler Benezni	Address:	
Signature: Michael Maly	Date: 11 /10 /19	_ D.O.B.
Print Name: MICHAEL CONLEY	Address:	7
Signature: Dury M. Danif	Date: 1/-/2-/9	D.O.B.
Print Name: Gregory MCDANiel	Address:	
Signature: Michael Hersell	Date: 11-12-19	7 D.O.B
Print Name: Michael Nemeth	Address:	
Signature Wheelt	Date: 11/12/1	2 D.O.B.
Print Name: Deborah NEMETH	Address:	
Signature:	Date:	_ D.O.B
Print Name:	Address:	
Signature:	Date:	_ D.O.B
Print Name:	Address:	
Signature:	Date:	_ D.O.B
Print Name:	Address:	
Signature:	Date:	_ D.O.B
Print Name:	Address:	
Signature:	Date:	_ D.O.B
Print Name:	Address: ,	
STATEMEN	IT OF CIRCULATOR	
The undersigned is the circulator of the foregoing paper of		res. Each signature appended
thereto was made in my presence and is the genyine sign	nature of the person whose n	
Signature of Circulator:		
Address of Circulator: 9225 COLLIA	IS A.E. # 51	2 SKASIDE, TC
Email address of Circulator: LADYAPHIA	TE OF HOMINATION	· cay
	CE OF NOMINATION '	Mayor or Commissioner) and agree to
serve if elected.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	





Miami, Florida 33172 T 305-499-8683 F 305-499-8547 TTY 305-499-8480

miamidade.gov

November 19, 2019

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

Dear Ms. Novoa:

The Miami-Dade Elections Department has completed the verification of the petitions for Tina Paul, a candidate for the office of Commissioner for Town of Surfside. A total of 43 petitions were reviewed for verification; of which 39 were certified.

For purposes of signature verification, my office follows the directives given by the municipality. You are encouraged to ensure compliance with municipal charter or code requirements.

Please find the certification for the petition enclosed. Should you have any questions or concerns, please feel free to contact Michelle McClain, Deputy Supervisor of Elections for Voter Services at 305-499-8302.

Sincerely,

Christina White

Supervisor of Elections

Enclosure (1)



miamidade.gov

CERTIFICATION

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

I, Christina White, Supervisor of Elections of Miami-Dade County, Florida, do hereby certify that <u>39</u> signatures submitted by <u>Tina Paul</u> for the office of <u>Commissioner</u> for the <u>Town of Surfside</u> matched the signatures on the voter files.

Christina White Supervisor of Elections

WITNESS MY HAND AND OFFICIAL SEAL, AT MIAMI, MIAMI-DADE COUNTY, FLORIDA, ON THIS 19th DAY OF NOVEMBER, 2019



MUNICIPAL BUILDING 9293 HARDING AVENUE SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra Novoa, MMC, Town Clerk

November 20, 2019

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 the Town Commission for the Town of Surfside. Your name will be placed on the ballot for the March 17, 2019 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 Cl

CAMPAIGN TREASURE	R'S REPORT SUMMARY			
.1) TINA Paul	OFFICE USE ONLY			
Address (number and street) Address (number and street) City, State, Zip Code Check here if address has changed (4) Check appropriate box(es): Candidate Office Sought: Political Committee (PC)	DEC 2 PM 3:07 SM) (3) ID Number:			
☐ 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 1 / 01 / 2019 To	1 30 / 2019 Report Type: 2019 M []			
☑ Original ☐ Amendment ☐ Spe	cial Election Report			
(6) Contributions This Report	(7) Expenditures This Report			
Cash & Checks \$, , <u>5</u> 00 . <u>0</u> 0	Monetary Expenditures \$, , 25 . 00			
Loans \$,, 300.00	Transfers to Office Account \$, , , 0			
Total Monetary \$,,,	Total Monetary \$, , , 0			
In-Kind \$, , 0 . 00	(8) Other Distributions \$, , 000			
(9) TOTAL Monetary Contributions To Date \$,,	(10) TOTAL Monetary Expenditures To Date \$, , _2500			
(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, corr				
(Type name) TNA PAUL (Type na				
X Signature	X Signature			

