

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

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

(PLEASE PRINT OR TYPE)

NOV 13 PM 2:53

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 A. Bravo

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

9057 Abbott Avenue
Surfside, FL 33154

4. Telephone

(305) 202-4767

5. E-mail address

RubenForSurfside@yahoo.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 A. Bravo

11. Mailing Address

9057 Abbott Avenue

12. Telephone

(305) 202-4767

13. City

Surfside

14. County

Miami-Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

RubenForSurfside@yahoo.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

Nov. 13. 2023

26. Signature of Candidate

X

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

I, RUBEN A. BRAVO, do hereby accept the appointment

(Please Print or Type Name)

designated above as:

Campaign Treasurer

Deputy Treasurer.

Nov. 13. 2023

Date

X

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 2:53

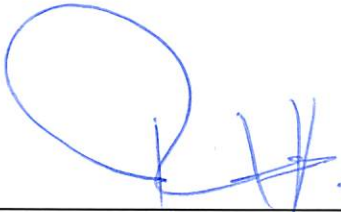
I, Ruben A. Bravo,

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 4:18

Sme

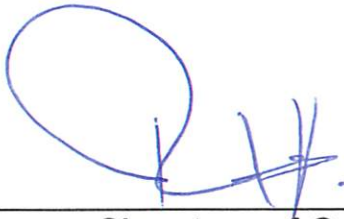
NOV 13 PM 2:53

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



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).

NOV 13 PM 4:18 *SAC*

NOV 13 PM 2:53 *[Signature]*

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 A. Bravo

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

9057 Abbott Avenue
Surfside, FL 33154

4. Telephone

(305) 202-4767

5. E-mail address

RubenForSurfside@yahoo.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 A. Bravo

11. Mailing Address

9057 Abbott Avenue

12. Telephone

(305) 202-4767

13. City

Surfside

14. County

Miami-Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

RubenForSurfside@yahoo.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 STREET

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

Nov. 13. 2023

26. Signature of Candidate

X 

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

I, RUBEN A. BRAVO, do hereby accept the appointment

(Please Print or Type Name)

designated above as:

Campaign Treasurer Deputy Treasurer.

Nov. 13. 2023

Date

X

Signature of Campaign Treasurer or Deputy Treasurer



Town of Surfside

9293 Harding Avenue
Surfside, Fl 33154

2024 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of Candidate RUBEN A. BRAVO

Office Sought COMMISSIONER

Phone No.: 305.202.4767 Cell Phone No: 305.202.4767

E-Mail Address: RUBEN FORSURFSIDE@YAHOO.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>RB</u>
Nominating Petition	_____	_____
Statement of Candidate	_____	_____
Sworn Statement of Qualification	_____	_____
Candidate Oath	<u>11/13/2023</u>	<u>RB</u>
Form 1 – Statement of Financial Interest (2022)	_____	_____
Declaration and First Amendment Waiver Volunteer Statement of Fair Campaign Practice	_____	_____
Qualifying Fee \$25.00	_____	_____
L & A Schedule	_____	_____
Proof of Residency		

& Voter Registration

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

<u>11/13/2023</u>	<u>RD</u>
<u>11/13/2023</u>	<u>RD</u>

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

Office Sought (Mayor or Commissioner)

Phone No.:

305.202.4767

Fax No.:

Cell Phone:

305.202.4767

E-Mail Address:

RUBEN FOR SURFSIDE@YAHOO.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:


Candidate Signature

Date:

NOV. 13. 2023



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 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, Florida, hereby nominate RUBEN A. BRAVO
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>11/13/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>ESTEBAN CARDONNE</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/2023</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>MARIA I CAREE</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/2023</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Julia Carre</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: _____ D.O.B. _____
Print Name: <u>Julia Carre</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>11/13/2023</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>TRICIA DIGLIODO</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/2023</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Marcos Digliodo</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-13-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Bruno Lopez</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/2023</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Liliana Sanchez Andres</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Concepcion Casro</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-13-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>MORMA LUCIA LEONATO</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Jeffrey Zemper</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Amy Weibel-Zemper</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>RICHARD I. STONE</u>	Address: <u>[Redacted]</u>

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: [Signature]
Address of Circulator: 9051 ABBOTT AVE SURFSIDE, FL 33154
Email address of Circulator: RubenForSurfside@yahoo.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: 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 undersigned electors of the Town of Surfside, Florida, hereby nominate RUBEN A. BRAVO
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>11/13/23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>FABLO CAVESA</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11-13-23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Martha Ganeja</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11-13-23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>JUAN CRUZ CACERES</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Fernanda Matach</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Arino Sokoloff Minaud</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Victoria E. Diaz</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Victoria Eugenia Diaz</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>CHERYL E. Hodowud</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Judy Ang Martinez Ratto</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>EMIL KAYA TE MEDEAS CALCADO</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>MARINA GERSHANOVICH</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>JOSE CRISPIN</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>DAVID KARCKOV</u>	Address: <u>[Redacted]</u>	

