

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

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

(PLEASE PRINT OR TYPE)

TOWN OF SURFSIDE

NOV13 '23 11:03AM

SMC

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)

Ruben Antonio Coto

3. Address (include post office box or street, city, state, zip code)

*8867 Byron Ave
Surfside, FL 33154*

4. Telephone

(786) 229-7634

5. E-mail address

RCoto@aol.com

6. Office sought (include district, circuit, group number)

Commissioner

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 Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Ruben Coto

11. Mailing Address

8867 Byron Ave

12. Telephone

(786) 229-7634

13. City

Surfside

14. County

Miami Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

RCoto@aol.com

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

19. Name of Bank

20. Address

21. City

22. County

23. State

24. Zip Code

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

11-13-2023

26. Signature of Candidate

Ruben Coto

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

I, *Ruben Antonio Coto*, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

11-13-2023

Date

Ruben Coto
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

TOWN OF SURFSIDE

NOV13 '23 11:03AM

SMC

I, Ruben Coto,

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

11-13-2023

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).

NOV 13 PM 2:28 SMC

TOWN OF SURFSIDE

NOV13 '23 11:03AM SMC

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)

Ruben Antonio Coto

3. Address (include post office box or street, city, state, zip code)

8867 Byron Ave
Surfside, FL 33154

4. Telephone

(786) 229-7634

5. E-mail address

RCoto@aol.com

6. Office sought (include district, circuit, group number)

Commissioner

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

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10. Name of Treasurer or Deputy Treasurer

Ruben Coto

11. Mailing Address

8867 Byron Ave

12. Telephone

(786) 229-7634

13. City

Surfside

14. County

Miami Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

RCoto@aol.com

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

19. Name of Bank

City National Bank

20. Address

300 71ST ST

21. City

Miami Beach

22. County

Miami Dade

23. State

FL

24. Zip Code

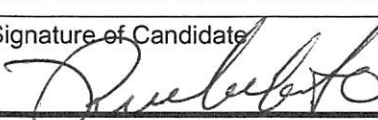
33141

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

11-13-2023

26. Signature of Candidate



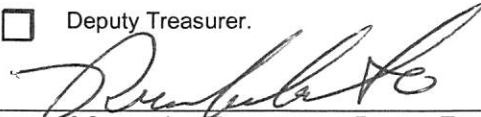
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Ruben Antonio Coto, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

11-13-2023

Date


Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

NOV 13 PM 2:28

TOWN OF SURFSIDE

NOV 13 '23 11:03AM

I, Ruben Coto,

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

11-13-2023
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).



TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 19, 2024

RECEIPT OF DOCUMENTS

Candidate:

Ruben

Coto

First Name

Middle Name

Last name

COMMISSIONER

Office Sought (Mayor or Commissioner)

Phone No.:

786-229-7634

Fax No.:

Cell Phone:

786-229-7634

E-Mail Address:

RCOTO@AOL.COM

This is to acknowledge my receipt of the following documents:

- The Florida Election Code (2022) – Digital Format (USB)
- Candidate and Campaign Treasurer Handbook (2022) – Digital Format (USB)
- Guide to the Sunshine Amendment and Code of Ethics (2023) – Digital Format (USB)
- Reporting Dates Schedule (Election Date: March 19, 2024)
- Campaign Activities Memorandum

Received by:

[Signature]
Candidate Signature

Date:

11-13-2023



Town of Surfside

9293 Harding Avenue
Surfside, FL 33154

2024 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of Candidate Ruben Coto
Office Sought Commissioner
Phone No.: 786-229-7634 Cell Phone No: 786-229-7634
E-Mail Address: rcoto@aol.com

<u>Contents</u>	<u>Date Received</u>	<u>Initials</u>
1. Qualifying as a candidate:		
Appointment of Campaign Treasurer and Designation of Campaign Depository	<u>11/13/2023</u>	<u>RC</u>
Nominating Petition	<u> </u>	<u> </u>
Statement of Candidate	<u> </u>	<u> </u>
Sworn Statement of Qualification	<u> </u>	<u> </u>
Candidate Oath	<u>11/13/2023</u>	<u>RC</u>
Form 1 – Statement of Financial Interest (2022)	<u> </u>	<u> </u>
Declaration and First Amendment Waiver Volunteer Statement of Fair Campaign Practice	<u> </u>	<u> </u>
Qualifying Fee \$25.00	<u> </u>	<u> </u>
L & A Schedule	<u> </u>	<u> </u>
Proof of Residency		

& Voter Registration

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

<hr/>	<hr/>
11/13/2023	AB
<hr/>	<hr/>
11/13/2023	AB

Candidate's Signature

Date

& Voter Registration

2. Important Dates to Remember
3. Campaign Activities Memorandum

11/17/2023

RE

11/13/2023

RE

11/13/2023

RE



Candidate's Signature

11-17-23 .