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

DEC 2 PM 3:08 SAA

(1) Name	Name TINA Paul				I.D. Number	11)	
(3) Cover Period	1 1 1 0 1 2019	throu	gh / _	<u>30</u> 1 <u>201</u>	୍ଦ (4) Page		of <u> </u>
(5) Date	(7) Full Name	AT.	(8)	(9)	(10)	. (11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
11,06,19	Paul, Tina 9225 Collins Ave, Surfside, FL 33154					-	300,00
11,24,19	Lewin, Donald 9225 Collins Ave. Suffside, Fl 33154	I	Retired Manage ment Consultant	CHE		9	500:∞
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1 1							
1 1							
/ /							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name	CAMPAIGN TREASURER'S RE	PORT – ITEMIZED (2	EXPENDIT 2) I.D. Number	URES 2 PM	(3:08 SX/
(3) Cover Perio	d 1 0 12019 through 1	13012019 14	4) Page	of _	
(5) Date (6) Sequence	(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)	(11) Amount
Number 11 /13/19	TOWN of Surfside 9293 Harding AVE Surfside, FL 33154	qualifying fee	CAN		\$25,∞
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES SUMMARY



Name Tina Paul	OFFICE USE ONLY
I.D. Number	ter .
Address (number and street) 9225 Collins Ave.	DEC 2 PM 3:08
City, State, Zip Code Svefside, FL 33154	
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
☐ Mayor ☐ Commissioner, District ☐ Property Appraiser ☐ Clerk of the Circuit Courts	
☐ Community Council, Area, Sub	o-Area
REPORT IDEN	NTIFIERS
Report Name 2019 M 11 Cover Period	· 0 · 20 9 through · 30 · 20 9
Report Type ☑ Original ☐ Amendment	
CERTIFI	
It is a first degree misdemeanor for any person I certify that I have examined this report and it is true,	on 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.	correct, and complete.
Tina Paul	Tina Paul
(Type name) Treasurer Deputy Treasurer	(Type name) Candidate
X Signature	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	DEG 2 PM 3: 2) I.D. Number	08541
(3) Report	Name 2019 M 11	(4) Cover Period _	11.01.2019	_through _ // ﴿	30.2019
(5) Report	Type Original	(6) Page			
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10 Name of Organizat (if not directly hire		(11) Amendment Type
	NA				
					_
		¥I			

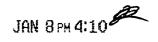
CAMPAIGN TREASURE	R'S REPORT SUMMARY			
Name Address (number and street) Sux 5 ide	OFFICE USE ONLY JAN 8 PM 4:10 (3) ID Number: Check here if PC or ECO has disbanded Check here if PTY has disbanded Check here if no other IE or EC reports will be filed			
(5) Report	Identifiers			
Cover Period: From 12 / 01 / 2019 To	12 / 31 / 2019 Report Type: 2019 M12			
☐ Original ☐ Amendment ☐ Spe	cial Election Report			
(6) Contributions This Report	(7) Expenditures This Report			
Cash & Checks \$,,,	Monetary Expenditures \$, , ,			
Loans \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$,,,			
Total Monetary \$,,	Total Monetary \$, , 00			
111-Killu	(8) Other Distributions \$,,			
(9) TOTAL Monetary Contributions To Date \$,, \frac{800}{00}.	(10) TOTAL Monetary Expenditures To Date \$, , 25			
(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, corr	ect, and complete:			
(Type name) Tiva Paul ☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	(Type name) N			
x xiz	X Yuz Pal			
Signature	Signature			

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS JAN 8 PM 4:10

(1) Name	lina Paul			(2)	I.D. Number	•	<u> </u>
(3) Cover Period	12/01/2019	through	gh 12 /	31 / 20	<u> </u> (4) Page		of <u>\</u>
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence · Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
	None						
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I I							
1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES



(1) Name (2) I.D. Number (3) Cover Period 12 / 01 /2019 through 12 / 31 / 2019 (4) Page _____ of ___ (7) (8) (9) (10) (11) (5) **Date Full Name Purpose** (Last, Suffix, First, Middle) (add office sought if (6) Expenditure Street Address & contribution to a Sequence Type City, State, Zip Code candidate) Amendment **Amount** Number None

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



Name Tina Paul	OFFICE USE ONLY
I.D. Number	. A
Address (number and street) 9225 Collins AVE	JAN 8 PM 4:10
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	o-Area
REPORT IDEN	NTIFIERS
Report Name 2019 M 12 Cover Period	12.01.2019 through 12.31.2019
Report Type Original Amendment	
CERTIFI	
It is a first degree misdemeanor for any personal certify that I have examined this report and it is true, correct, and complete.	l certify that I have examined this report and it is true, correct, and complete.
Tina Paul	Tina Paul
(Type name) Treasurer Deputy Treasurer	(Type name) Candidate
X Signature	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.

