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

NOV 13 PM 2:53

officer before opening the	e campa	ign account.							OFFICE	USE	ONLY
1. CHECK APPROPRIATE Initial Filing of Form	1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Depository Party										
2. Name of Candidate (in	this order	: First, Middle, L	ast)	3	3. Addr	ress (includ	e post offic	ce box or s	treet, city,	state,	zip
Ruben A. Bravo				code)							
4. Telephone	5. E-ma	il address	9057 Abbott Avenue Surfside, FL 33154								
(305) 202-4767	Rubent	ForSurfside@	yahoo.	- 1		,					
6. Office sought (include of	district, ci	rcuit, group numl	ber)			7. If a cand	lidate for a	nonpart	san office	, chec	k if
Commissioner						applicab		is to run a	s a Write-Ir	n cand	idate.
O If a condidate for a new			d £:11								
8. If a candidate for a par	isan offi	ce, check block	and fill	ın na	ame o	of party as	applicable	e: IVIY Inte	ent is to rur	i as a	
Write-In No	Party Affi	liation						Pa	rty cand	lidate.	
9. I have appointed the fo	llowing	person to act as	s my	X	Camp	paign Treas	surer _	Deput	y Treasure	r	
10. Name of Treasurer or D	eputy Tr	easurer									
Ruben A. Bravo											
11. Mailing Address								12. Telep			
9057 Abbott Avenue						т		, ,	202-476	67	
13. City		ounty	15. Sta	ate		Zip Code	17. E-mai				
Surfside	Miam	ni-Dade	FL		3315	54	RubenF	orSurfsic	le@yaho	o.con	1
18. I have designated the	followin	g bank as my	Σ	P	Primary	y Depositor	у 🔲	Seconda	ry Deposito	ory	
19. Name of Bank				20. /	Addres	SS					
21. City		22. County				23. State			24. Zip Co	ode	
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.	Signat	ture of Cano	didate				
Nov. 13. 2023	Nov. 13. 2023 X										
27. Treasure	er's Acce	eptance of Appo	intmen	t (fill i	in the b	blanks and	check the	appropriat	e block)		
I, RUBEN A · BRI	410						, do her	eby accep	t the appoi	ntmen	t
	(Pleas	se Print or Type N	vame)								
designated above as:	X	Campaign T	reasure	r (Deputy Trea	asurer.				
NOV. 13.2023			X			112	A				
Date Signature of Campaign/Treasurer or Deputy Treasurer											

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

8

MOV 13 PM 2:53

I, Ruben A. Bravo	,					
candidate for the office of Commissioner ;						
have been provided access to read and understand the requirements of						
Chapter 106, Florida Statutes.						
X Signature of Candidate	Nov.13.2023 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).

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

NOV 13 PM 4:184

NOV 13 PM 2:53

I, Ruben A. Bravo	,			
candidate for the office of Commissioner	·			
have been provided access to read and understand the requirements of				
Chapter 106, Florida Statutes.				
X Nov.13.2023 Signature of Candidate 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)

NOTE: This form must be on file with the qualifying

NOV 13 PM 4:18 GPC

MOV 13 PM 2:53

OFFICE USE ONLY

officer before opening the	a campa	ign account.					NAME OF TAXABLE PARTY.	OFFICI	E USE	UNLI
1. CHECK APPROPRIATE Initial Filing of Form	•	S): -filing to Change:	: Tr	easurer/	Deputy	Depositor	у 🗆	Office		Party
2. Name of Candidate (in t	his order	r: First, Middle, L	ast)	3. Ad	3. Address (include post office box or street, city, state, zip					zip
Ruben A. Bravo				code)						
4. Telephone	5 F-ma	ail address		9057 Abbott Avenue Surfside, FL 33154						
		ForSurfside@	vahoo c		side, FL 33	0104				
				1	T 7 15	"dete for o		office	choo	r it
6. Office sought (include d	istrict, cii	rcuit, group numi	per)		applicat	didate for a	попрац	ISan Onice	, chec	KII
Commissioner						My intent is	to run a	s a Write-I	n cand	idate.
			1 601			, !'aabla.	Mar inte	- at in to ru		
8. If a candidate for a part	isan offi	ce, check block	and fill i	n name	of party as	applicable:	My Inc	ent is to rui	1 as a	
☐ Write-In ☐ No F	Party Affi	liation					Pa	rty can	didate.	
9. I have appointed the fo	llowing	person to act as	s my	X Ca	mpaign Trea	surer	Deput	ty Treasure	er	
10. Name of Treasurer or D	eputy Tr	easurer								
Ruben A. Bravo	ā n									
11. Mailing Address							12. Tele	phone		
9057 Abbott Avenue							(305)	202-47	67	
13. City	14. C	County	15. Stat	e 16	S. Zip Code	17. E-mail	address			
Surfside	Miam	ni-Dade	FL	33	154	RubenFo	rSurfsic	le@yaho	o.con	n
18. I have designated the	followin	g bank as my	\boxtimes	Prima	ary Deposito	ry 🔲	Seconda	ary Deposit	ory	
19. Name of Bank				20. Add						
CITY HATIONAL	BAN		1	300	71ST STR	EE				
21. City		22. County			23. State			24. Zip C		
MIAMI BEACH		MIAMI-DA	DE		FL			3314		
UNDER PENALTIES OF PERJU DESI	RY, I DECL GNATION	LARE THAT I HAVE I	READ THE POSITORY	FOREGO	ING FORM FO	R APPOINTME STATED IN IT	NT OF CA	MPAIGN TR	EASURE	ER AND
25. Date				26. Sign	nature of Can	didate				
Nov. 13. 2023	>			X	1					
27. Treasure	r's Acce	eptance of Appo	intment	(fill in the	e blanks and	check the a	ppropriat	e block)		
I, RUBEN A · BRA	tV2					, do here	by accep	ot the appo	intmen	t
"		se Print or Type N	vame)							
designated above as:	X	Campaign T	reasurer		Deputy Tre	easurer.	300			
NOV. 13.2023			X		la	A				
Date			5	Signatur	e of Campaig	gn/Treasurer	or Depu	ity Treasur	er	