Date

**DECLARATION AND FIRST AMENDMENT WAIVER
FOR CANDIDATES WHO AGREE TO COMPLY WITH
THE VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES**

VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES

As a candidate for public office in Miami-Dade County, I believe that political issues can be freely debated without appealing to racial, ethnic, religious, sexual, or other prejudices. I recognize that such negative appeals serve only to divide this community and create long-term moral, social, and economic problems. Therefore,

1. I shall not make my race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
2. I shall not make my opponent's race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
3. I will condemn any appeal to prejudice based on race, creed, national origin, religion, gender, physical disability, or sexual orientation.
4. I shall not, without just cause, attack or question my opponent's patriotism.
5. I shall not publish, display, or circulate any anonymous campaign literature or political advertisement.
6. I shall not tolerate my supporters engaging in these activities that I condemn, nor shall I accept their continued support if they engage in such activities. I will not permit any member of my campaign organization to engage in these activities and will immediately and publicly repudiate the support of any other individual or group that resorts to the methods and tactics I condemn.
7. I shall run a positive campaign emphasizing my qualifications for office and positions on issues of public concern.
8. I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions.
9. I will neither use nor permit the use of malicious untruths or innuendoes about an opponent's personal life, nor will I make or condone unfounded accusations discrediting that person's credibility.
10. I will take personal responsibility for approving or disavowing the substance of attacks on my opponent that may come from third parties supporting my candidacy.
11. I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

BY SIGNING THIS DECLARATION AND FIRST AMENDMENT WAIVER, I AGREE TO

- **ABIDE BY THE VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES,**
- **SUBMIT TO THE COMPULSORY JURISDICTION OF THE ETHICS COMMISSION, AND**
- **WAIVE MY FIRST AMENDMENT RIGHTS.**

I, Ruben Antonio Coto, a candidate for the office of
please print your name
Commissioner in Town of Surfside,
elective office sought county, municipality, or other jurisdiction

agree to abide by the *voluntary* Statement of Fair Campaign Practices as provided in Section 2-11.1.1(D)(1) of the Code of Miami-Dade County, Florida, and to recognize as compulsory the jurisdiction of the Ethics Commission. I further agree that the Ethics Commission will have the authority to decide whether I have violated the *voluntary* Statement of Fair Campaign Practices and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any, which may include an admonition or public reprimand. I recognize that I have the right before signing this DECLARATION AND FIRST AMENDMENT WAIVER to consult my own legal counsel and to request and receive from the Ethics Commission an advisory opinion as to whether my planned campaign activities are likely to violate the *voluntary* Statement of Fair Campaign Practices. I also recognize that after signing this agreement, I will continue to have the right to request and receive from the Ethics Commission an advisory opinion regarding any future campaign activities that I may be considering. I hereby proclaim (1) that my agreement to abide by the Statement of Fair Campaign Practices is *voluntary*, knowing, and intelligent; (2) that I have not been forced, pressured, or otherwise coerced into making this agreement; and (3) that I am aware of the *voluntary* nature of this agreement. I recognize that there is no penalty for refusing to agree to abide by the *voluntary* Statement of Fair Campaign Practices. I also recognize that in signing this agreement, I will be forfeiting rights to which I would otherwise be entitled under the First Amendment to the U.S. Constitution and Article I, Section 4, of the Constitution of the State of Florida. Once the DECLARATION AND FIRST AMENDMENT WAIVER is signed, it is deemed irrevocable for the duration of the campaign.

x 
Signature

11/17/2023
Date

**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:

Write-in candidate

NOV 17 PM 1:55 *SME*

OFFICE USE ONLY

Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, Ruben Antonio Coto,

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box (see page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of Commissioner, _____, _____,
(Office) (District #)

_____ ; I am a qualified elector of Miami Dade County, Florida;
(Circuit #) (Group or Seat #)

I am qualified under the Constitution and the Laws of Florida 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; and 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.

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

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 *[Signature]* 086) 229-7634 RCoto@Aol.com
Signature of Candidate Telephone Number Email Address

8867 Byron Ave Surfside FL 33154
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence
this _____ day of _____, 20____.

Personally Known OR Produced Identification

Type of Identification Produced: License

[Signature]

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:





NOV 17 PM 1:55 SMC

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 Antonio Coto

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 8867 Byron Ave Surfside, FL 33154

my occupation is Insurance Broker, Sales; that I have been a resident of the Town of Surfside since 1989; 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.

[Signature]
Signature of Candidate

11/17/2023
Date

Sworn to and subscribed before me this 17th day of November, 2023.



[Signature]
NOTARY PUBLIC
Sandra M. McCreedy
PRINTED NAME OF NOTARY

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2022

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Coto Ruben Antonio

MAILING ADDRESS :

8867 Byron Ave

Surfside Re 33154 Miami Dade

CITY : ZIP : COUNTY :

Town of Surfside.

NAME OF AGENCY :

Commissioner

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

NOV 17 PM 2:01 SMC

**** THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2022.

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE 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). CHECK THE ONE YOU ARE USING (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] (If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Coto Industries LLC	1555 NE 123 rd ST N. Miami FL 33161	Insurance Sales

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

8867 Byron Ave Surfside, FL 33154

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

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.

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
CD, Stock, IRA	TRUST, Charles Schwab, National Life

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Loan Depot Mortgage	Irvine, California

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

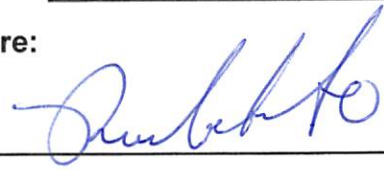
NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	Global Spine Dist LLC	
ADDRESS OF BUSINESS ENTITY	1555 NE 123 ST N-Miami 33161	
PRINCIPAL BUSINESS ACTIVITY	Medical equipment sales	
POSITION HELD WITH ENTITY	Principal/Owner	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100%	
NATURE OF 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 SHEET, PLEASE CHECK HERE

SIGNATURE OF FILER:

Signature: 

Date Signed: 11/17/2023

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 disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

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.