(3) Report Name 2019 W1/2 (4) Cover Period 12:01:2019 through 12:31:2019 (5) Report Type 12 Original Amendment (6) Page of 1 (7) Row Full Name (Last, Suffix, First, Middle) N/A Suffix, First, Middle) Nome of Organization Employed By (if not directly hired by campaign) N/A (11) Amendment Type	(1) Name	Tina	Paul			(2) I.D. Number	
(7) (8) (9) (10) (11) Row Full Name Employed By Name of Organization Employed By (if not directly hired by campaign) Type				(4) Cover Period	12.01.2019	through <u>\2 </u>	31.2019
Row Full Name Employed By Name of Organization Employed By Amendment (if not directly hired by campaign) Type	(5) Report	Type D Original	☐ Amendment	(6) Page	\	of\	
N/A	Row	Full Na	ame	(9) Employed By	Name of Organiza	tion Employed By	Amendment
		NA					
				\			
	-						
				<u></u>			
	, .						

CAMPAIGN TREASURE	R'S REPORT SUMMARY			
1) Tiva Paul	OFFICE USE ONLY			
Name 9225 Collins Ave	FEB 6 PM 2:18			
Address (number and street)	FEB 6 PM 2:18			
Suctside, FL 33159 City, State, Zip Code	SUI			
☐ Check here if address has changed	(3) ID Number:			
(4) Check appropriate box(es):				
☑ Candidate Office Sought:	MISSIONER			
☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐	☐ Check here if PC or ECO has disbanded☐ Check here if PTY has disbanded			
☐ Independent Expenditure (IE) (also covers an [Check here if no other IE or EC reports will be filed			
individual making electioneering communications)				
	Identifiers			
	01 / 31 / 20 Report Type: 2020 M1			
	ecial Election Report			
(6) Contributions This Report	(7) Expenditures This Report			
Cash & Checks \$,,21/0	Monetary Expenditures \$, , 340. 63			
Loans \$,, <u>00</u>	Transfers to Office Account \$,,			
Total Monetary \$, , <u></u> .	Total Monetary \$,,			
In-Kind \$,, <u>500</u> . <u>00</u>				
· · · · · · · · · · · · · · · · · · ·	(8) Other Distributions \$, ,00			
(9) TOTAL Monetary Contributions To Date \$,, 040.00	(10) TOTAL Monetary Expenditures To Date \$, , 365.63			
Ψ, <u></u> , <u></u> , <u></u>	Ψ,,,,			
(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, corn	ect, and complete:			
(Type name) TING Paul	(Type name) TING Paul			
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	☐ Chairperson (only for PC and PTY)			
X Xx Care	x xiz Pl			
Signature	Signature			

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Tina Paul			(2) I.D. Number	FEB 6 F	PH 2:19 5
(3) Cover Period	01/01/20	throu	gh <u>Ol</u> /	31/20	(4) Page		of
(5) Date	(7) Full Name	0	(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Туре	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
01,17,20	AyAlin, Arhlene 9225 Gollins AVE Surfside PL 33154	1	Graphic Designer	INK	YARD SIGN/ Campaign FlyBr/ Button Design		500,00
01,28,20	6 - 11	1	Retired	CAS			40.00
01,29,20			Retired Management Consultant	CHE		٠	200,00
						8	
<i>I I</i>				e P		,	
1 1							
1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES
(2) I.D. NumberFFR 61 (2) I.D. NumberFFR Rew 2:10 (3) Cover Period 01 / 01 / 20 through 01 / 31 / 20 (4) Page _ (11) (7) (8) (9) (10) (5) Date **Full Name** Purpose (Last, Suffix, First, Middle) (add office sought if (6)Expenditure contribution to a Street Address & Sequence Type City, State, Zip Code candidate) Amendment **Amount** Number Campaign Buttons, Custom Yard Signs, Post Cards, Business Cards Tina Paul 9225 Gllins Ave Surfside, FL 33154 0/31/20