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: [Signature]

Address of Circulator: 9057 ABBOTT AVE SURFSIDE, FL 33154

Email address of Circulator: RubenForSurfside@yahoo.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: NOV 13 23

For unredacted version, please contact the Town Clerk's 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 PURSEN A. BRAVO
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>11/13/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>IRUNE ARIZTOY BILBAO</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10/13/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>CARILLO PINO</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>MARLENA VERONICA AGUIRRE</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>MARIA BIANCHI</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>SEBASTIAN BILHAR</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>SOL COLOM</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>GRACIELA CAMPANA</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Yolanda Gonzalez Catalina</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: _____

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 8 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: 9057 ABBOTT AVE, SURFSIDE, FL 33154
Email address of Circulator: PursenForSurfside@yahoo.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: 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 undersigned electors of the Town of Surfside, Florida, hereby nominate RUBEN A BRAVO
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>Sofia Caceres</u>	Date: <u>11/13/23</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>Sofia Caceres</u>	Address: <u>[REDACTED]</u>	
Signature: <u>Sylvio Martini</u>	Date: <u>11/13/23</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>Sylvio Martini</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: _____	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 2 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: 9057 ADRIAN AVE, SURFSIDE, FL 33154
Email address of Circulator: rubenforSurfside@yahoo.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: Nov. 13. 23

**CANDIDATE OATH
NONPARTISAN OFFICE**

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

NOV 14 PM 1:17 

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

Write-in candidate

OFFICE USE ONLY

Candidate Oath

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

I, RUBEN A. BRAVO,

(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.)

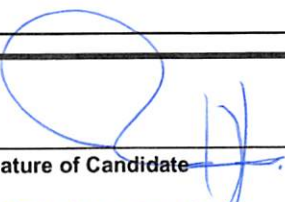
am a candidate for the nonpartisan office of COMMISSIONER, _____ (Office) _____ (District #)

_____ (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 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): 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 4767 RubenForSurfside@yahoo.com
Signature of Candidate Telephone Number Email Address
9057 ABBOTT AVB SURFSIDE FL 33154
Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF Miami-Dade


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

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence
this 14th day of November, 2023



Personally Known OR Produced Identification
Type of Identification Produced: Drivers License 11/14/2023



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 2011; 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

Nov. 14. 23
Date

Sworn to and subscribed before me this 14th day of November, 20 23.

[Signature]
NOTARY PUBLIC
Evelyn Herbello
PRINTED NAME OF NOTARY

(Notary Seal)



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 :

Bravo - Ruben - Alejandro

MAILING ADDRESS :

9057 Abbott Ave

CITY :

Surfside

ZIP :

33154

COUNTY :

Miami-Dade

NOV 14 PM 1:15

NAME OF AGENCY :

Town of Surfside

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Commissioner

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

**** 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
Hensel Phelps	6557 Hazeltine Ntl Dr #01, Orlando, FL328	General Contractor
Bravo MCC	9057 Abbott Ave, Surfside, FL33154	Consulting Services

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
Bravo MCC	Browning Construction	8940 River Crossing Blvd #300, IN46240	General Contractor
Bravo MCC	AMTEC Boca Raton	31731 Northwestern Hwy #250W, MI48334	Contracting
Bravo MCC	CSA Architects	185 NE 4th Ave #101, FL33483	Architects

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

N/A

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
Shares	Hensel Phelps Construction
See List Attached	

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

NAME OF CREDITOR	ADDRESS 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 [Ownership or positions in certain types of businesses - See instructions]
 (If you have nothing to report, write "none" or "n/a")

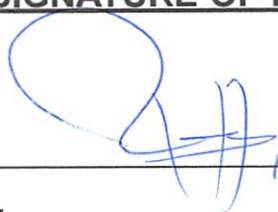
NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
N/A	N/A	N/A
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

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 SHEET, PLEASE CHECK HERE

SIGNATURE OF FILER:

Signature: 

Date Signed: Nov. 14. 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 CEFform1@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.

NOV 14 PM 1:15

PART D – INTANGIBLE PERSONAL PROPERTY

TYPE OF INTANGIBLE	BUSINESS 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

COPY

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

1001

63-0436/0660

DATE Nov. 14. 2023

PAY
TO THE
ORDER OF

Town of Surfside

\$ 25⁰⁰

Twenty five and ⁰⁰/₁₀₀

DOLLARS



Security
Features
Details on
Back.