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

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Ruben Coto
for the office of Commissioner (Mayor or Commissioner) at an election to be held on March
19, 2024. NOV 17 PM 1:42

This petition must be filed with the Town Clerk between November 3, 2023 and November 22, 2023 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Jalil Thubel</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Inone Ariztay</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>EVA KAMAN</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>ANTHONY BERT</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>ELIANA R. SALZHAUER</u>	Address: <u>[Redacted]</u>
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: _____

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 5 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]
Address of Circulator: 8867 Byron Ave Surfside, FL 33154
Email address of Circulator: RCoto @ AOL.COM

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Commissioner (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: [Signature] Date: 11-17-23

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

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Ruben Coto
for the office of Commissioner (Mayor or Commissioner) at an election to be held on March
19, 2024.

NOV 17 PM 1:42

This petition must be filed with the Town Clerk between November 3, 2023 and November 22, 2023 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B.
Print Name: <u>Rose Andersen</u>	Address: [Redacted]
Signature: <u>[Signature]</u>	Date: <u>11/15/23</u> D.O.B.
Print Name: <u>HOWARD RENNERT</u>	Address: [Redacted]
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B.
Print Name: <u>Gerardo Vildostegui</u>	Address: [Redacted]
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B.
Print Name: <u>Loirena O'Malley</u>	Address: [Redacted]
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B.
Print Name: <u>Caridad y Izquierdo</u>	Address: [Redacted]
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B.
Print Name: <u>PAUL O'MALLEY</u>	Address: [Redacted]
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B.
Print Name: <u>Madeire P. Noble</u>	Address: [Redacted]
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B.
Print Name: <u>Maria P. Noble</u>	Address: [Redacted]
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B.
Print Name: <u>Phyllis Shemis</u>	Address: [Redacted]
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B.
Print Name: <u>CARLO PINO</u>	Address: [Redacted]
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B.
Print Name: <u>ANDREA TRAVANI</u>	Address: [Redacted]
Signature: <u>[Signature]</u>	Date: <u>11/16/2023</u> D.O.B.
Print Name: <u>Jennifer Hill</u>	Address: [Redacted]
Signature: <u>[Signature]</u>	Date: <u>11/16/2023</u> D.O.B.
Print Name: <u>Judy Martinez</u>	Address: [Redacted]

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 13 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]
Address of Circulator: 8867 Byron Ave Surfside FL 33154
Email address of Circulator: RCOTO@AOL.COM

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Commissioner (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: [Signature] Date: 11-17-23

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

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Roben Coto
for the office of Commissioner (Mayor or Commissioner) at an election to be held on March
19, 2024.

NOV 17 PM 1:42

This petition must be filed with the Town Clerk between November 3, 2023 and November 22, 2023 (by 12:00pm).

Signature: <u>Edilia L Jimenez</u>	Date: <u>11-14-2023</u> D.O.B. [REDACTED]
Print Name: <u>EDILIA L. JIMENEZ</u>	Address: [REDACTED]
Signature: <u>Zenaida Becerra</u>	Date: <u>11-14-2023</u> D.O.B. [REDACTED]
Print Name: <u>ZENaida BECERRA</u>	Address: [REDACTED]
Signature: <u>Ligia Marie R. Reyes</u>	Date: <u>11-14-2023</u> D.O.B. [REDACTED]
Print Name: <u>LIGIA MARIE R. REYES</u>	Address: [REDACTED]
Signature: <u>Rafael David</u>	Date: <u>Nov 14 2023</u> D.O.B. [REDACTED]
Print Name: <u>Rafael David</u>	Address: [REDACTED]
Signature: <u>Andrew Vergara</u>	Date: <u>11-15-2023</u> D.O.B. [REDACTED]
Print Name: <u>Andrew Vergara</u>	Address: [REDACTED]
Signature: <u>Cecilia M. Escobar</u>	Date: <u>11-15-2023</u> D.O.B. [REDACTED]
Print Name: <u>Cecilia Escobar</u>	Address: [REDACTED]
Signature: <u>Frank V. McBride Jr</u>	Date: <u>11-16-23</u> D.O.B. [REDACTED]
Print Name: <u>Frank V. McBride Jr</u>	Address: [REDACTED]
Signature: <u>Rocio Alvarez</u>	Date: <u>11-15-23</u> D.O.B. [REDACTED]
Print Name: <u>Rocio Alvarez</u>	Address: [REDACTED]
Signature: <u>Maria Mercedes Villalba</u>	Date: <u>11/16/23</u> D.O.B. [REDACTED]
Print Name: <u>MARIA MERCEDES VILLALBA</u>	Address: [REDACTED]
Signature: <u>Cindy Fiteles</u>	Date: <u>11/16/23</u> D.O.B. [REDACTED]
Print Name: <u>Cindy Fiteles</u>	Address: [REDACTED]
Signature: <u>Tody Martinez</u>	Date: <u>11/16/23</u> D.O.B. [REDACTED]
Print Name: <u>Tody Martinez</u>	Address: [REDACTED]
Signature: <u>Maria Isabel Carr</u>	Date: <u>11/16/23</u> D.O.B. [REDACTED]
Print Name: <u>MARIA ISABEL CARR</u>	Address: [REDACTED]
Signature: <u>Paul Baldorf</u>	Date: <u>11/16/2023</u> D.O.B. [REDACTED]
Print Name: <u>Paul Baldorf</u>	Address: [REDACTED]

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 12 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: Dumberto
Address of Circulator: 8867 Byron Ave
Email address of Circulator: RCOTO @ AOL.COM

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Commissioner (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: Dumberto Date: 11-17-23

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

We the undersigned electors of the Town of Surfside, Florida, hereby nominate RUBEN COTO
for the office of COMMISSIONER (Mayor or Commissioner) at an election to be held on March
19, 2024.