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



	OFFICE USE ONLY			
Name Tina Paul				
I.D. Number	e de la companya de l			
Address (number and street) 9225 Collins Ave	FEB 6 PM 2:19			
City, State, Zip Code Surforde, FL 33154				
☐ CHECK IF ADDRESS HAS CHANGED	a v			
Candidate for:				
☐ Mayor ☐ Commissioner, District ☐ Property Appraiser ☐ Clerk of the Circuit Courts ☐ Community Council, Area, Su	b-Area			
REPORT IDE	NTIFIERS			
Report Name 2020 M1 Cover Period 0 0 2020 through 0 31. 2020				
Report Type Original Amendment				
	ICATION			
	on 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.	I certify that I have examined this report and it is true, correct, and complete.			
Tina Paul	TINA PAUL			
(Type name) Treasurer Deputy Treasurer	(Type name)			
X Signature	X Q Q 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	FEB 6 PM 2:19 OF The Control of the				
	Name 2020 M1	(4) Cover Period	01.01.20	through <u>O\</u>	31.20	
(5) Report	Type Original Amendmen	t (6) Page		of\		
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	Name of Organiza	0) ation Employed By red by campaign)	(11) Amendment Type	
	NA		6			
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		*			*	
					45	
2						

CAMPAIGN TREASURER'S REPORT SUMMARY						
1) TINA PAUL Name	OFFICE USE ONLY FEB 21 PM 2:22					
Address (number and street) Surfside, FL 33154 City, State, Zip Code	FEB 21 PM 2:22					
☐ Check here if address has changed	(3) ID Number:					
(4) Check appropriate box(es): ☐ Candidate Office Sought: ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed						
•	Identifiers					
Cover Period: From 02 / 01 / 20 To	02 / 20 / 20 Report Type: 25 P1					
ি Original ☐ Amendment ☐ Spe	ecial Election Report					
(6) Contributions This Report Cash & Checks \$, _ \00 \cdot \00	(7) Expenditures This Report Monetary Expenditures \$,, 763 . 71					
Loans \$,, 00	Transfers to Office Account \$, , <u>00</u>					
Total Monetary \$,,00	Total Monetary \$, , 00					
	(8) Other Distributions \$, , 60					
(9) TOTAL Monetary Contributions To Date \$,2_, 140.00						
(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)						
Certify that I have examined this report and it is true, correct, and complete: (Type name)						
X Signature	X Signature					

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

FEB 21 PM 2:22

(1) Name	Tina Paul			(2)	I.D. Number		
(3) Cover Period	02/01/20	throu	gh <u>02</u> /	20/20	<u> </u>		of
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	ľ	(8)	(9)	(10)	(11)	(12)
Number 7 02 / 06 /20	City, State, Zip Code LIBRE, LLC 2700 SW 8th 87 Miami, FL 33135	В	Occupation	Type CHE	Description	Amendment	500, ∞
02,06,20	DP REALESTATE Holdings, LLC 2700 SW 8th St Miami, FL 33135	В	Real Estate	CHE			500,00
02, 19,20	Carlos Pineiro, ms and John C Ayala, MD 8855 Collins A ve Surfside, PL 33154	•	Practice Manager	CHE			100,∞
1 1							•
1 1							
1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

FEB 21 PM 2:22

3) Cover Perio	d <u>02/01/20</u> through <u>02/</u>	20120	l) Page	of _	
(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)	(11)
02/07/20	Concept-ion Design 17032 W Dixie Hwy North Miami Beach Ft 33160	T-Shirt printing	CAN		62.59
02/12/20	Postmaster 250 95th St Surfside, FL 33154	ED DM postage	CAN		349.15
02/18/20	Aehlene Ayalın 9225 Collins AVE Surfside, FL 33154	Graphic Design	CAN		200,00
02/20/20 4	Tina Paul 9225 Collins Ave Sunfside, Fl 33134	Additional PRINTING, Food Contribution For Meet and Greet	RMB		91.97
X					
/ /					
/ /					
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES SUMMARY



IN ABSENTEE BALLO	ACTIVITIES SUMMARY	COUNTY
Name Tiva Paul	OFFICE USE OF	NLY
I.D. Number		
Address (number and street) 9225 Collins Ave	_	
City, State, Zip Code Surfiele, FL 33154		
☐ CHECK IF ADDRESS HAS CHANGED		
Candidate for:		
☐ Mayor ☐ Commissioner, District ☐ Property Appraiser ☐ Clerk of the Circuit Courts ☐ Community Council, Area, Su	 b-Area	
REPORT IDE	NTIFIERS	
Report Name 25 P1 Cover Period Report Type Original Amendment	1 02 · 01 · 20 through 02	20.20
	ICATION	
It is a first degree misdemeanor for any personal certify that I have examined this report and it is true, correct, and complete.	I certify that I have examined this repo correct, and complete.	
(Type name) Treasurer Deputy Treasurer	(Type name) Dandidate	
X Signature	X Signature	2

