APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

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

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)	3. Address (include post office box or street, city, state, zip code)
Carline Marie Paul	12215 NW Miami Ct. North Miami Florida 33168
4. Telephone: (305) 509-2313	5. E-mail address: voteteachercarline@aol.com

6. **Office sought** (include district, circuit, group number)	7. **If a candidate for a nonpartisan office, check if applicable:**
North Miami City Council District 4	☐ 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: Paulette Nadine White

11. Mailing Address	12. Telephone
443 NE 195 Street Apt 235	(305) 610-7521

13. City	14. County	15. State	16. Zip Code	17. E-mail address
North Miami Beach	Dade	FL	33179	nangelfire@aol.com

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

19. Name of Bank	20. Address
TD Bank	1190 NE 163rd Street

21. City	22. County	23. State	24. Zip Code
Miami	Dade	FL	33162

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	26. Signature of Candidate
05/08/2014	X Carline M. Paul

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

I, Paulette Nadine White, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer.

05/08/2014
Date

X _____
Signature of Campaign Treasurer or Deputy Treasurer

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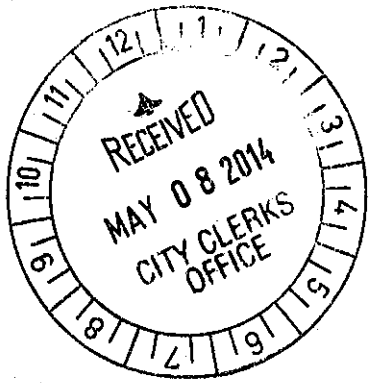

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2. **Name of Candidate** (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip code)
Carline Marie Paul	12215 North West Miami CT North Miami, FL
4. Telephone: (305) 509-2313	5. E-mail address: voteteachercarline@aol.com

6. **Office sought** (include district, circuit, group number)	7. **If a candidate for a nonpartisan office, check if applicable:**
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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: Carline Marie Paul

11. Mailing Address	12. Telephone
12215 North West Miami CT	( )

13. City	14. County	15. State	16. Zip Code	17. E-mail address
North Miami	Miami-Dade	FL	33161	voteteachercarline@aol.com

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

19. Name of Bank	20. Address
TD Bank	1190 NE 163rd Street

21. City	22. County	23. State	24. Zip Code
Miami	Miami-Dade	FL	33162

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25. Date	26. Signature of Candidate
5/08/2014	X Carline M. Paul

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

I, CARLINE MARIE PAUL, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☐ Campaign Treasurer ☒ Deputy Treasurer.

05/08/2014
Date

X Carline M. Paul
Signature of Campaign Treasurer or Deputy Treasurer

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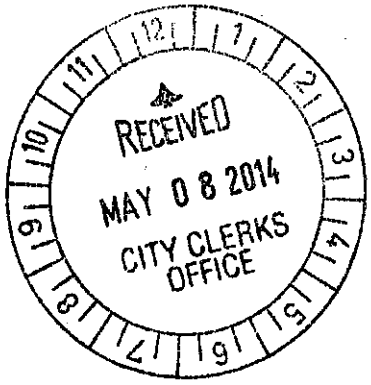

OFFICE USE ONLY

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2. **Name of Candidate** (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip code)
Carline Marie Paul	12215 NW Miami Ct. North Miami Florida
4. Telephone: (305) 509-2313	5. E-mail address: voteteachercarline@aol.com

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☐ 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: Jeannot Belizaire

11. Mailing Address	12. Telephone
401 NE 121 Street Apt 203	(786) 237-5217

13. City	14. County	15. State	16. Zip Code	17. E-mail address
North Miami	Dade	FL	33161	

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

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21. City	22. County	23. State	24. Zip Code
Miami	Dade	FL	33162

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25. Date	26. Signature of Candidate
05/08/2014	X Carline M. Paul

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

I, Jeannot Belizaire (Please Print or Type Name), do hereby accept the appointment designated above as: ☐ Campaign Treasurer ☒ Deputy Treasurer.

05/08/2014 (Date)

X _____ (Signature of Campaign Treasurer or Deputy Treasurer)

DS-DE 9 (Rev. 10/10)

Rule 1S-2.0001, F.A.C.