9293 Harding Avenue Surfside, Fl 33154

2024 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of Candidate RUPEN A	. BRAVD		
Office Sought COMMISSION	YER		
Phone No.: 305. 202.4767	_ Cell Phone No: _3	05.202.4767	
E-Mail Address: RUBEN FORSU			
Contents		Date Received	<u>Initials</u>
1. Qualifying as a candidate:			
Appointment of Campaig Designation of Campaign		11/13/2023	RB
Nominating Petition			
Statement of Candidate			
Sworn Statement of Qual	fication		
Candidate Oath		11/13/2023	RB
Form 1 – Statement of Fin	nancial Interest (2022)	11 23	
Declaration and First Ame Volunteer Statement of F			
Qualifying Fee \$25.00			
L & A Schedule			
Proof of Residency			

& Voter Registration		
2. Important Dates to Remember	11/13/2023	RB
3. Campaign Activities Memorandum	11/13/2003	RO
Candidate's Signature	Date	



TOWN OF SURFSIDE

MUNICIPAL BUILDING 9293 HARDING AVENUE SURFSIDE, FLORIDA 33154

GENERAL ELECTION - MARCH 19, 2024

RECEIPT OF DOCUMENTS

Candidate:

RUBEN	ALEJANDRO	BRAVO
First Name	Middle Name	Last name
	COMMISSIONER	<u> </u>
	Office Sought (Mayor or Commissioner)
Phone No.:	305. 202. 4767 Fax No.	:
Cell Phone: _	305.202.4767	
E-Mail Addre	SS: RUBEN FOR SURFSIDE & YAHOO.C	OM
This is to ack	nowledge my receipt of the following documents	:
Ø	The Florida Election Code (2022) – Digi	tal Format (USB)
	Candidate and Campaign Treasurer Hand Digital Format (USB)	dbook (2022) –
	Guide to the Sunshine Amendment and O Digital Format (USB)	Code of Ethics (2023) –
	Reporting Dates Schedule (Election Date	e: March 19, 2024)
V	Campaign Activities Memorandum	
D		Data: May 12 2023
Received by:	Candidate Signature	_ Date: _NoV-13.2023



MUNICIPAL BUILDING 9293 HARDING AVENUE SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra N. McCready, MPA, MMC, Town Clerk

November 14, 2023

Ms. Michelle McClain Miami-Dade Elections Department 2700 NW 87th Avenue Miami, FL 33172

RE: VERIFICATION OF PETITION SIGNATURES – Ruben A. Bravo

Dear Ms. McClain:

Enclosed are the original petition forms for RUBEN A. BRAVO. This petition is for a candidate seeking to qualify for office in the TOWN OF SURFSIDE. The Town Charter, under section 101 requires the verification of 25 valid signatures in order for the petition to be sufficient. Please verify signatures in accordance with the Town of Surfside Charter.

RUBEN A. BRAVO: Filed intent to run for office on November 13, 2023.

Please return the original petition forms to us along with a certificate certifying the number of valid signatures.

Sincerely,

Sandra N. McCready, MPA, MMC

Town Clerk

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION PLEASE SIGN AND PRINT YOUR NAME CLEARLY

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

NOV 14 PM 1:05

TOWN	OF	SURFSIDE,	FLORIDA
------	----	-----------	----------------

We the undersigned electors of the Town of Surfside,	(Mayor or Commissioner) at an election to be held on March
for the office of COMMISSIONER 19, 2024.	(Wayor or Commissioner) at an election to be note on many
	November 2, 2022 and November 22, 2023/by 12:00pm)
This petition must be filed with the Town Clerk between	n November 3, 2023 and November 22, 2023(by 12:00pm).
Signature:	Date: D.O.B
Print Name: FOTEBAN CARDONNE	Address:
Signature: Malaul	Date: ////3/2023 D.O.B. <u>s</u>
Print Name: MARIA T CARRL	Address:
Signature: Wulla Camil	Date: 11/13/2023 D.O.B/
Print Name: Willia CARLE	Address:
Signature: Julia Gam	Date: D.O.B
Print Name:	Address:
Signature:	Date:[1/13/2023_ D.O.B
Print Name: TRICIA DIGLIOSO	Address:
Signature: Malayar	Date: 11/13/2023 D.O.B.
Print Name: MARCOS Digliodo	Address:
Signature:	Date: 1/-/3-23 D.O.B.
Print Name: BRUND FORE	Address:
Signature: West Jours	Date: 11/13/2023 D.O.B.
Print Name: Liliang Sanchex Andres	Address:
Signature:	Date: (1/13/230.O.B.
Print Name: Consider Casho 19	Address:
Signature: Mouse Dresicals	Date: <u>11 -13 - 23</u> D.O.B.
Print Name: MORM B LUCIA LEONA I	D Address:
Signature:	Date: 11/13/23 D.O.B.
Print Name: Jettrey Lomper	Address:
Signature: An Which Jenes	Date: 1113(23 D.O.B.
Print Name: Any Weisel - Zompe	Address:
Signature: Signature:	Date: 17/1/5/23 D.O.B.
Print Name: / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Address:
STATEMENT	OF CIRCULATOR
The undersigned is the circulator of the foregoing paper co	ontaining 12 signatures. Each signature appended
thereto was made in my presence and is the genuine sign	ature of the person whose name it purports to be.
Signature of Circulator:	
tudi Coo oi oilodiatoi.	5/DE, FL33154
Email address of Circulator: Ruben For Surfside @ 9	E OF NOMINATION
	100 March 100 Ma
I hereby accept the nomination of COMMISSIONER serve if elected.	
1.11	Date: NOV-13-23
Signature of Candidate:	Date. Mar Valar