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. (3) Report Name 25 P1 (4) Cover Period 02.01.20 through 02.20.20 (5) Report Type Original Amendment (6) Page _____ of ____ (7) (8) (10) (11) (9) Row **Full Name Employed By** Name of Organization Employed By Amendment Number (Last, Suffix, First, Middle) (if not directly hired by campaign) **Type**

CAMPAIGN TREASURE	CAMPAIGN TREASURER'S REPORT SUMMARY					
1) Tina Paul	OFFICE USE ONLY					
Name 9225 GWINS AVE Address (number and street) Substide, #1 33154 City, State, Zip Code	——— MAR 6 PM 3:49					
☐ Check here if address has changed	(3) ID Number:					
(4) Check appropriate box(es): Candidate Office Sought: 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					
	03 / 05 / 20 Report Type: \ \P\ \P\ \					
(6) Contributions This Report	(7) Expenditures This Report					
Cash & Checks \$,, <u>75</u> . <u>oo</u>	Monetary Expenditures \$,, 519 . 71					
Loans \$,, <u>00</u>	Transfers to Office Account \$, 00					
Total Monetary \$,, <u>0 0</u>	Total Monetary \$, , <u>00</u>					
In-Kind \$,,,00	(8) Other Distributions \$,					
(9) TOTAL Monetary Contributions To Date \$,2,2\500	(10) TOTAL Monetary Expenditures To Date \$,					
(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) TNA Pau ☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	(Type name) TNQ VAUL ☐ Candidate ☐ Chairperson (only for PC and PTY)					
x xiz Cl	x viz Ce					
Signature	Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Tina Paul			(2)	I.D. Number		
(3) Cover Period	02/21/20	throu	gh <u>03</u> /	05/20	_ (4) Page		of <u></u>
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence · Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
02,21,20	Maggie and Robert McMonagte 9040 Emerson Avo Sunfside, FL 33154	1		CHE			75,00
. 1 1							
1 1							
1 1						,	
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l l							
I I	·						
DS-DE 13 (Rev. 11/1	13)	SEE RE	VERSE FOR I	NSTRUCTIONS	AND CODE VAL	UES	

•	CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES				
(1) Name	Tima Paul	(2) I.D. Number			
(3) Cover Period	d 02 / 21 / 20 through 03 / 05 / 20	(4) Page of			

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
02/28/20	Postmaster 250 95th St Surfside, FL 3315t	EDDM postage	CAN	·	354.11
3/06/20	VISA Citi payment for Costco penting	postcard puniting	PCS		:30. <i>5</i> 3
03/06/20	DISCOVER Caep payment for office max	Custom Yang siyon	PCS		35.07
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES SUMMARY



	, <u> </u>
	OFFICE USE ONLY
Name	·
Tina Paul	_
I D' Marchan	· ·
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 IDEN	ITICICDE
•	
Report Name \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	02 - 21 - 20 through $03 - 05 - 20$
	*
Report Type Original Amendment	
CERTIFIC	CATION
It is a first degree misdemeanor for any perso	
•	I certify that I have examined this report and it is true,
correct, and complete.	correct, and complete.
Tina-Paul	Tina Paul
(Type name)	(Type name) Candidate
, , , , , , , , , , , , , , , , , , ,	
IX / Xu, V. I	x (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 \\\P\	(4) Cover Period	02-21-20 through <u>03</u>	-05-20
	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
	N/A			
		c	·	
		·		
-				
		<u> </u>		
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	·			

CAMPAIGN TREASURE	CAMPAIGN TREASURER'S REPORT SUMMARY					
1) Tina Paul	OFFICE USE ONLY					
Name 9225 Collins Ave	MAR 13 PM 3:49					
Address (number and street)	MAR 13 PM 3:49					
Surfside, FL 33154						
City, State, Zip Code						
Check here if address has changed	(3) ID Number:					
(4) Check appropriate box(es): ☐ Candidate Office Sought: ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed						
	Identifiers					
Cover Period: From <u>03</u> / <u>06</u> / <u>20</u> To	03 / 12 / 20 Report Type: 491					
☑ Original ☐ Amendment ☐ Spe	cial Election Report					
(6) Contributions This Report	(7) Expenditures This Report					
Cash & Checks \$,, <u>200</u> . <u>00</u>	Monetary Expenditures \$,, 417. 70					
Loans \$, <u>00</u>	Transfers to Office Account \$,,					
Total Monetary \$,, 00	Total Monetary \$, , <u>_ θ</u> ∂					
In-Kind \$,,00						
	(8) Other Distributions \$, ,					
(9) TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$					
(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, corr	ect, and complete:					
(Type name) \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(Type name) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
or electioneering comm.)	Simple Si					
x xuz Ce	x xuz \ o					
Signature	Signature					