This petition must be filed with the Town Clerk between November 3, 2023 and November 22, 2023 (by 12:00pm).

NOV 17 PM 1:42

Signature: <u>Luisa M Ramos</u>	Date: <u>11/15/23</u> D.O.B. [REDACTED]
Print Name: <u>LUISA M. RAMOS</u>	Address: [REDACTED]
Signature: <u>Raul Ramos</u>	Date: <u>11/15/23</u> D.O.B. [REDACTED]
Print Name: <u>RAUL RAMOS</u>	Address: [REDACTED]
Signature: <u>Maria R Benitez</u>	Date: <u>11/16/23</u> D.O.B. [REDACTED]
Print Name: <u>maria R Benitez</u>	Address: [REDACTED]
Signature: <u>Marisabel Weller</u>	Date: <u>11/16/23</u> D.O.B. [REDACTED]
Print Name: <u>Marisabel Weller</u>	Address: [REDACTED]
Signature: <u>Nevenka Matorcelic</u>	Date: <u>11-16-23</u> D.O.B. [REDACTED]
Print Name: <u>NEVENKA MATORCELIC</u>	Address: [REDACTED]
Signature: <u>Marco Waver</u>	Date: <u>11-16-23</u> D.O.B. [REDACTED]
Print Name: <u>MARCO WAVER</u>	Address: [REDACTED]
Signature: <u>Cynthia Callaway</u>	Date: <u>11/16/23</u> D.O.B. [REDACTED]
Print Name: <u>Cynthia Callaway</u>	Address: [REDACTED]
Signature: <u>Randi F. MacBride</u>	Date: <u>11/16/2023</u> D.O.B. [REDACTED]
Print Name: <u>RANDI F. MACBRIDE</u>	Address: [REDACTED]
Signature: <u>Andie Schloff Miranda</u>	Date: <u>11/16/2023</u> D.O.B. [REDACTED]
Print Name: <u>ANDIE SCHLOFF MIRANDA</u>	Address: [REDACTED]
Signature: <u>Darrell Arnold</u>	Date: <u>04-26-65</u> D.O.B. [REDACTED]
Print Name: <u>Darrell Arnold</u>	Address: [REDACTED]
Signature: <u>Darrell Arnold</u>	Date: <u>11/16/23</u> D.O.B. [REDACTED]
Print Name: <u>Darrell Arnold</u>	Address: [REDACTED]
Signature: <u>Saray Jacobs</u>	Date: <u>11-16-23</u> D.O.B. [REDACTED]
Print Name: <u>Saray Jacobs</u>	Address: [REDACTED]
Signature: <u>Cindy Fitelson</u>	Date: <u>11/16/23</u> D.O.B. [REDACTED]
Print Name: <u>Cindy Fitelson</u>	Address: [REDACTED]

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 17 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]
Address of Circulator: 3867 Byron Ave Surfside, FL 33154
Email address of Circulator: RCoto@aol.com

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Commissioner (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: [Signature] Date: 11-17-23

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 17 PM 1:42

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Ruben Coto
for the office of Commissioner (Mayor or Commissioner) at an election to be held on March
19, 2024.

This petition must be filed with the Town Clerk between November 3, 2023 and November 22, 2023 (by 12:00pm).

Signature: <u>Barbara Wall</u>	Date: <u>11-13-23</u> D.O.B. [REDACTED]
Print Name: <u>Barbara Wall</u>	Address: [REDACTED]
Signature: <u>ARHLENE AYACIN</u>	Date: <u>11/13/23</u> D.O.B. [REDACTED]
Print Name: <u>ARHLENE AYACIN</u>	Address: [REDACTED]
Signature: <u>Tina Paul</u>	Date: <u>11-13-23</u> D.O.B. [REDACTED]
Print Name: <u>Tina Paul</u>	Address: [REDACTED]
Signature: <u>TODOS CRUZ CACERES</u>	Date: <u>11.13.23</u> D.O.B. [REDACTED]
Print Name: <u>TODOS CRUZ CACERES</u>	Address: [REDACTED]
Signature: <u>Fernanda Matach</u>	Date: <u>11/13/23</u> D.O.B. [REDACTED]
Print Name: <u>Fernanda Matach</u>	Address: [REDACTED]
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: _____

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 5 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: Rubén Coto
Address of Circulator: 8867 Byron Ave Surfside FL 33154
Email address of Circulator: RCOTO@AOL.COM

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Commissioner (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: Rubén Coto Date: 11-17-23

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 17 PM 1:42

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Roben Co'
for the office of Commissioner (Mayor or Commissioner) at an election to be held on March
19, 2024.