**For unredacted version, please contact the Town Clerks Office

Web Version Only

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION PLEASE SIGN AND PRINT YOUR NAME CLEARLY

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 14 PM 1:05

We the undersigned electors of the Town of Surfside,	Florida, hereby nominate) at an election to be held on Ma	arch
for the office of COMMISSIONER 19, 2024.	(Mayor or commissions)	,	
This petition must be filed with the Town Clerk betwee	on November 3, 2023 and No	ovember 22, 2023(by 12:00pm).	
This petition must be filed with the Town Clerk between	III NOVEMBER 3, 2020 und Ne	voinibo: 22, 2020(2)	
Signature:	Date: 11/13/2	<u>3</u> D.O.B.	
Print Name: TABLO CONSTA	Address:		:
Signature: Win the Christon	Date:	D.O.B.	1
Print Name: Martha gaheja	Address:		
Signature: ////////////////////////////////////	Date: 11-13-2	<u>3</u> D.O.B	
Print Name: TUAN CRUZ (ACERES	Address:		
Signature: #www.dol.lo.ta	Date: 11/13/23	D.O.B	,)
Print Name: #Ernanda Matach	Address:	1-	/ -!
Signature: ASulla	Date: 11 13 123	D.O.B	
Print Name: Arone Sovalat Minaued	Address:		
Signature:	Date: 11/13/2	3_ D.O.B	
Print Name: Victoria E. Diaz	Address:		
Signature: Victor	Date: 11/13/23	D.O.B	
Print Name: Victoria Eugenia Diaz	Address:		
Signature: Effery & Todowad	Date: 1//13/2	3 D.O.B <u>/</u>	
Print Name: CHERYL E. Hodowyd	Address:		
Signature:	Date: _11/13/23	D.O.B	
Print Name: Judy Ang Martinez Katfo	Address:		
Signature:	Date: 11/13/23	D.O.B	
Print Name: EMIL KAYA TEMECIAS CALCANO	Address:	A	
Signature: Marin getsharmly	Date: 11/13/33	D.O.B	1 01
Print Name: MARINA GTRSHANOVICH	Address:	V	
Signature: yn	Date: 11/15/33	D.O.B	
Print Name: Fose Crespin	Address:		
Signature: Did levelor	Date:	3 D.O.B	0
Print Name: DRVID KARCHOV	Address:		100 m
STATEMENT	T OF CIRCULATOR		:
The undersigned is the circulator of the foregoing paper co	ontaining <u>12</u> signa	itures. Each signature appende	d
thereto was made in my presence and is the genuine sign	ature of the person whos	e name it purports to be.	
Signature of Circulator:		_	
Address of Circulator: 9057 ABBOTT ALE SUR	FSIDE, FL 33154		
Email address of Circulator: WURM TOP SOFT FAIR OF 9	rango-com		
a contract a contract	CE OF NOMINATION	(Mayor or Commissioner) and	agree to
I hereby accept the nomination of		, ,	
//:1:		Date: NOV-13-23	
Signature of Candidate:		Date.	

For unredacted version, please contact the Town Clerk's Office

Signature of Candidate:

Web Version Only

Date: Nov. 13.23

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION PLEASE SIGN AND PRINT YOUR NAME CLEARLY

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 14 PM 1:05

We the un	dersigned electors of the Town of Surfside,	Florida, here	eby nominate o	at an election to	be held on March	
19, 2024.	01/1/1/32/01/05	. ()	,			
This	petition must be filed with the Town Clerk betwee	en November 3	3, 2023 and No	vember 22, 2023(£	y 12:00pm).	
Signature:	fun aleitie	Date:	11/13/23	D.O.B		
Print Name:	IRUNE ARIZTOY BILBAD	Address:				
Signature:	47	Date:	10/ 13/2	3_ D.O.B		
Print Name:	CARILO PINO	Address:				
Signature:	U Breezo		11/13/23	3_ D.O.B		
Print Name:	MARCHANA VERONICA AGNET	₩ Address:	····	·····		
Signature:	Duren	Date:	Apr 13/23	D.O.B.		
Print Name:	MATIA BIMULI	Address:				
Signature: _	July 1	Date:	11/13/2	D.O.B.		
Print Name:	SEPASPEN ISTAIL	Address:				
Signature: _	Suloung	Date:	11 13 23	D.O.B		
Print Name:	Sol COLOM	Address:				
Signature: _		Date:	11/13/2	<u> </u>		
rint Name:	GRACIELA CANHONA	Address:				
Signature: _		Date:	11/13/2	D.O.B		
Print Name:	Volanda Gonzalez Catalina	Address:		·/·····		
Signature: _	O	Date:		D.O.B		
Print Name:		Address:				
Signature: _		Date:		D.O.B		
Print Name:		Address:				
Signature: _		Date:		D.O.B		
Print Name:		Address:				
Signature: _		Date:		D.O.B		
Print Name:		Address:				
Signature: _		Date:		D.O.B		
Print Name:		Address:				
	STATEMENT	OF CIRCUI	LATOR			
The undersign	ed is the circulator of the foregoing paper co	ontaining	? signati	ures. Each sign	ature appended	
thereto was ma	ade in my presence and is the genuine sign	ature of the p	person whose	name it purports	to be.	
0:	1116					
Signature of C	and a second of the comment	ESIDE F	1 33194	- 1		
	Address of Circulator: 9057 APPOIT ALT, SURFSIDE, FL 33194 Email address of Circulator: Rubentor Surfside Valuo com					
	ACCEPTANO		NATION			
I hereby accep serve if elected	ot the nomination of COMM SOLONER d.			Mayor or Comm	issioner) and agree to	