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	Tina Paul			(2)	I.D. Number	MAR 13 P	43:49 ———
(3) Cover Period	03/06/20	throu	gh <u>03</u> /	12/20	<u>></u> (4) Page	· <u>· </u>	of <u> </u>
(5)	^(7)		(8)	(9)	(10)	(11)	(12)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
03,08,20	Arhleve Ayalin 9225 Collins Ave Surfside, FL 33154	1	Grophic Doyner	CAS			200,00
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1 1			•		,		
1 1					•		
1 1							
1 1							
1 1							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

DS-DE 13 (Rev. 11/13)

3) Cover Period	d <u>03 102 120</u> through <u>03</u>	12/20	4) Page\	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)	(11) Amount
3/08/20	ZEKE'S Roadhouse 625 Lincoln Road Miami Beach, FL 33139	Party for Condidates and supporters	CAS		200.0
03/11/20	Discover Card payment	Refreshments, Election Day supplies	PCS		217,7
X					
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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	MAR 13 PM 3:49
City, State, Zip Code Suekide, FL 33154	
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
☐ Mayor ☐ Commissioner, District ☐ Property Appraiser ☐ Clerk of the Circuit Courts ☐ Community Council, Area, Su	– b-Area
REPORT IDE	NTIFIERS
Report Name Cover Period	1 03 · 06 · 2020 through 03 · 12 · 2020
Report Type Original Amendment	
=	ICATION
It is a first degree misdemeanor for any person correct, and complete.	I certify that I have examined this report and it is true, correct, and complete.
(Type name) Treasurer Deputy Treasurer	(Type name) Candidate
x juz De	x xin Ce
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 4P1	(4) Cover Period	(2) I.D. Number	12.20
(5) Report	Type Original	(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
	N/A			
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CAMPAIGN TREASURER'S REPORT SUMMARY					
1) Ina Paul	OFFICE USE ONLY				
Name 9225 (Mins AVE)					
Address (number and street)	JUN 2 PM 4:50				
Surfside FL 33154 City, State, Zip Code					
☐ Check here if address has changed	(3) ID Number:				
(4) Check appropriate box(es):					
☐ Candidate Office Sought: ☐ Political Committee (PC)	nm 1881 oner				
☐ Electioneering Communications Org. (ECO)	☐ Check here if PC or ECO has disbanded				
☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an	☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed				
individual making electioneering communications)					
(5) Report	t Identifiers				
Cover Period: From 02 / 0 / 20 To	02 / 20 / 20 Report Type: 25 P1				
☐ Original ☐ Amendment ☐ Sp	ecial Election Report				
(6) Contributions This Report	(7) Expenditures This Report				
Cash & Checks \$,,,,	Monetary Expenditures \$,, 720 · 71				
Loans \$,, <u>00</u>	Transfers to Office Account \$, ,				
Total Monetary \$,,	Total Monetary \$, ,00				
In-Kind \$, , <u>00</u>	(9) Other Dietributions				
	(8) Other Distributions \$, 00				
(9) TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$,, 086.34_				
(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, corn	rect, and complete:				
(Type name) NA PAO Deputy Treasurer □ Deputy Treasurer □ Deputy Treasurer □ Deputy Treasurer	(Type name) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
x ml	x Jun le				
Signature ()	Signature ``				

CAMPAIGN TREASURER'S REPORT -	- ITEMIZED EXPENDITURES
(1) Name Tina Paul	(2) I.D. Number
(3) Cover Period <u>02 / 01 / 20</u> through <u>02 / 20 / .</u>	20 (4) Page of

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
02/03/20	Bank of America 1108 Kane Concourse Bay Harbor Islands, FL 33154	Account Service FBE	CAN	ADD	17.00
02/07/20	Conception Design 17032 W Dixie Hwy North Miani Beach, Fl 33160	T-Shier punting	CAN		62,59
02/12/20	Postmaster 250 95th 81 Svefside, FL 33154	EDDM postage	CAN		349.15
02/18/20	Archleve Ayalin 9225 Glins AVE SULFSIDE, PL 33154	Graphic Design	CAN		200.00
02/20/20	Tina Paul 9225 Collinis Ave Surfside, FL 33154	Additional prunting, food contribution for meet and greet	RMB		91.97
<i>></i>					
//					
/ /				_	

