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2012 MAY 31 AM 10:59

MIAMI-DADE ELECTIONS

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):

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

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

3. Address (include post office box or street, city, state, zip code) 18495 NW 78th Avenue Hialeah, FL 33015

4. Telephone (305) 965-0139

5. E-mail address irajpaul@att.net

6. Office sought (include district, circuit, group number) Community Council 5 at large

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 [X] Campaign Treasurer [] Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer Ira Jay Paul

11. Mailing Address 18495 NW 78th Avenue

12. Telephone (305) 965-0139

13. City Hialeah

14. County Miami-Dade

15. State FL

16. Zip Code 33015

17. E-mail address irajpaul@att.net

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

19. Name of Bank Chase

20. Address 15424 NW 77th Ct.

21. City Hialeah

22. County Miami-Dade

23. State FL

24. Zip Code 33016

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 5/31/12

26. Signature of Candidate [X] Ira Jay Paul

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

I, Ira Jay Paul, do hereby accept the appointment (Please Print or Type Name)

designated above as: [X] Campaign Treasurer [] Deputy Treasurer.

5/31/12 Date

[X] Ira Jay Paul Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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ELECTIONS

I, Ira Jay Paul,

candidate for the office of Community Council 5;
At Large

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X

Ira Jay Paul

Signature of Candidate

5/31/12

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).

Campaign Treasurer's Report
Electronic Filing Requirements
for Miami-Dade County



Candidate (office sought): Community Council 5 At Large

Candidate's Florida Voter Registration Number: 109049065

Political Committee: _____

Party Executive Committee: _____

Other: _____

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ELECTIONS

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I, Ira Jay Paul
(Please print name of Candidate or Chairperson)

understand that Campaign Treasurer's Reports must be filed electronically in order to comply with Miami-Dade County requirements.

Additionally, a hard copy of the Campaign Treasurer's Reports must be printed from the Miami-Dade County Elections Department website and submitted by the reporting deadline with original signatures.

Ira Jay Paul _____ 5/31/12 _____
Signature of Candidate or Chairperson Date

Day Time Telephone No: (305) 965-0139

Email Address: irajpaul@att.net

This form must be filed with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository form is filed.



Access to Handbook and the
Election Laws of the State of Florida

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Candidate/Chairperson:

Ira Jay Paul
First Name Middle Name Last Name

Community Council 5 At Large
Office Sought / Organization

I acknowledge that it is my responsibility to read, understand and follow the requirements described in the following resources available on the Miami-Dade County Elections Department Website:

- Candidate Qualifying Handbook (<http://www.miamidade.gov/elections/candidate.asp>)
Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Qualifying Information, Electronic Reporting Dates and Procedures, Important Candidate Information, and Recent Legislative Changes.
- Political Committee Handbook (<http://www.miamidade.gov/elections/pacs.asp>)
Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Electronic Reporting Dates and Procedures, Important Committee Information, and Recent Legislative Changes.

Acknowledged by: Ira Jay Paul
Candidate / Chairperson Signature

Date: 5/31/12

Primary Telephone Number: (305) 965-0139

Alternate Telephone Number: (305) 558-8949

E-mail address: irajpaul@att.net

**MIAMI-DADE COUNTY
CANDIDATE OATH –
NONPARTISAN OFFICE**

(For use by Mayoral, County Commission, Community Council and Property Appraiser Candidates)

OFFICE USE ONLY

Proof of residency provided:

- Driver's License
- Voter Information Card
- Property Tax Receipt
- Utility Bill
- Homestead Exemption Receipt
- Lease Agreement

OATH OF CANDIDATE

(Section 99.021, Florida Statute and Section 12-11 of the Code of Miami-Dade County)

I, Ira J. 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 Community Council 5, At Large;
(OFFICE) (DISTRICT/AREA/SUBAREA)

I am a qualified elector of Miami-Dade County, Florida; I am qualified under the Constitution and the Laws of Florida and the Home Rule Charter of Miami-Dade County 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; 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.

I affirm that I am a resident of Miami-Dade County, meet the minimum residency requirements for this office, and am submitting proof of my residency in the district for the prescribed period. Under penalties of perjury, I declare that I have read the foregoing Oath of Candidate and that the facts stated in such are true.

X Ira J. Paul (305) 965-0139 iraipaul@att.net
Signature of Candidate Telephone Number Email Address

18495 NW 78th Ave. Hiialeah FL 33015
Address City State Zip Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109049065

STATE OF FLORIDA
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 31st day of May, 2012.