**For unredacted version, please contact the Town Clerks Office

Web Version Only

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION PLEASE SIGN AND PRINT YOUR NAME CLEARLY

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

MOV 14 PM 1:05

We the undersigned electors of the Town of Surfside, for the office of	Florida, hereby nominate RUSEN A B (Mayor or Commissioner) at an election to b	e held on March
This petition must be filed with the Town Clerk between		12:00pm).
Signature: Of Clarece	Date: 1/3/23 D.O.B.	
Print Name: So Fig Caceres	Address:	
Signature:	Date: 11 13 23 D.O.B	
Print Name: SYLVIO MARTINI	Address:	,
Signature:	Date: D.O.B	
Print Name:	Address:	
Signature:	Date: D.O.B	
Print Name:	Address:	
Signature:	Date: D.O.B	
Print Name:	Address:	
Signature:	Date: D.O.B	
Print Name:	Address:	
Signature:	Date: D.O.B	
Print Name:	Address:	
Signature:	Date: D.O.B	
Print Name:	Address:	
Signature:	Date: D.O.B	
Print Name:	Address:	
Signature:	Date: D.O.B	
Print Name:	Address:	
Signature:	Date: D.O.B	
Print Name:	Address:	
Signature:	Date: D.O.B	
Print Name:	Address:	
Signature:	Date: D.O.B	
Print Name:	Address:	
	OF CIRCULATOR	ire appended
The undersigned is the circulator of the foregoing paper of thereto was made in my presence and is the genuine sign	ature of the person whose name it purports t	o be.
Signature of Circulator: Address of Circulator: Q057 Apport Aug, SURE	SIDE, FL 33154	
Email address of Circulator: Rubentor Surtside @	Hanoo well	
ACCEPTANO	E OF NOMINATION	sismon) and souns to
I hereby accept the nomination of COMMISSIONER	(Mayor or Commis	sioner) and agree to
serve if elected.	110 35 0 2 0	23
Signature of Candidate:	Date: Nov. 13.	

CANDIDATE OATH NONPARTISAN OFFICE

Do not use this form if a Judicial or School Board Candidate)

Check box *only* if you are seeking to qualify as a write-in candidate:

				8
MOV	14 P	M 1:	land,	

write-in candidate:					
Write-in candidate	OFFICE USE ONLY				
	ate Oath (a), Florida Statutes)				
(Print name above as you wish it to appear on the ballot. hyphen, check box (see page 2 - Compound Last Na Although a write-in candidate's name is not printed on the b	If your last name consists of two or more names but has no ames). No change can be made after the end of qualifying. allot, the name must be printed above for oath purposes.)				
am a candidate for the nonpartisan office of	(Office) (District #)				
(Circuit #), (Group or Seat #); I am a qualified elector of	MIAMI - DADE County, Florida;				
I am qualified under the Constitution and the Laws of Florida have qualified for no other public office in the state, the term of	to hold the office to which I desire to be nominated or elected; I of which office or any part thereof runs concurrent with the office required to resign pursuant to Section 99.012, Florida Statutes;				
Candidate's Florida Voter Registration Number (located on y	our voter information card): 116469569				
Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]					
X (305) 202 4 Signature of Candidate Telephone Number	767 RubenForSurfsiele @yahoo.com Email Address				
9057 ABBOTT AUB SURF91DE Address City	FL 33154 State ZIP Code				
STATE OF FLORIDA	Signature of Notary Public				
Sworn to (or affirmed) and subscribed before me by means of online notarization OR physical presence this 14th day of Hovember, 20 23.	Print Type, or Stamp Commissioned Name of Notary Public below: EVELYN HERBELLO MY COMMISSION # HH 231468 EXPIRES: June 19, 2026				
Personally Known OR Produced Identification Type of Identification Produced: Privers License	"/14/2023				



TOWN OF SURFSIDE

MUNICIPAL BUILDING 9293 HARDING AVENUE SURFSIDE, FLORIDA 33154

GENERAL ELECTION - MARCH 19, 2024

SWORN STATEMENT OF QUALIFICATION

Pursuant to Article VI, Section 102 of the Town of Surfside Charter, this form must be submitted simultaneously with the nominating petitions and qualifying fee of \$25.00 made payable to the Town of Surfside.

STATE OF FLORIDA }					
COUNTY OF MIAMI-DADE }					
TOWN OF SURFSIDE }					
I solemnly swear (or affirm) under oath, that my name is RUBEN A. BRAVO					
that I am a Citizen of the United States, a qualified elector of Miami Dade County and the Town of					
Surfside, Florida; that my address is 9057 ABBOTT AVE, SURFSIDE, FL 33154					
my occupation is BUSINESS DEVELOPMENT DIRECTOR ; that I have been					
a resident of the Town of Surfside since; that I will be at least twenty-one (21) years of					
age by November 22, 2023 and that if elected, I will willingly serve as					
COMMISSIONER (Mayor or Commissioner) of the Town of Surfside, if elected. Nov. 14.23 Signature of Candidate Date					
Sworn to and subscribed before me this					
(Notary Seal) EVELYN HERBELLO MY COMMISSION # HH 231468 EXPIRES: June 19, 2026 PRINTED NAME OF NOTARY					