CAMPAIGN TREASURER'S REPORT SUMMARY				
.1) Tiva Paul	OFFICE USE ONLY			
(2) Name 9225 Collins Ave				
Address (number and street)	JUN 2 PM 4:51			
Surfside, FL 33154 City, State, Zip Code				
☐ Check here if address has changed	(3) ID Number:			
(4) Check appropriate box(es):	(6)			
	nissioner.			
☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO)	☐ Check here if PC or ECO has disbanded			
☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an	☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed			
individual making electioneering communications)				
(5) Report	Identifiers			
Cover Period: From $02/21/20$ To	03 / 05 / 20 Report Type: \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\			
☐ Original ☐ Amendment ☐ Spe	ecial Election Report			
(6) Contributions This Report	(7) Expenditures This Report			
Cash & Checks \$, , <u>75</u> . <u>∞</u>	Monetary Expenditures \$, , 536 · 71			
Loans \$,, <u>00</u>	Transfers to Office Account \$,			
Total Monetary \$,,	Total Monetary \$, . ()()			
In-Kind \$,,0	Total Monetary \$, , 00			
	(8) Other Distributions			
	·\$,, <u>00</u>			
(9) TOTAL Monetary Contributions To Date \$, 2 , 215 . 00	(10) TOTAL Monetary Expenditures To Date \$,			
(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, corr				
· · · · · · · · · · · · · · · · · · ·	(Type-name) Tima Paul			
(Type name) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Candidate Chairperson (only for PC and PTY)			
or electioneering comm.)	\sim - 0 \circ			
X X X X X X X X X X X X X X X X X X X	X Signature			
Signature DS-DE 12 (Rev. 11/13)	Signature SEE REVERSE FOR INSTRUCTIONS			

(1) Name	CAMPAIGN	Paul	- ITEMIZED EXPENDIT (2) I.D. Number	
(3) Cover Perio	d 62,21	<u>/ 20 through 03 / 05 /</u>	20 (4) Page	of

(5) Date	(7)	(8)	(9)	(10)	(11)
(6) Sequence	Full Name (Last, Suffix, First, Middle) Street Address &	Purpose (add office sought if contribution to a	Expenditure Type		•
· Number	City, State, Zip Code	candidate)	lype	Amendment	Amount
02/28/20	Postmaster 250, 95th St Surfside, FL 33154	EDDM Postage	CAN		354.11
03/05/20	Visa Citi Paymont for Costco printing	Postcard Printing	PCS		130,53
03/05/20	Discover Card payment for Office Max	Custom Yaro Signi	PCS		35.07
03/01/20	Bank of America 1108 Kane Concorrse Bay Harbor Islands, F1.33154	Account Service Fee	CAN	ADD	17.00
7					
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CAMPAIGN TREASURE	R'S REPORT SUMMARY			
1) Tina Paul	OFFICE USE ONLY			
(2) Name 9225 Collins AVE				
Address (number and street) SVR forde, FL 33154	JUN 2 PM 4:51			
City, State, Zip Code				
☐ Check here if address has changed	(3) ID Number:			
(4) Check appropriate box(es):				
	115510NER			
☐ 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			
individual making electroneering communications)	•			
(5) Report	l Identifiers			
Cover Period: From <u>03</u> / <u>06</u> / <u>20</u> To	03 / 12 / 20 Report Type: 4/1			
☐ Original ☐ Amendment ☐ Sp	ecial Election Report			
(6) Contributions This Report	(7) Expenditures This Report			
	Monetary			
Cash & Checks \$,, <u>2∞</u> . <u>oo</u>	Expenditures \$, , <u>417 . 70</u>			
Loans \$, , . oo	Transfers to			
Loans \$,, <u>00</u>	Office Account \$, , . OO			
Total Monetary \$, , Oo				
	Total Monetary \$,			
In-Kind				
	(8) Other Distributions			
,	\$, <u>60</u>			
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date			
\$, _2, 415.00	\$, _2,040.75			
(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, con	ect, and complete.			
(Type name) Tina Paul (Type name) Tina Paul				
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer ☐ Candidate ☐ Chairperson (only for PC and PTY) or electioneering comm.)				
	- 0 0			
X Signature	X Signature			
DS-DE 12 (Rev. 11/13)	SEE REVERSE FOR INSTRUCTIONS			