This petition must be filed with the Town Clerk between November 3, 2023 and November 22, 2023 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>11-13-2023</u> D.O.B.
Print Name: <u>MARINA SARABIA</u>	Address: [Redacted]
Signature: <u>[Signature]</u>	Date: <u>11-13-23</u> D.O.B.
Print Name: <u>MARY A. SANDS</u>	Address: [Redacted]
Signature: <u>[Signature]</u>	Date: <u>11-13-23</u> D.O.B.
Print Name: <u>Lea Coto</u>	Address: [Redacted]
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B.
Print Name: <u>Gabriel Coto</u>	Address: [Redacted]
Signature: <u>[Signature]</u>	Date: <u>11-13-23</u> D.O.B.
Print Name: <u>Roben Coto</u>	Address: [Redacted]
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B.
Print Name: <u>Jayl Wall</u>	Address: [Redacted]
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B.
Print Name: <u>Mary Henderson</u>	Address: [Redacted]
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B.
Print Name: <u>MIGUEL CHAIT</u>	Address: [Redacted]
Signature: <u>[Signature]</u>	Date: <u>11/13/2023</u> D.O.B.
Print Name: <u>Victorie N Saife</u>	Address: [Redacted]
Signature: <u>[Signature]</u>	Date: <u>11-13-23</u> D.O.B.
Print Name: <u>Justin Simons</u>	Address: [Redacted]
Signature: <u>[Signature]</u>	Date: <u>11-13-23</u> D.O.B.
Print Name: <u>Spiros Dimitropoulos</u>	Address: [Redacted]
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B.
Print Name: <u>Charles Buellett</u>	Address: [Redacted]
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B.
Print Name: <u>Kelly Velasquez</u>	Address: [Redacted]

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 13 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]
Address of Circulator: 8867 Byron Ave Surfside, FL 33154
Email address of Circulator: rcoto@aol.com

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Commissioner (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: [Signature] Date: 11-17-23

RUBEN ANTONIO COTO CAMPAIGN
RUBEN ANTONIO COTO
8867 BYRON AVE
SURSIDE, FL 33154

1001
63-0436/0660

DATE 11-17-23

PAY
TO THE
ORDER OF

Town of Surfside

\$ 25⁰⁰/₁₀₀

twenty five

100

DOLLARS

 Security
Features
Details on
Back

 **City National Bank**
Bci FINANCIAL GROUP

Ruberto

Machine Check

MP



TOWN OF SURFSIDE
Office of the Town Clerk

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra N. McCready, MPA, MMC,
Town Clerk

November 22, 2023

Mr. Ruben Antonio Coto
8867 Byron Avenue
Surfside, Fl 33154

Dear Mr.Coto:

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 TREASURER'S REPORT SUMMARY

(1) Ruben Antonio Coto
Name

(2) 8867 Byron Ave
Address (number and street)

Surfside
City, State, Zip Code

OFFICE USE ONLY

TOWN OF SURFSIDE

Check here if address has changed

(3) ID Number: JAN9 '24 1:23PM

(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

Cover Period: From 10 / 01 / 2023 To 12 / 31 / 2023 Report Type: 2023 Q4

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . _____

Loans \$ _____ , _____ , 100 . 00

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , 100 . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 25 . 00

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 25 . 00

(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.)

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

(Type name) Ruben A. Coto

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X Ruberto
Signature

(Type name) Ruben A. Coto

Candidate Chairperson (only for PC and PTY)

X Ruberto
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

NOV '24 1:23PM

(1) Name Ruben Antonio Coto (2) I.D. Number _____

(3) Cover Period 10 / 01 / 2023 through 12 / 31 / 2023 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		Amount
<u>11 / 13 / 23</u>	<u>Ruben A. Coto</u>		<u>INS. Agent</u>				<u>100⁰⁰</u>
<u>001</u>	<u>8867 Byron Ave Surfside, FL 33154</u>			<u>LOAN</u>			
<u>/ /</u>							
<u>/ /</u>							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Ruben Antonio Coto (2) I.D. Number _____
 (3) Cover Period 10/01/23 through 12/31/23 (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					
11/17/23	Town of Surfside 9293 Harding Ave Surfside, FL 33154	Qualifying Fec	check		25 ⁰⁰
/ /					
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/ /					
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name Ruben Antonio Coto

I.D. Number _____

Address (number and street)
8867 Byron Ave

City, State, Zip Code
Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

TOWN OF SURFSIDE

JAN9 '24 1:24PM

Candidate for:

- Mayor
- Commissioner, District Surfside
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 2023 Q4 Cover Period 10/01/23 through 12/31/23

Report Type Original Amendment

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.

Rubena A. Coto
(Type name) Treasurer Deputy Treasurer

Rubena A. Coto
Signature

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

Ruben A. Coto
(Type name) Candidate

Ruben A. Coto
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Ruben Antonio Coto
Name

(2) 8867 Byron Ave
Address (number and street)

Surfside FL 33154
City, State, Zip Code

OFFICE USE ONLY
TOWN OF SURFSIDE
JAN 19 '24 10:39AM
GMC

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: COMMISSION
- 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

Cover Period: From 10 / 01 / 2023 To 12 / 31 / 2023 Report Type: 2023 Q4

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . _____

Loans \$ _____ , _____ , 100.00

Total Monetary \$ _____ , _____ , 100.00

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 25.00

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 25.00

(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.)

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

(Type name) Ruben A Coto

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X *Ruben A Coto*
Signature

(Type name) Ruben A. Coto

Candidate Chairperson (only for PC and PTY)

X *Ruben A Coto*
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Ruben Antonio Coto
Name

(2) 8867 Byron Ave
Address (number and street)

Surfside, FL 33154
City, State, Zip Code

OFFICE USE ONLY

TOWN OF SURFSIDE
JAN 19 '24 10:31AM

SALE

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Commissioner
- 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

Cover Period: From 01 / 01 / 24 To 01 / 12 / 24 Report Type: 2024 GDP

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 1,025.00

Loans \$ _____ , _____ , 800.00

Total Monetary \$ _____ , _____ , 1,825.00

In-Kind \$ _____ , _____ , _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 1,054.00