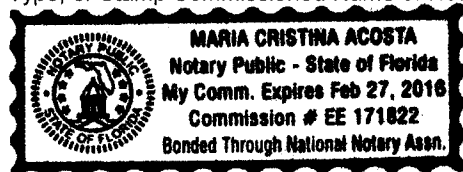
Personally Known: _____ or

Produced Identification: ✓

Type of Identification Produced:

FL DRIVERS LIC

Maria Cristina Acosta
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public

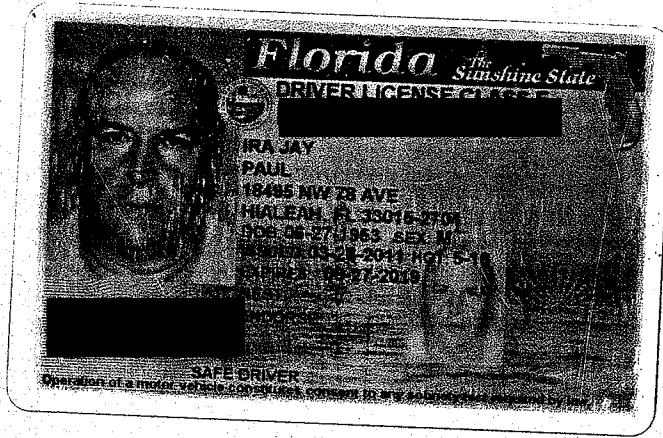


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MIAMI-DADE COUNTY
ELECTIONS

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MIAMI-DADE
ELECTIONS





OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 6741189

RECEIVED FROM Ira J Paul
ADDRESS 18494 NW 78th Ave
Hialeah CITY FL STATE 33015 ZIP

DATE 6 / 1 / 12
MONTH DAY YEAR
CASH \$ _____
CHECKS \$ 100 . 00

AMOUNT OF: One Hundred DOLLARS, AND 00/100 CENTS TOTAL \$ 100 . 00

FOR PAYMENT OF: Qualifying Fee-Community Council 5 At Large

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.

DEPT.: Elections By: Anne Jones


FOR OFFICE USE ONLY


TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

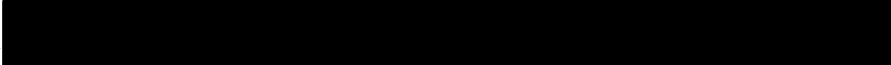
1178600403
9-32/720
IRA J PAUL CAMPAIGN ACCOUNT
18495 NW 78 AVE
HIALEAH, FL 33015
DATE 6/1/12

PAY TO THE ORDER OF Board of County Commissioners \$ 100.00

One hundred and $\frac{00}{100}$ DOLLARS 

CHASE  **JPMorgan Chase Bank, N.A.**
Detroit, Michigan 48226

MEMO Qualifying Fee / Community Council 5 At Large



FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Paul -- Ira -- Jay

MAILING ADDRESS :

18495 NW 78th Avenue

Hialeah

33015

Miami-Dade

CITY :

ZIP :

COUNTY :

NAME OF AGENCY :

Community Council 5 *At Large*

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Board Member

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

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

MIAMI-DADE ELECTIONS

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2011 PDF Form 1

****** 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, 2011 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS 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). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions p. 4]

(If you have nothing to report, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Division of Retirement	PO Box 9000, Tallahassee, FL 32315-9000	State of Florida
Miami-Dade County Public Schools	1450 NE 2nd Avenue, Miami FL 33132	Miami-Dade County School Board
Royal Caribbean Cruises LTD	14700 Caribbean Way 1st Floor, Miramar	Royal Caribbean Cruises LTD

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions p. 4]

(If you have nothing to report, you must write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
IP Winning Campaign Strat	Donations	18495 NW 78th Avenue, Hia	Political Campaigns

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4]

(If you have nothing to report, you must write "none" or "n/a")

Primary Residence: 18495 NW 78th Avenue, Hialeah, FL 33015

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.

OTHER FORMS you may need to file are described on page 6.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions p. 5]
 (If you have nothing to report, you must write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Individual Retirement Account (IRA)	Personal Retirement Account
Individual Retirement Account (Roth IRA)	Personal Retirement Account
South FL Educational Federal Credit Union	Bank and Checking Account

PART E — LIABILITIES [Major debts - See instructions p. 5]
 (If you have nothing to report, you must write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
None	

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions p. 5]
 (If you have nothing to report, you must write "none" or "n/a")

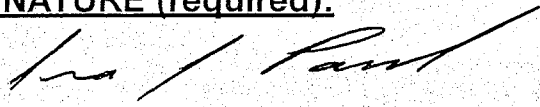
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	IP Winning Campaign Strat		
ADDRESS OF BUSINESS ENTITY	18495 NW 78th Ave, Hia		
PRINCIPAL BUSINESS ACTIVITY	Political Campaigns		
POSITION HELD WITH ENTITY	President		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes		
NATURE OF MY OWNERSHIP INTEREST	100%		

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 MINOR-DAVE
 ELECTIONS

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE (required):

DATE SIGNED (required):



4/2/12

FILING INSTRUCTIONS:

WHAT TO FILE:

After completing all parts of this form, **including signing and dating it**, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

NOTE:

MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

WHERE TO FILE:

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.

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.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

Facsimiles will not be accepted.

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 for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does **not** relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2011.

Part D continued

Chase Bank
Chase Bank Visa
American Express
Bank of America Visa

Bank and Checking Account
Credit Card
Credit Card
Debit Card

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