 **City National Bank**
Bci FINANCIAL GROUP

[Handwritten signature]

MP

Harland Clarke

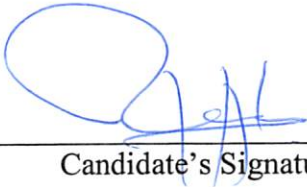
& Voter Registration

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

11/14/2023 ⁽⁰²⁾ RB

11/13/2023 RB

11/13/2023 RB



Candidate's Signature

Nov. 14. 2023

Date



Elections
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,

A handwritten signature in blue ink, appearing to be "Christina White".

Christina White
Supervisor of Elections

Enclosure (1)



Elections
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 **25** signatures submitted by **Ruben A. Bravo** for the office of **Commissioner** for the **Town of Surfside** matched the signatures on the voter files.



A handwritten signature in blue ink, appearing to be "CW", written over a horizontal line.

Christina White
Supervisor of Elections

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



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 20, 2023

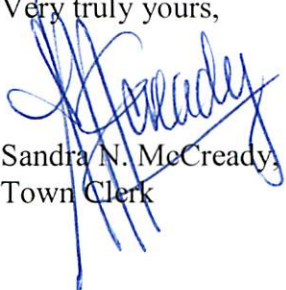
Mr. Ruben Bravo
9057 Abbott Avenue
Surfside, Fl 33154

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 TREASURER'S REPORT SUMMARY

(1) Ruben A. Bravo
 Name
 (2) 9057 Abbott Ave
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

JAN 8 AM 10:22

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) 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

(5) Report Identifiers

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

Original Amendment Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , 100 . 00

Total Monetary \$ _____ , _____ , _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 25 . 00

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

Total Monetary \$ _____ , _____ , _____ . _____

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

X
 Signature

(Type name) Ruben A. Bravo
 Candidate Chairperson (only for PC and PTY)

X
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

JAN 8 AM 10:22 *Sme*

(1) Name Ruben A. Bravo

(2) I.D. Number _____

(3) Cover Period 10 / 01 / 2023 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) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		Amount
<u>11 / 14 / 23</u> <u>001</u>	<u>Ruben A. Bravo</u> <u>9057 Abbott Ave</u> <u>Surfside, FL 33154</u>	<u>1</u>	<u>BD Director</u>	<u>LOA</u>			<u>\$100.</u>
<u>/ /</u>							
<u>/ /</u>							
<u>/ /</u>							
<u>/ /</u>							
<u>/ /</u>							
<u>/ /</u>							
<u>/ /</u>							
<u>/ /</u>							

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	(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
11 / 14 / 23 001.	Town of Surfside 9293 Harding Ave Surfside, FL 33154	Qualifying fee	check		\$25.
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

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

City, State, Zip Code

SURFSIDE, FL 33154

CHECK IF ADDRESS HAS CHANGED

JAN 8 AM 10:22

SMC

Candidate for:

Mayor

Commissioner, District SURFSIDE

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 2023Q4 Cover Period OCT. 01. 23 through DEC. 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.

RUBEN A. BRAVO

(Type name) Treasurer Deputy Treasurer

X

Signature

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

RUBEN A. BRAVO

(Type name) Candidate

X

Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Ruben A. Bravo

Name

(2) 9057 Abbott Ave

Address (number and street)

Surfside, FL 33154

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

OFFICE USE ONLY

TOWN OF SURFSIDE

JAN 19 '24 9:59AM

PK

(5) Report Identifiers

Cover Period: From 01 / 01 / 2024 To 01 / 12 / 2024 Report Type: 2024EODP

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 0.00

Loans \$ _____ , _____ , 0.00

Total Monetary \$ _____ , _____ , 0.00

In-Kind \$ _____ , _____ , 0.00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 0.00

Transfers to Office Account \$ _____ , _____ , 0.00

Total Monetary \$ _____ , _____ , 0.00

(8) Other Distributions

\$ _____ , _____ , 0.00

(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. Bravo

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

X _____
Signature

(Type name) Ruben A. Bravo

Candidate Chairperson (only for PC and PTY)

X _____
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name RUBEN A. BRAVO

(2) I.D. Number TOWN OF SURFSIDE
JAN 19 '24 9:59AM *PK*

(3) Cover Period 01 / 01 / 2024 through 01 / 01 / 2024

(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
/ /							
/ /							
/ /			<i>N/A</i>				
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name RUBEN A. BRAVO