FORM 1		STATEM	IENT OF	2022		
Please print or type your name, mailing address, agency name, and position belo					FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIL		AME :				
Bravo - Ruben - Alejandro						
MAILING ADDRESS :						
9057 Abbott Ave						
					0-	
CITY:		ZIP: COUNTY:	. 1.		NOV 14 PM 1:15	
Surfside NAME OF AGENCY:	33	154 Miami-D	ade		MUV 14 PM 1.10	
Town of Surfside						
NAME OF OFFICE OR POSITION	HELD C	OR SOUGHT :	-			
Commissioner						
CHECK ONLY IF CANDIDAT	E OF	NEW EMPLOYEE OF	RAPPOINTEE			
	****	THIS SECTION MUS	ST BE COMPLETED	D ****		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS	YOUR	FINANCIAL INTERESTS FO	OR CALENDAR YEAR EN	DING DE	CEMBER 31, 2022.	
THIS STATEMENT REFEESTS	1001	THATOME INTERESTS I				
MANNER OF CALCULATING FILERS HAVE THE OPTION OF				= DOLLAE	VALUES WHICH RECUIRES	
FEWER CALCULATIONS, OR						
(see instructions for further deta						
☐ COMPARATIVE	(PERC	CENTAGE) THRESHOLDS	OR 🗹 DOLL	AR VALU	IE THRESHOLDS	
PART A PRIMARY SOURCES O (If you have nothing to	F INCOM	ME [Major sources of income to write "none" or "n/a")	the reporting person - See ins	tructions]		
			SCRIPTION OF THE SOURCE'S			
OF INCOME		6557 Hazeltine Ntl Dr	#01 Orlanda EL 229		Contractor	
Hensel Phelps						
Bravo MCC		9057 Abbott Ave, Sur	rside, FL33154	Consun	ing Services	
PART B SECONDARY SOURCE [Major customers, client (If you have nothing to	s, and o	ther sources of income to busine write "none" or "n/a")	sses owned by the reporting pe	erson - See	instructions]	
NAME OF BUSINESS ENTITY	NA	AME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
Bravo MCC	Brow	ning Construction			General Contractor	
Bravo MCC			31731 Northwestern Hwy #250W, MI48334		Contracting	
Bravo MCC		rchitects	185 NE 4th Ave #101, FL	.33483	Architects	
PART C REAL PROPERTY [Lan (If you have nothing to	d, buildir report, v	ngs owned by the reporting persowrite "none" or "n/a")	on - See instructions]	lines o	e not limited to the space on the n this form. Attach additional , if necessary.	
N/A				FILING and w	INSTRUCTIONS for when here to file this form are d at the bottom of page 2.	
				this fo	UCTIONS on who must file orm and how to fill it out on page 3.	



PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions] (If you have nothing to report, write "none" or "n/a") TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
	Hensel Phelps Construction	MIGH THE FROM ENTITIES WES			
See List Attached	Tioniber A Mespo Constitution				
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "non					
NAME OF CREDITOR	ADDRES	S OF CREDITOR			
Homepoint Financial	2211 Old Earhart Rd, Ste 250, Ann	Arbor, MI 48105			
BMW Financial Services	300 Chestnut Ridge Rd, Woodcliff	Lake, NJ 07677			
PART F — INTERESTS IN SPECIFIED BUSINESSES [(If you have nothing to report, write "none"	Ownership or positions in certain types of bus or "n/a") BUSINESS ENTITY # 1	inesses - See instructions] BUSINESS ENTITY # 2 N/A			
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY	IVA	14/2			
PRINCIPAL BUSINESS ACTIVITY					
POSITION HELD WITH ENTITY					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS					
NATURE OF MY OWNERSHIP INTEREST					
PART G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S. I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.					
IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON A SEPARATE SHE	ET, PLEASE CHECK HERE			
SIGNATURE OF FILE Signature:	If a certified public according good standing with the she must complete the I,	CPA or ATTORNEY SIGNATURE ONLY If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement: I,, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the			
Date Signed: Nov-14-2023 FILING INSTRUCTIONS:	disclosure herein is true CPA/Attorney Signature Date Signed:	e and correct.			

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. To determine what category your position falls under, see page 3 of instructions.

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.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

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 must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2022.

PART D - INTANGIBLE PERSONAL PROPERTY

TYPE OF INTANGIBLE	NUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
IRA	NORTHWESTERN MUTUAL		
CASH ON HAND	CHASE BANK		
SAVINGS	CHASE BANK		
CASH ON HAND	REGIONS		
CASH ON HAND	NAVY FEDERAL CREDIT UNION		
SAVINGS	NAVY FEDERAL CREDIT UNION		
RETIREMENT PLAN	PRUDENTIAL		



RUBEN A BRAVO CAMPAIGN ACCOUNT
RUBEN ALEJANDRO BRAVO
9057 ABBOTT AVE
SURFSIDE, FL 33154

PAY
TO THE ORDER OF Town Of Surfside
Twenty five and 100

City National Bank
Bci FINANCIAL GROUP

RUBEN A BRAVO CAMPAIGN ACCOUNT
RUBEN A LEJANDRO BRAVO
9057 ABBOTT AVE
SURFSIDE, FL 33154

DATE Nov. 14. 2023

DOLLARS

PAY
To THE ORDER OF TOWN Of Surfside

Twenty five and 100
Back ORDER

DOLLARS

RECURITY
REPLACEMENT
RECURITY
REPLACEMENT



Town of Surfside

9293 Harding Avenue Surfside, Fl 33154

2024 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of Candidate RUBEN A. BRAVD								
Office Sou	Office Sought COMMISSIONER							
Phone No.	: 305. 202.4767 Cell Phone No: 3	05.202.4767						
E-Mail Ad	Idress: RUBEN FORSURFSIDE QYAHO	00. COM						
Contents		Date Received	<u>Initials</u>					
1. Qualify	ving as a candidate:							
	Appointment of Campaign Treasurer and Designation of Campaign Depository	11/13/2023	RB					
	Nominating Petition	11/14/2023	RB					
	Statement of Candidate	11/14/2023	RM					
	Sworn Statement of Qualification	11/14/2023	RPO					
	Candidate Oath	11/13/2023	RB					
	Form 1 – Statement of Financial Interest (2022)	11/14/2023	RB					
	Declaration and First Amendment Waiver Volunteer Statement of Fair Campaign Practice		RB					
	Qualifying Fee \$25.00	11/14/2023	RB					
	L & A Schedule	H/A_						
	Proof of Residency							

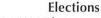
& Voter Registration

- 2. Important Dates to Remember
- 3. Campaign Activities Memorandum

1 1 1	L)
11/14/2023	RB
11/13/2023	RB
	- 0
11/13/2023	RO

Candidate's Signature

Date





2700 NW 87th Avenue Miami, Florida 33172 T 305-499-8683 F 305-499-8547

TTY: 305-499-8480

miamidade.gov

November 16, 2023

Sandra McCready, MPA, MMC Town Clerk Town of Surfside 9293 Harding Ave Surfside, FL 33154

Dear Mrs. McCready:

The Miami-Dade Elections Department has completed the verification of the petitions for Ruben A. Bravo, a candidate for the office of Commissioner for Town of Surfside. A total of 34 petitions were submitted. Per your request, we were to review petitions until a total of 25 valid petitions were met. Therefore, a total of 31 petitions were reviewed for verification; of which 25 were certified.

