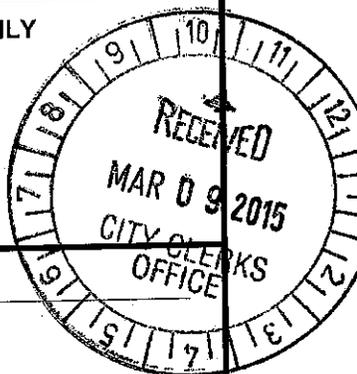


**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

OFFICE USE ONLY



(1) CARLINE PAUL
Name

(2) 12215 NW MIAMI COURT
Address (number and street)
NORTH MIAMI, FL 33168
City, State, Zip Code

(3) ID Number: _____

CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):

- Candidate (office sought): _____
- Political Committee
- Committee of Continuous Existence
- Party Executive Committee
- Electioneering Communication
- CHECK IF PC HAS DISBANDED
- CHECK IF CCE HAS DISBANDED
- CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 02 / 01 / 15 To 02 / 28 / 15 Report Type _____

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ _____ 0.00
Loans \$ _____ 0.00
Total Monetary \$ _____ 0.00
In-Kind \$ _____ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ _____ 675.00
Transfers to Office Account \$ _____ 0.00
Total Monetary \$ _____ 675.00

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ _____ 3,399.33

(10) TOTAL Monetary Expenditures To Date

\$ _____ 1,175.00

(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, correct, and complete.

(Type name) Paulette Nadine White
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X *Paulette White*
Signature

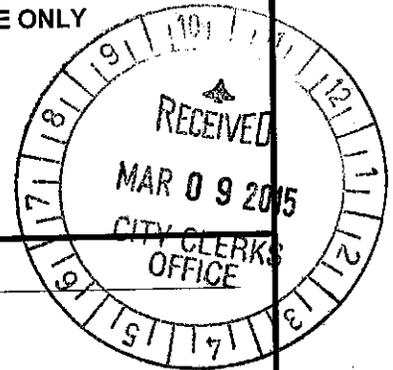
I certify that I have examined this report and it is true, correct, and complete.

(Type name) CARLINE MARIE PAUL
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X *Carline M. Paul*
Signature

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

OFFICE USE ONLY



(1) CARLINE PAUL
Name

(2) 12215 NW MIAMI COURT
Address (number and street)
NORTH MIAMI, FL 33168
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate (office sought): _____
- Political Committee CHECK IF PC HAS DISBANDED
- Committee of Continuous Existence CHECK IF CCE HAS DISBANDED
- Party Executive Committee CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
- Electioneering Communication

(5) REPORT IDENTIFIERS

Cover Period: From 02 / 01 / 15 To 02 / 28 / 15 Report Type _____

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0.00

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Total Monetary \$ 0.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

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Transfers to Office Account \$ 0.00

Total Monetary \$ 675.00

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 3,399.33

(10) TOTAL Monetary Expenditures To Date

\$ 1,175.00

(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, correct, and complete.

(Type name) Paulette Nadine White
 Individual (only for electioneering commu) Treasurer Deputy Treasurer

X [Signature]
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) CARLINE MARIE PAUL
 Candidate Chairperson (only for PC, PTY & electioneering commu/organization)

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Carline Paul

(2) I.D. Number _____

(3) Cover Period 02 / 01 / 2015 through 02 / 28 / 2015

(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
(6) Sequence Number					
02 / 23 / 15 1	Mr. Copy Printing 3683 Northwest 135th Street, Opa-locka, FL 33054		DIS		\$675.00
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