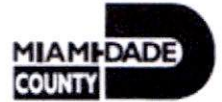
(2) I.D. Number _____

(3) Cover Period 01 / 01 / 2024 through 01 / / 2024

(4) Page 01 of 01

(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) Amendment	(11) Amount
<i>/ /</i>						
<i>/ /</i>						
<i>/ /</i>						
<i>/ /</i>			<i>N/A</i>			
<i>/ /</i>						
<i>/ /</i>						
<i>/ /</i>						
<i>/ /</i>						

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

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 _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 2024 EODP 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. BRAVO
(Type name) Treasurer Deputy Treasurer

X
Signature

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

RUBEN A. BRAVO
(Type name) Candidate

X
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Ruben A. Bravo

Name

(2) 9057 Abbott Ave

Address (number and street)

Surfside, FL 33154

City, State, Zip Code

Check here if address has changed

(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

(3) ID Number: _____

OFFICE USE ONLY

TOWN OF SURFSIDE

FEB2 '24 9:03AM
PK

(5) Report Identifiers

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

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 0 . 00

Loans \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , _____ , 0 . 00

In-Kind \$ _____ , _____ , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 0 . 00

Transfers to Office Account \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , _____ , 0 . 00

(8) Other Distributions

\$ _____ , _____ , 0 . 00

(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. Bravo

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

X _____
Signature

(Type name) Ruben A. Bravo

Candidate Chairperson (only for PC and PTY)

X _____
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name RUBEN A. BRAVO

(2) I.D. Number FEB2 '24 9:04AM *pk*


(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) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		Amount
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

NIA

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

TOWN OF SURFSIDE
 FEB 24 9:04AM 

(1) Name RUBEN A. BRAVO

(2) I.D. Number _____

(3) Cover Period 01 / 13 / 2024 through 01 / 26 / 2024

(4) Page 01 of 01

(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) Amendment	(11) Amount
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						

N/A

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

City, State, Zip Code

SURFSIDE, FL 33154

CHECK IF ADDRESS HAS CHANGED

TOWN OF SURFSIDE

FEB2 '24 9:04AM

Candidate for:

Mayor

Commissioner, District SURFSIDE

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 2024B1 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. BRAVO

(Type name) Treasurer Deputy Treasurer

X

Signature

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

RUBEN A. BRAVO

(Type name) Candidate

X

Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Ruben A. Bravo
 Name
 (2) 9057 Abbott Ave
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

TOWN OF SURFSIDE

FEB16 '24 3:48PM

SAC

(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

Cover Period: From 01 / 27 / 2024 To 02 / 09 / 2024 Report Type: 2024B2

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks	\$	___	,	___	,	00	.	00
Loans	\$	___	,	___	,	00	.	00
Total Monetary	\$	___	,	___	,	00	.	00
In-Kind	\$	___	,	___	,	00	.	00

(7) Expenditures This Report

Monetary Expenditures	\$	___	,	___	,	00	.	00
Transfers to Office Account	\$	___	,	___	,	00	.	00
Total Monetary	\$	___	,	___	,	00	.	00

(8) Other Distributions

\$ _____, _____, 00.00

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

X
 Signature

(Type name) Ruben A. Bravo
 Candidate Chairperson (only for PC and PTY)

X
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

FEB16 '24 3:48PM

(1) Name Ruben A Bravo (2) I.D. Number _____

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

N/A

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Ruben A Bravo

(2) I.D. Number _____

(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
(6) Sequence Number					
/ /					
/ /					
/ /					
/ /		N/A			
/ /					
/ /					
/ /					
/ /					

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

City, State, Zip Code
SURFSIDE, FL 33154

CHECK IF ADDRESS HAS CHANGED

TOWN OF SURFSIDE
FEB16 '24 3:48PM

SMC

Candidate for:

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

REPORT IDENTIFIERS

Report Name 2024B2 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 A. BRAVO
(Type name) Treasurer Deputy Treasurer

X

Signature

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

RUBEN A. BRAVO
(Type name) Candidate

X

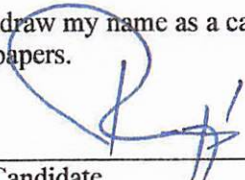
Signature

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 will not accept the office for which I filed qualification papers.


Signature of Candidate

9057 Abbott Ave

Address

Surfside

City

FL

State

33154

Zip

Sworn to (or affirmed) and subscribed before me by physical or online presence this 21st day of February, 2024


Signature of Officer Administering the Oath or Notary Public



Print, Type or Stamp Commissioned Name of Notary Public

Personally Known or Produced Identification

Type of Identification Produced _____

Candidate Withdrawal Policy

The deadline for any candidate to withdraw is the end of qualifying. No qualifying fee shall be returned to the candidate unless the candidate withdraws his or her candidacy before the end of their qualifying period.

(Reference: Florida Statutes 99.092)