(1) Name (3) Cover Perio	d 03 1 06 1 20 through 03	(2) I.D. Numbe 4) Page		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)	(11)
03/08/20	ZEKE's Roadhouse 625 Lincoln Road Miami Beach, Fl 33139	Party for Candidates and Supporters	CA5		200,00
03/11/20	Discover Carp payment	Refreshmants, Electron Day Supplies	PCS		217.70
27/				·	
/ /					
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. / /					
//					
//					

CAMPAIGN TREASURE	R'S REPORT SUMMARY			
.1) Tina Paul	OFFICE USE ONLY			
Name 9225 Collins AVV	JUN 2 PH 4:51			
Address (number and street)				
Surfside, FL 33154				
City, State, Zip Code	(2) ID Number			
Check here if address has changed (4) Check appropriate box(es):	(3) ID Number:			
	ISSIONER			
☐ 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			
(E) Percent	lala matifi a ma			
Cover Period: From 03 / 13 / 20 To	Identifiers No. 1 15 1 20 Report Type: 18 Teach			
	ecial Election Report			
(6) Contributions This Report	(7) Expenditures This Report			
•	Monetary			
Cash & Checks \$,, <u>20 . 00</u>	Expenditures \$,, 394 . 25			
Loans \$,, <u>60</u>	Transfers to			
Total Monetary \$, , OO	Office Account \$, , <u>0</u> 0			
Total Monetary \$,,	Total Monetary \$, , . 00			
In-Kind \$,,				
	(8) Other Distributions			
•				
(9) TOTAL Monetary Contributions To Date \$, 2,435.00	(10) TOTAL Monetary Expenditures To Date \$			
\$, _2_, 435.00	,,,			
(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, corr				
(Type name) Tina Paul	(Type name) Tina Paul			
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	☐ Chairperson (only for PC and PTY)			
X Signature	X Signature			
DS-DE 12 (Rev. 11/13)	SEE REVERSE FOR INSTRUCTIONS			

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	Tina Paul			(2)	I.D. Number	JUN 2 PM	4:51
(3) Cover Period	03/13/20	throu	gh <u>06</u> /	15/20	_ (4) Page	<u> </u>	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence · Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
03,14,20	Edilia Lorraine Jimenez 9025 Byron Ave Sudside, FL 33154	1		CAS	+: -		20,00
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<i>l 1</i>							
<i>1</i> 1							·
<i>I</i>							•
1 1							
I I							
DS-DE 13 (Rev. 11/	13)	SEE RE	VERSE FOR I	NSTRUCTIONS	AND CODE VAL	UES	

(1) Name	TINA PAUL	(I — ITEMIZED EXPENDITU (2) I.D. Number	RES
(3) Cover Perio	d_031 13 120 through 06 1 15	120 (4) Page	of \

(5) Date	(7) Full Name	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
03/17/20	Ruth Ferrichel 1568 Washington AVE Miami Beach, FL 33154	Campaign Worker	CAN		40,00
04/01/20	Discover Cered payment	Election Day Meals	PCS		62.20
04/01/20	Edilia Lorraine Jimenez 9025 Byron Avo Sunfside, FL 33154	Campaign Contribution Returned per F.S. 106.08(3)a	REF		20.00
04/01/20	Bank of America 1108 Kane Concourse Bay Harbor Islands, FL 3354	Account Service For	CAN		17,00
04/20/20	Tina Paul 9225 Collins AVE Surfside, FL 33154	LOAN Reinburgement	RMB	•	255.05
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/ /					
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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	
	JUN 2 PM 4:52
Address (number and street) 9225 Collins AVE	
1223 COTTINS 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, Su	b-Area
REPORT IDE	
Report Name 18 TRG Cover Period	103:13:20 through 06:15:20
	•
Report Type Original Amendment	
	ICATION
It is a first degree misdemeanor for any pers	on 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.	correct, and complete.
T. O. A	This part
(Type name) Treasurer Deputy Treasurer	(Type name)
(Type name) in treasurer in Deputy Treasurer	(Type name) w Gandidate
• •	
X (Xhz), l	X my
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		JUN 2 PM 4:52 (2) I.D. Number			
		_ (4) Cover Period	(4) Cover Period <u>03 \ \ 3 \ 20</u>			
(5) Report	Type ☑ Original ☐ Amendmer	nt (6) Page		of\		
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	Name of Organi	(10) zation Employed By hired by campaign)	(11) Amendment Type	
	N/A					
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4.						