For purposes of signature verification, my office follows the directives given by the municipality. You are encouraged to ensure compliance with municipal charter or code requirements.

Please find the certification for the petition enclosed. Should you have any questions or concerns, please feel free to contact Michelle McClain, Deputy Supervisor of Elections for Voter Services at 305-499-8302.

Sincerely

Ohristina White

Supervisor of Elections

Enclosure (1)



2700 NW 87th Avenue Miami, Florida 33172 T 305-499-8683 F 305-499-8547 TTY: 305-499-8480

miamidade.gov

CERTIFICATION

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

I, Christina White, Supervisor of Elections of Miami-Dade County, Florida, do hereby certify that <u>25</u> signatures submitted by <u>Ruben A. Bravo</u> for the office of <u>Commissioner</u> for the <u>Town of Surfside</u> matched the signatures on the voter files.

SE STANDON OF THE STA

Christina White Supervisor of Elections WITNESS MY HAND
AND OFFICIAL SEAL,
AT MIAMI, MIAMI-DADE
COUNTY, FLORIDA,
ON THIS 16th DAY OF
NOVEMBER, 2023



MUNICIPAL BUILDING 9293 HARDING AVENUE SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra N. McCready, MPA, MMC, Town Clerk

November 20, 2023

Mr. Ruben Bravo 9057 Abbott Avenue Surfside, Fl 33154

Dear Mr. Bravo:

I am pleased to inform you that according to records on file in this office, you have qualified as a candidate for the office of the Town Commission for the Town of Surfside. Your name will be placed on the ballot for the March 19, 2024 Municipal Election.

Congratulations on your qualification and if I can assist in any way throughout the process, please feel free to contact me.

Very truly yours.

Sandra N. McCready, MPA, MMC

Town Clerk

	CAMPAIGN TREASURE	R'S REPORT SUMMARY			
(1)	Ruben A. Bravo	OFFICE USE ONLY			
` '	Name				
(2)	9057 Abbott Ave	JAN 8 AM10:22			
	Address (number and street) Surfside, FL 33154	OTH GHMIU-ZZ			
	City, State, Zip Code	Smc			
	Check here if address has changed	(3) ID Number:			
(4)	Check appropriate box(es):				
	□ Candidate Office Sought: □ 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			
Cov	rer Period: From 10 / 01 /2023 To	12 /31 2023 Report Type: 2023Q4			
Ø	Original Amendment Spe	ecial Election Report			
(6)	Contributions This Report	(7) Expenditures This Report			
Cas	sh & Checks \$, ,	Monetary Expenditures \$, , 5 .00			
Loa	s,, <u>100</u> .00	Transfers to Office Account \$, , ,			
Tota	al Monetary \$, ,	Total Monetary \$, ,			
In-K	íind \$,,				
		(8) Other Distributions \$, ,			
(9)	TOTAL Monetary Contributions To Date \$, ,100 . 00	(10) TOTAL Monetary Expenditures To Date \$, , 25 . 00			
(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)					
	certify that I have examined this report and it is true, corr				
(Type name) Ruben A. Bravo	(Type name) Ruben A. Bravo			
[Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	☐ Chairperson (only for PC and PTY)			
-		X			
	Signature	Signature			

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Ruben A. Bravo (2) I.D. Number						1:22 Sme	
(3) Cover Period 10 1 01 1 2023 through 12 1 31 1 23 (4) Page 1 of 1							
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Contributor Type Occupation		Contribution Type	In-kind Description	Amendment	Amount
001	Ruben A.Bravo 9057 Abbott Ave Surfsido, FL 33151	1	BD Directo	LOA			\$100.
1 1							
1 1							
1 1							
1 1							
1 1							
1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

JAN 8 AM 10:22 SMC

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name Ruben A Bravo (2) I.D. Number						
(3) Cover Period 10 / 01 / 2023 through 12 / 31 / 2023 (4) Page 1 of 1						
(5) Date (6) Sequence Number	(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)	(11)	
11/14/23 001.	Town of Surfside 9293 Harding Ave Surfside, FL 3/3/54	avalifying fee	check		\$29.	
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					H, 1944, 184	

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES SUMMARY



	OFFICE USE ONLY			
Name RUBEN A. IDRAVO				
I.D. Number				
Address (number and street) 9057 ACCOTT AVE	JAN 8 AM10:22			
City, State, Zip Code SURFSIDE, FL 33154	Gmo			
☐ CHECK IF ADDRESS HAS CHANGED				
Candidate for:				
□ Mayor □ Commissioner, District				
REPORT IDE	NTIFIERS			
Report Name 2023 Q4 Cover Period	OCT. 0[.23 through DCC.31.23			
Report Type				
	ICATION			
I certify that I have examined this report and it is true, correct, and complete.	I certify that I have examined this report and it is true, correct, and complete.			
RUBEN A. BRAVO	RUBEN A BRAVO			
(Type name) Treasurer Deputy Treasurer	(Type name)			
X	x			
Signature	Signature			

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



This report must be filed by applicable candidates running for Town of Surfside Mayor or Town Commissioner.

