

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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I, Paule Villard,  
candidate for the office of Councilwoman Group 7 ;  
have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X Paule Villard  
Signature of Candidate

2/3/15  
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)

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

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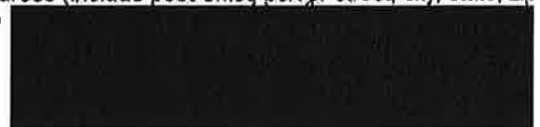
**1. CHECK APPROPRIATE BOX(ES):**

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

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

*Paule Villard*

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



**4. Telephone**

*(305) 336-3925*

**5. E-mail address**

*misteehail@yahoo.com*

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

*Councilwoman Group 3*

**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**

*Aland Pierre Canel*

**11. Mailing Address**

*12790 W. Dixie Hi*

**12. Telephone**

*(305) 316-0233*

**13. City**

**14. County**

**15. State**

**16. Zip Code**

**17. E-mail address**

*Dade*

*FL*

*331*

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

**19. Name of Bank**

*BBET*

**20. Address**

*12566 NE 6 AVE North Miami 33161*

**21. City**

**22. County**

**23. State**

**24. Zip Code**

*Miami*

*Dade*

*FL*

*331*

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**

*11/21/14*

**26. Signature of Candidate**

*Paule Villard*

**27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)**

I, *Aland Pierre Canel*, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

*11/21/14*  
Date

*Aland Pierre Canel*  
Signature of Campaign Treasurer or Deputy Treasurer

## CAMPAIGN TREASURER'S REPORT SUMMARY

**(1) CAMPAIGN TO ELECT PAULE VILLARD**

Name

**(2) 12790 W. Dixie Hwy**

Address (number and street)

N. Miami, FL 33161

City, State, Zip Code

Check here if address has changed

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

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**(4) Check appropriate box(es):**

Candidate Office Sought: North Miami Beach Council

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 1201/2014 / \_\_\_\_\_ To 1231/2014 / \_\_\_\_\_ Report Type: 2014-M12

Original

Amendment

Special Election Report

**(6) Contributions This Report**

Cash & Checks \$ 100.00 , \_\_\_\_\_ . \_\_\_\_\_

Loans \$ 4500.00 , \_\_\_\_\_ . \_\_\_\_\_

Total Monetary \$ 4600.00 , \_\_\_\_\_ . \_\_\_\_\_

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

**(7) Expenditures This Report**

Monetary Expenditures \$ 4468.44 , \_\_\_\_\_ . \_\_\_\_\_

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

Total Monetary \$ 4468.44 , \_\_\_\_\_ . \_\_\_\_\_

**(8) Other Distributions**

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

**(9) TOTAL Monetary Contributions To Date**

\$ 4600.00 , \_\_\_\_\_ . \_\_\_\_\_

**(10) TOTAL Monetary Expenditures To Date**

\$ 4468.44 , \_\_\_\_\_ . \_\_\_\_\_

**(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)

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

**X** *Handwritten Signature*  
Signature

(Type name)

Candidate  Chairperson (only for PC and PTY)

**X** *Paule Villard*  
Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

CAMPAIGN TO ELECT PAULE VILLARD

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

(3) Cover Period 12012014 / \_\_\_ / \_\_\_ through 12312014 / \_\_\_ / \_\_\_ (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
120114 / /	Paule Villard [REDACTED]	I	Ret Police C	LOA			3,000.00
1							
120914 / /	Paule Villard [REDACTED]	I	Ret. Police	LOA			1,000.00
2							
120914 / /	Arthur Villard [REDACTED]	I	Entrepreneur	CHE			100.00
3							
121914 / /	Paule Villard [REDACTED]	I	Ret Police C	LOA			500.00
4							
/ /							
/ /							
/ /							
/ /							

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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name CAMPAIGN TO ELECT PAULE VILLARD

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

(3) Cover Period 12012014 / \_\_\_\_ / \_\_\_\_ through 12312014 / \_\_\_\_ / \_\_\_\_

(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
120214 / / 1	Sinal Consulting Group, LLC 18800 NW 2 Ave Miami, FL 33169	Consulting	MON		2500.00
121014 / / 2	BB&T 12655 NE 6 Ave N. Miami, FL 33161	Checks Order	MON		156.77
121114 / / 3	Sinal Consulting Group, LLC 18800 NW 2 Ave Miami, FL 33169	Reimbursement for Supplies, Software, & Name Tag	MON		686.67
121614 / / 4	Mr. Copy 3683 NW 135 St North Miami, FL 33054	Door Hangers, & Type	MON		625.00
122414 / /	Sinal Consulting Group, LLC 18800 NW 2 Ave Miami, FL 33169	Mailers	MON		500.00
/ /					
/ /					
/ /					

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