Transfers to Office Account \$ _____ , _____ , _____

Total Monetary \$ _____ , _____ , 1,054.00

(8) Other Distributions

\$ _____ , _____ , _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 1,925.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 1,079.56

(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 Antonio Coto

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

Ruben Antonio Coto
Signature

(Type name) Ruben Antonio Coto

Candidate Chairperson (only for PC and PTY)

Ruben Antonio Coto
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

CITY OF SURFSIDE
JAN 19 '24 10:31AM

(1) Name Ruben Antonio Coto

(2) I.D. Number _____

(3) Cover Period 01 / 01 / 24 through 01 / 12 / 24 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number							
01, 02, 24 002	Ruben A Coto 8867 Byron Av Surfside, FL 33154	S	Insurance Agent	CHE			500 ⁰⁰
01, 04, 24 003	Ruben A. COTO 8867 BYRON AVE SURFSIDE, FL 33154	S	Insurance Agent	CHE			300 ⁰⁰
01, 04, 24 004	Edika L Jimenez 9025 Byron Ave Surfside, FL 33154	I	Realtor	CHE			25 ⁰⁰
01, 08, 24 005	Donald Lewin 9225 Collins Av #702 Surfside, FL 33154	I	Retired	CHE			1000 ⁰⁰
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Ruben Antonio Coto

(2) I.D. Number 2024 60 DP

(3) Cover Period 01/01/24 through 01/12/24

(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
01/05/24 #002	Rainbow design & Printing 729 NW 170. Terr. P. Pines, FL 33027	Signs, Stands & Art set up.	CAN		\$712.16
01/12/24 #003	Rainbow design + Printing 729 NW 170 Terr P. Pines, FL 33028	500 - Flyers Printing color	CAN		\$342.40
///					
///					
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name Ruben Antonio Coto

I.D. Number _____

Address (number and street) 8867 Byron Ave

City, State, Zip Code Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

TOWN OF SURFSIDE

JAN 19 '24 10:31AM

SME

Candidate for:

- Mayor
- Commissioner, District Surfside
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 2024 60 DP Cover Period 01/01/24 through 01/12/24

Report Type Original Amendment

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.

Ruben A. Coto
(Type name) Treasurer Deputy Treasurer

X Rubén A. Coto
Signature

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

Ruben A. Coto
(Type name) Candidate

X Rubén A. Coto
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Ruben Antonio Coto
Name

(2) 8867 Byron Ave
Address (number and street)

Surfside, FL 33154
City, State, Zip Code

OFFICE USE ONLY

TOWN OF SURFSIDE

FEB1 '24 8:59AM

Check here if address has changed

(3) ID Number: 2024 B1

(4) Check appropriate box(es):

- Candidate Office Sought: Commissioner
- 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

Cover Period: From 01 / 13 / 2024 To 01 / 26 / 2024 Report Type: 2024 B1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 370.00

Loans \$ _____ , _____ , _____

Total Monetary \$ _____ , _____ , 370.00

In-Kind \$ _____ , _____ , _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 395.00

Transfers to Office Account \$ _____ , _____ , _____

Total Monetary \$ _____ , _____ , 395.00

(8) Other Distributions

\$ _____ , _____ , _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 2,295.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 1,474.56

(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 Antonio Coto

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X Ruben Antonio Coto
Signature

(Type name) Ruben Antonio Coto

Candidate Chairperson (only for PC and PTY)

X Ruben Antonio Coto
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Ruben A. Coto (2) I.D. Number 2024 B1

(3) Cover Period 01 / 13 / 2024 through 01 / 26 / 2024 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description	Amendment	Amount
01, 24, 24 066	Oliver Sanchez 9140 Emerson Av Surfside, FL 33154	I	Artist Self	CAS			20 ⁰⁰
01, 26, 24 077	Kathy Imberman 9149 Abbott Ave Surfside, FL 33154	I	Business owner "Awards"	CHE			100 ⁰⁰
01, 25, 24 008	Magaly Chait 8858 Byron Ave Surfside, FL 33154	I	Nitez Fabrics Business owner	CHE			200 ⁰⁰
01, 24, 24 099	Cynthia Calloway 9232 Dickens Ave Surfside, FL 33154	I	Sales Director	CHE			50 ⁰⁰
/ /							
/ /							
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Ruben Antonio Coto (2) I.D. Number 2024 B1
 (3) Cover Period 01 / 13 / 2024 through 01 / 26 / 2024 (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
01/17/2024	Rainbow Design + Printing 729 NW 170 Terr Pembroke Pines, FL 33027	25 signs + STANDS	CAN		\$395 ⁰⁰
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name Ruben Antonio Coto

I.D. Number _____

Address (number and street)
8867 Byron Ave

City, State, Zip Code
Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

TOWN OF SURFSIDE

FEB 1 '24 9:00AM

Candidate for:

- Mayor
- Commissioner, District Surfside
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 2024 B1 Cover Period 01/13/2024 through 01/26/2024

Report Type Original Amendment

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.

Ruben A. Coto
(Type name) Treasurer Deputy Treasurer

X [Signature]
Signature

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

Ruben A. Coto
(Type name) Candidate

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Ruben Antonio Coto
Name

(2) 8867 Byron Ave
Address (number and street)
Surfside FL 33154
City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY

TOWN OF SURFSIDE
FEB 16 '24 10:19AM

GMC

(3) ID Number: 2024 B 2

(4) Check appropriate box(es):

- Candidate Office Sought: COMMISSIONER
- 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

Cover Period: From 01 / 27 / 2024 To 02 / 09 / 2024 Report Type: 2024 B 2

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, 1 , 025.00

Loans \$, , .