(1) Name	RUBEN A. BRAVO			JAN 8 am 10 (2) I.D. Number	1:22 SMO
(3) Report	Name 2023 Q4	(4) Cover Period	10/01/23	through 12/3	31/23
	Type Original Amendment	(6) Page)	of	,
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	Name of Organ (if not directly	(10) ization Employed By hired by campaign)	(11) Amendment Type
			, a		
		HA			

	CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1)	Ruben A. Bravo	OFFICE USE ONLY
. ,	Name	TOWN OF SURFSIDE
(2)	9057 Abbott Ave	JAN19 '24 9:59AM
	Address (number and street) Surfside, FL 33154	pk
	City, State, Zip Code	
	Check here if address has changed	(3) ID Number:
(4)	Check appropriate box(es):	
	✓ Candidate Office Sought: ☐ 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
Cov	er Period: From 01 / 01 / 2024 To	01 / 12 / 2024 Report Type: 202460 DP
✓ C	Original Amendment Spe	ecial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
Cas	h & Checks \$, , 0 . 00	Monetary
Loai	s , , , 0 . <u>00</u>	Transfers to Office Account \$, , 0 . 00
Tota	al Monetary \$, , 0 . 00	Total Monetary \$, 0 . 00
In-K	ind \$,, 0.00	
		(8) Other Distributions \$, , 0 . 00
(9)	TOTAL Monetary Contributions To Date \$,,	(10) TOTAL Monetary Expenditures To Date
1	It is a first degree misdemeanor for any pers	tification son to falsify a public record (ss. 839.13, F.S.)
	certify that I have examined this report and it is true, corr	Pubon A Pravo
~	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	(Type name) GUDETTA. Bravo ☐ Chairperson (only for PC and PTY) X
S	ignature	Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	A. BRAVO			(2)	I.D. Number	0WN OF SUI J <u>AN19 '24</u>	RESIDE 9:598M
(3) Cover Period	01 / 01 / 2024	throu	gh /	/	_ (4) Page		of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence	Street Address &	1	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
1							
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

TOWN OF SURFSIDE JAN19 '24 9:59AM

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name RUBEN A. BR.	AVO		(2) I.D. Number					
(3) Cover Period 01	/ 01	12024	through 01	1	1 2024	(4) Page 01	of 01	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
/ *					
//					
/ /					
/ /		M/4			
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES SUMMARY



Name	OFFICE USE ONLY
RUBEN A. BRAVO	
I.D. Number	
Address (number and street) 9057 ABBOTT AVE	
City, State, Zip Code SURFSIDE, FL 33154	
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
□ Mayor	
☐ Mayor	
Commissioner, District SURFSIDE	_
☐ Property Appraiser	
☐ Clerk of the Circuit Courts	
Community Council, Area, Su	b-Area
REPORT IDE	NTIFIERS
Report Name 2024 60 DP Cover Period	d 01/01/24 through 01/12/24
Report Type	
CERTIF	ICATION
	son 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.	I certify that I have examined this report and it is true, correct, and complete.
RUBEN A. BRAVO	RUBEN A. BRAVO
(Type name) Treasurer Deputy Treasurer	(Type name)
x	x
Signature	Signature

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



This report must be filed by applicable candidates running for Town of Surfside Mayor or Town Commissioner.

(1) Name	RUBEN A. BRAVO		(2	2) I.D. Number	ph
(3) Report	Name 2024 60 DP	(4) Cover Period	01/01/29	TOWN OF SUR _ through	FSIDE FIN
(5) Report	Type 🛛 Original 🗖 Amendment	(6) Page	1	_ of	
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10 Name of Organizati (if not directly hire	ion Employed By	(11) Amendment Type
		N/A			
		$\overline{}$			

	CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1)	Ruben A. Bravo	OFFICE USE ONLY
	Name	TOWN OF SURFSIDE
(2)	9057 Abbott Ave	
	Address (number and street) Surfside, FL 33154	FEB2 '24 9:03RM
	City, State, Zip Code	PF
	Check here if address has changed	(3) ID Number:
(4)	Check appropriate box(es):	
	☑ Candidate Office Sought:	
	Political Committee (PC)	7 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐	☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded
	Independent Expenditure (IE) (also covers an	Check here if no other IE or EC reports will be filed
	individual making electioneering communications)	
	(5) Report	Identifiers
Cov	er Period: From 01 / 13 / 2024 To	01 / 26 / 2024 Report Type: 2024B1
VO	original Amendment Spe	cial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
		Monetary
Cas	h & Checks \$, , 0 . <u>00</u>	Expenditures \$, , _0 . 00
Loai	\$ 0.00	Transfers to
LUai	,,	Office Account \$, , 0 . 00
Tota	l Monetary \$, , 0.00	
		Total Monetary \$, , 0 . 00
In-K	ind \$, , 0 . <u>00</u>	
		(8) Other Distributions
		\$,, 0 . 00
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
	\$, , _100 00	\$
	(11) Con	tification
		on to falsify a public record (ss. 839.13, F.S.)
1	certify that I have examined this report and it is true, corr	ect, and complete:
а	_{ype name)} Ruben A. Bravo	(Type name) Ruben A. Bravo
V	Individual (only for Treasurer Deputy Treasurer	☑ Candidate ☐ Chairperson (only for PC and PTY)
OI	electioneering comm.)	
Х		X
-	ignature	Signature

TOWN OF SURFSIDE

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	A. BRAVO	and the second s	(2)	I.D. Number	FEB2 '24 '	9:04AM AT
(3) Cover Period	01 / 13 / 2024	through /	26 / 2024	(4) Page		of
(5)	(7)	(8)	(9)	(10)	(11)	(12)
Date (6)	Full Name (Last, Suffix, First, Middle)					
Sequence Number	Street Address & City, State, Zip Code	Contributor Type Occupation	Contribution Type	In-kind Description	Amendment	Amount
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name RUBEN	A. BRAVO		1111					(2) I.D. No	umber	PESZ 24 S	RIDAHM DX
(3) Cover Perio	d/	13	/2024	_through	01	/ 26	/ 2024	(4) Page	01	of	
7-3	Ι		(7)				(8)	(9	· T	(10)	(11)

(5)	(7)	(8)	(9)	(10)	(11)
(5) Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
Number					
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES SUMMARY



	OFFICE USE ONLY
Name	
RUBEN A. BRAVO	
I.D. Number	
Address (number and street) 9057 ABBOTT AVE	TOWN OF SURFSIDE
City, State, Zip Code SURFSIDE, FL 33154	FEB2 '24 9:04AM
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
☐ Mayor	
☑ Commissioner, District SURFSIDE	
☐ Property Appraiser	_
☐ Clerk of the Circuit Courts	
The state of the s	h Aven
☐ Community Council, Area, Su	D-Area
REPORT IDE	NTIFIERS
Report Name 2024B1 Cover Period	01/13/2024 through 01/26/2024
Report Type Original Amendment	
CERTIF	ICATION
It is a first degree misdemeanor for any pers	son 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.	I certify that I have examined this report and it is true, correct, and complete.
RUBEN A. BRAVO	RUBEN A. BRAVO
(Type name) Treasurer Deputy Treasurer	(Type name) 🛛 Candidate
X	X
Signature //	Signature

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



This report must be filed by applicable candidates running for Town of Surfside Mayor or Town Commissioner.

