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

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2016 APR 26 PM 3: 33

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

| OFFICE USE ONLY | | | | |
|--|--|--|--|--|
| reasurer/Deputy Depository Office Party | | | | |
| 3. Address (include post office box or street, city, state, zip | | | | |
| code) 815 N. Homestead Blvd. #321 | | | | |
| Homestead FL 33030 | | | | |
| | | | | |
| 7. If a candidate for a nonpartisan office, check if | | | | |
| applicable: | | | | |
| My intent is to run as a Write-In candidate. | | | | |
| in name of party as applicable: My intent is to run as a | | | | |
| Party candidate. | | | | |
| Campaign Treasurer Deputy Treasurer | | | | |
| | | | | |
| | | | | |
| 12. Telephone | | | | |
| (305) 349-5702 | | | | |
| ite 16. Zip Code 17. E-mail address | | | | |
| 33030 mgplaw@bellsouth.net | | | | |
| Primary Depository Secondary Depository | | | | |
| 20. Address | | | | |
| 1 SE 3rd Avenue | | | | |
| 23. State 24. Zip Code | | | | |
| FL 33131 | | | | |
| 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. | | | | |
| 26. Signature of Candidate | | | | |
| x \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | | |
| (fill in the blanks and check the appropriate block) | | | | |
| | | | | |
| , do hereby accept the appointment | | | | |
| Deputy Treasurer. | | | | |
| 4/26/2016 X | | | | |
| Signature of Campaign Treasurer or Deputy Treasurer | | | | |
| | | | | |

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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DS-DE 9 (Rev. 10/10)

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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

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

OFFICE USE ONLY 1. CHECK APPROPRIATE BOX(ES): \times 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 Michaelle Gonzalez-Paulson 815 N. Homestead Blvd. #321 4. Telephone 5. E-mail address Homestead FL 33030 (305) 349-5702 mgplaw@bellsouth.net 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if County Court Judge, Group 11 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 Name of Treasurer or Deputy Treasurer Steven G. Paulson 11. Mailing Address 12. Telephone 815 N Homestead Blvd, #321 (305) 281-6016 13. City 14. County 15. State 16. Zip Code 17. E-mail address Homestead Miami-Dade FL 33030 sgpaulson@gmail.com 18. I have designated the following bank as my \times Primary Depository Secondary Depository 19. Name of Bank 20. Address Bank of America 1 SE 3rd Avenue 21. City 22. County 23. State 24. Zip Code Miami Miami-Dade 33131 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 04/26/2016 X 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) Steven G. Paulson , do hereby accept the appointment (Please Print or Type Name) designated above as: X Campaign Treasurer Deputy Treasurer. 4/26/2016 Date Signature of Campaign Treasurer or Deputy Treasurer



Access to Handbook and the Election Laws of the State of Florida APR 26 PM 3: 33

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MIAMI-DADE COUNTY

| Candidate/Chairperson: | | ELECTIONS DEPARTMENT |
|--|--|---|
| Michaelle | | Gonzalez-Paulson |
| First Name | Middle Name | Last Name |
| County Court Judge, | Group 11 | |
| | Office Sought / Organizati | on |
| I acknowledge that it is my requirements described in th County Elections Department V | e following resources | nd, understand and follow the s available on the Miami-Dade |
| Contains information on State Florida, County Laws and Ha | te Laws and Handbooks, i andbooks. Qualifying Infol | de.gov/elections/candidate.asp) the Election Laws of the State of rmation, Electronic Reporting Dates d Recent Legislative Changes. |
| Political Committee Handbook Contains information on State Florida, County Laws and Hallmportant Committee Information | e Laws and Handbooks, t andbooks, Electronic Rep | the Election Laws of the State of orting Dates and Procedures |
| Acknowledged by: | Paul | |
| 1/26/2016 | Candidate Chairperso | on Signature |
| Date: 4/26/2016 | | |
| Primary Telephone Number: | 305 349-5702 | |
| Alternate Telephone Number: | 786-728-3100 | |
| E-mail address: mgplaw(| @bellsouth.net | |

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



| Candidate (office sought): County Court Judge | From 11 | | |
|--|--|--|--|
| Candidate's Florida Voter Registration Number: 11015520 | 7 | | |
| Political Committee: | E 2 | | |
| Party Executive Committee: | MIAM-LECTION | | |
| Other: | 26 F | | |
| I,Michaelle Gonzalez-Paulson (Please print name of Candidate or Chairperson) | PM 3: 33 COUNTY PARTMENT | | |
| understand that Campaign Treasurer's Reports <u>must</u> be filed elections of Elections website by midnight of the day designated in with Miami-Dade County requirements. I also acknowledge that Se 12-21 of the Code of Miami-Dade County regarding the filing of the reports with the Supervisor of Elections were recently amended in the hardcopies are no longer required. | n order to comply ections 12-17 and campaign finance | | |
| I also understand that, in accordance with Section 12-14.1 of the Cool County, Florida, candidates running for the Offices of Miami-Dade Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Commust now file the Absentee Ballot Campaign Report (MD-ED 26) to did of paid campaign workers engaged in absentee ballot activities. | e County Mayor, ommunity Council | | |
| Lastly, I understand that Section 2.69(e) of the Code of Miami-Dade County requires that candidates for Property Appraiser also fill out the Miami-Dade county Contributing Entity (MD-ED 19) form for every reporting period if contributions are received from a corporation incorporated under the laws of the State of Florida or any other state or any foreign country of any partnership or any other legal entity other than a natural person. | | | |
| 04/2 | 26/2016 | | |
| Signature of Candidate or Chairperson | Date | | |
| Day Time Telephone Number: 305-349-5702 | | | |
| Alternate Contact Number: 786-728-3100 | | | |
| Email Address: mgplaw@bellsouth.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.

MD-ED 10 (Rev. 6/15)