Total Monetary \$, 1 , 025.00

In-Kind \$, , .

(7) Expenditures This Report

Monetary Expenditures \$, , 337.05

Transfers to Office Account \$, , .

Total Monetary \$, , 337.05

(8) Other Distributions

\$, , .

(9) TOTAL Monetary Contributions To Date

\$, 3 , 320.00

(10) TOTAL Monetary Expenditures To Date

\$, 1 , 811.61

(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 Antonio Coto

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X *Ruben Antonio Coto*
Signature

(Type name) Ruben Antonio Coto

Candidate Chairperson (only for PC and PTY)

X *Ruben Antonio Coto*
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Ruben Antonio Coto (2) I.D. Number 2024 B2

(3) Cover Period 01/27/2024 through 02/09/2024 (4) Page 1 of 3

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
02, 01, 24 010	Rita Ann Bennett 8925 Collins Ave #8D Surfside, FL 33154	I	Retired	CHE			100 ⁰⁰
02, 01, 24 011	Soledad Barriga 8840 Garland Ave Surfside, FL 33154	I	Journalist grad student	CHE			125 ⁰⁰
02, 08, 24 012	Maria Lourdes Villalba 400 - 90th ST Surfside, FL 33154	I	Research Physician	CHE			100 ⁰⁰
02, 08, 24 013	Anthony Blate Eva Kaman 9308 Bay Dr. Surfside, FL 33154	I	Retired	CHE			100 ⁰⁰
02, 08, 24 014	Paul Novack 1308 Biscaya Dr. Surfside, FL 33154	I	Lawyer	CHE			200 ⁰⁰
01, 27, 24 015	Maria I Carril 9056 Abbott Ave Surfside, FL 33154	I	Retired	CHE			50 ⁰⁰
02, 08, 24 016	Maria I. Carril 9056 Abbott Ave Surfside, FL 33154	I	Retired	CHE			25 ⁰⁰

700

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Ruben Antonio Coto (2) I.D. Number 2024B2

(3) Cover Period 01 / 27 / 2024 through 02 / 09 / 2024 (4) Page 2 of 3

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
02, 08, 24 017	Rocio Alvarez 9324 Harding Surfside, FL 33154	I	Housewife	CHE			30 ⁰⁰
02, 08, 24 018	Clara Diaz Leal 425 95 th ST Surfside, FL 33154	I	VP Bank Exec.	CHE			25 ⁰⁰
02, 07, 24 019	April Pullo 424 - 92 ST Surfside, FL 33154	I	Scenic Artist	CHE			25 ⁰⁰
02, 07, 020	Andre Miranda 9473 Bay Dr. Surfside, FL 33154	I	Managing Director	CHE			100 ⁰⁰
02, 08, 24 021	Francisco Mallmann 724 - 90 th ST Surfside, FL 33154	I	Travel Exec.	CHE			50 ⁰⁰
02, 08, 24 022	Andrea Travani 9041 Dickens St Surfside, FL 33154	I	Civil Engineer	CHE			20 ⁰⁰
02, 08, 24 023	Aleida Delgado 9341 Collins Ave # 1104 Surfside, FL 33154	I	Retired	CHE			25 ⁰⁰

275

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Ruben Antonio Coto

(2) I.D. Number 2024 32

(3) Cover Period 01 / 27 / 2024 through 02 / 09 / 2024 (4) Page 3 of 3

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description	Amendment	Amount
02, 09, 24	Marc Levenson 9380 Carlyle Av Surfside, FL 33154	I	Retired	CHE			50 ⁰⁰
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Ruben Antonio Coto (2) I.D. Number 2024-B2
 (3) Cover Period 01/27/2024 through 02/09/2024 (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
01/29/24 001	Rainbow Design & Printing Solutions Corp 729 NW 170 Ter Pembroke Pines, FL 33025	204 Rb Signs, Stakes Deliverit	CAN		\$337.05
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name Ruben Antonio Coto

I.D. Number _____

Address (number and street) 8867 Byron Ave

City, State, Zip Code Surfside, FL 33154

TOWN OF SURFSIDE

FEB16 '24 10:20AM

Gmc

CHECK IF ADDRESS HAS CHANGED

Candidate for:

- Mayor
- Commissioner, District surfside
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 2024 B2 Cover Period 01/27/2024 through 02/09/2024

Report Type Original Amendment

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.

Ruben Antonio Coto
(Type name) Treasurer Deputy Treasurer

X Rubencoto
Signature

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

Ruben Antonio Coto
(Type name) Candidate

X Rubencoto
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 Antonio Coto (2) I.D. Number _____
 (3) Report Name 2024 BZ (4) Cover Period 01/27/2024 through 02/09/2024
 (5) Report Type Original Amendment (6) Page 1 of 1

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Ruben Antonio Coto
Name

(2) 8867 Byron Ave
Address (number and street)

Surfside, FL 33154
City, State, Zip Code

OFFICE USE ONLY

PK

TOWN OF SURFSIDE

FEB23 '24 10:28AM

Check here if address has changed

(3) ID Number: 25 P 1

(4) Check appropriate box(es):

- Candidate Office Sought: COMMISSIONER
- 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

Cover Period: From 02 / 10 / 2024 To 02 / 22 / 2024 Report Type: 25 P 1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 190 . 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 190 . 00

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 0 . _____

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 0 . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 3 , 510 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 1 , 811 . 61

(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 Antonio Coto

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

Ruben Antonio Coto
Signature

(Type name) Ruben Antonio Coto

Candidate Chairperson (only for PC and PTY)