(1) Name	RUBEN A. BRA	AVO			(2) I.D. Number	
(3) Report	Name 2024B1		(4) Cover Period	01/13/2024	through <u>01/</u>	26/2024
(5) Report	Type Driginal	☐ Amendment	(6) Page0	1	of01	
(7) Row Number	(8 Full N (Last, Suffix, F	ame	(9) Employed By	(1 Name of Organiza (if not directly hi	l0) ation Employed l red by campaign	(11) By Amendment Type
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
					TOWN OF S	URFSIDE 4 3:04AM
						PK
			1			
				7		
					w	

CAMPAIGN TREASURER'S REPORT SUMMARY					
(1) Ruben A. Bravo OFFICE USE OF	NLY				
Name	OF SURFSIDE				
Address (number and street)					
Surfside, FL 33154	B16 '24 3:48PM				
City, State, Zip Code	anc				
Check here if address has changed (3) ID Number:					
(4) Check appropriate box(es):					
 ✓ Candidate Office Sought: ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reposite 					
(5) Report Identifiers					
Cover Period: From / _27 / _2024 To / _09 / _2024 Report T	Гуре: 2024В2				
Original Amendment Special Election Report					
(6) Contributions This Report (7) Expenditures This Report					
Cash & Checks \$, , 00 . 00 Monetary Expenditures \$, ,	0000				
Loans \$,, 00 . 00 Transfers to Office Account \$,	, 00. 00				
Total Monetary \$,, 00 . 00 Total Monetary \$,	00 00				
In-Kind \$,, 00. 00	·				
(8) Other Distributions	2 00				
\$	0. 00				
(9) TOTAL Monetary Contributions To Date \$, , 100 . 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) Ruben A. Bravo				
☑ Individual (only for IE or electioneering comm.) ☐ Treasurer ☐ Deputy Treasurer ☐ Chairperson (or electioneering comm.)	only for PC and PTY)				
X Signature X Signature					

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

FEB16 '24 3#48PM

(1) Name			(2) I.D. Number					
(3) Cover Period	01	through	n / _	09 / 2024	(4) Page	1	of	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)	
Sequence Number	Street Address & City, State, Zip Code		tributor Occupation	Contribution Type	In-kind Description	Amendment	Amount	
1 1								
, ,								
1 1								
3-20			1/4					
1 1			MA.					
1 1								
1 1								
1 1								
	L				AND CODE VAL			

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

) Name Ruben A			2) I.D. Number		
Cover Period	01 / 27 / 2024 through 02	<u></u>	1) Page	of _	
(5) Date (6) Sequence Number	(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)	(11)
X					
//					
/ /					
//		H/A			
//					
//					
//					
//					

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES SUMMARY



Name RUBEN A. BRAVO	OFFICE USE ONLY
I.D. Number	TOWN OF SURFSIDE FEB16 '24 3:48PM
Address (number and street) 9057 ABBOTT AVE	Smc
City, State, Zip Code SURFSIDE, FL 33154	
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
☐ Mayor ☐ Commissioner, District SURFSIDE	
☐ Property Appraiser	
☐ Clerk of the Circuit Courts	
☐ Community Council, Area, Su	ıb-Area
REPORT IDE	NTIFIERS
Report Name Cover Period	d01/27/2024 through02/09/2024
Report Type Original	
	CATION COLUMN TO THE COLUMN TH
It is a first degree misdemeanor for any personal little certify that I have examined this report and it is true, correct, and complete.	I certify that I have examined this report and it is true, correct, and complete.
RUBEN A. BRAVO	RUBEN A. BRAVO
(Type name) 🛛 Treasurer 🔲 Deputy Treasurer	(Type name)
X	x
Signature	Signature

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



This report must be filed by applicable candidates running for Town of Surfside Mayor or Town Commissioner.

(1) Name	RUBEN A. BRAVO			FEB16 '24 3:48PM (2) I.D. Number		
(3) Report	Name2024B2	(4) Cover Period	01/27/2024	through _02/09/	2024	
(5) Report Type		(6) Page	of			
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	Name of Organ	(10) ization Employed By hired by campaign)	(11) Amendment Type	
		H/A				
3						

OATH OF WITHDRAWAL

Date:Feb.21.24		
I, Ruben A. Bravo	, have filed as	a candidate for the
office of Commissioner, Surfside		
I wish to withdraw my name as a candidate for this office and I w qualification papers. Signature of Candidate 9057 Abbott Ave	ill not accept the of	fice for which I filed
Address		00154
Surfside	FL State	33154 Zip
City	State	Zip
Sworn to (or affirmed) and subscribed before me by physical Online presence this all day of February, 2024 Signature of Officer Administering the Oath or Notary Public SANDRA MCCREADY MY COMMISSION # HH 350567 EXPIRES: May 4, 2027 Print, Type or Stamp Commissioned Name of Notary Public	VI.	
Personally Known or Produced Identification		
Type of Identification Produced		
Candidate Withdrawal	Policy	
The deadline for any candidate to withdraw is the end of quareturned to the candidate unless the candidate withdraws his their qualifying period.	alifying. No quali	fying fee shall be before the end of
(Reference: Florida Statutes 99.092)		