Ruben Antonio Coto
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

TOWN OF SURFSIDE

FEB23 '24 10:28AM

(1) Name Ruben Antonio Coto

(2) I.D. Number 25 P 1 *AK*

(3) Cover Period 02 / 10 / 2024 through 02 / 22 / 2024 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description	Amendment	Amount
02, 10, 24 100	Liliana Carlier 8859 Byron Ave Surfside, FL 33154	I	Nurse	CHE			100 ⁰⁰
02, 12, 24 101	Elizabeth Cimadevila 8911 Collins Ave #704 Surfside, FL 33154	I	Rea Hor	CHE			50 ⁰⁰
02, 14, 24 102	Cynthia Callaway 4232 Dickens Ave Surfside, FL 33154	I	Sales Director	CHE			40 ⁰⁰
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PK

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Ruben Antonio Coto

(2) I.D. Number 25 P 1

(3) Cover Period 02/10/2024 through 02/22/2024

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



OFFICE USE ONLY

Name Ruben Antonio Coto

I.D. Number _____

Address (number and street) 8867 Byron Ave

City, State, Zip Code Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

TOWN OF SURFSIDE

FEB 23 '24 10:29AM

PK

Candidate for:

- Mayor
- Commissioner, District Surfside
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 25 P1 Cover Period 02/10/2024 through 02/22/2024

Report Type Original Amendment

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.

Ruben Antonio Coto
(Type name) Treasurer Deputy Treasurer

[Signature]
Signature

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

Ruben Antonio Coto
(Type name) Candidate

[Signature]
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Ruben Antonio Coto
Name

(2) 8867 Byron Ave
Address (number and street)

Surfside, FL 33154
City, State, Zip Code

OFFICE USE ONLY

TOWN OF SURFSIDE

MAR 7 '24 10:34AM

Sme

Check here if address has changed

(3) ID Number: 11 p 1

(4) Check appropriate box(es):

- Candidate Office Sought: COMMISSIONER
- Political Committee (PC)
- Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
- Party Executive Committee (PTY) Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

pe

(5) Report Identifiers 03-07-24

Cover Period: From 02 / 23 / 24 To 03 / 07 / 24 Report Type: 11 P1

- Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 0 . _____

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 0 . _____

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 0 . _____

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 0 . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 3,510 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 1,811 . 61

(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 Antonio Coto

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X Rubencoto
Signature

(Type name) Ruben Antonio Coto

Candidate Chairperson (only for PC and PTY)

X Rubencoto
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Ruben Antonio Coto (2) I.D. Number 11 P 1

(3) Cover Period 02 / 23 / 24 through 03 / 07 / 24 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Ruben Antonio Coto

(2) I.D. Number 11 P1

(3) Cover Period 02/23/24 through 03/07/24

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



OFFICE USE ONLY

Name Ruben Antonio Coto

I.D. Number _____

Address (number and street)
8867 Byron Ave

City, State, Zip Code
Surfside, FL 33154

MAR7 '24 10:34AM

CHECK IF ADDRESS HAS CHANGED

Candidate for:

- Mayor
- Commissioner, District Surfside
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 11 P 1 Cover Period 02/23/24 through 03/07/24

Report Type Original Amendment

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.

Ruben Antonio Coto
(Type name) Treasurer Deputy Treasurer

X [Signature]
Signature

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

Ruben Antonio Coto
(Type name) Candidate

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Ruben Antonio Coto
 Name
 (2) 8867 Byron Ave
 Address (number and street)
Surfside FL 33154
 City, State, Zip Code

OFFICE USE ONLY

MAR 14 '24 10:38AM

Sinc

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Commissioner
- 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

Cover Period: From 03 / 08 / 24 To 03 / 15 / 24 Report Type: 4PI

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ 0

Loans \$ _____

Total Monetary \$ _____ 0

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ 286.64

Transfers to Office Account \$ _____

Total Monetary \$ _____ 286.64

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ _____ 3,510.00

(10) TOTAL Monetary Expenditures To Date PC

\$ _____ 2,098.25

2098.25

(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 Antonio Coto

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

[Signature]

X _____
 Signature

(Type name) Ruben Antonio Coto

Candidate Chairperson (only for PC and PTY)

[Signature]

X _____
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

MAR14 '24 10:38AM

(1) Name Ruben Antonio Coto

(2) I.D. Number 4 P1

(3) Cover Period 03 / 08 / 24 through 03 / 15 / 24

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8)		(9)	(10)	(11)	(12)
(6) Sequence Number	Street Address & City, State, Zip Code	Contributor Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Ruben Antonio Coto (2) I.D. Number 4P1
 (3) Cover Period 03/08/24 through 03/15/24 (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					
03/08/24	Vista Print 275 Wyman ST Waltham, MA 02451	Postcard 500	CAN		150.64
001					
03/13/24	USPS 250 95th ST Surfside, FL 33154	STAMPS 2 ROLLS	CAN		136.00
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name Ruben Antonio Coto

I.D. Number _____

Address (number and street) 8867 Byron Ave

City, State, Zip Code Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

Smc

TOWN OF SURFSIDE

Candidate for:

- Mayor
- Commissioner, District Surfside
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 4 P 1 Cover Period 03/08/24 through 03/15/24

Report Type Original Amendment

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.

Ruben Antonio Coto
(Type name) Treasurer Deputy Treasurer

X [Signature]
Signature

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

Ruben Antonio Coto
(Type name) Candidate

X [Signature]
Signature

