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

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

(PLEASE PRINT OR TYPE)

TOWN OF SURFSIDE

HOV13 '23 11:03AM

NOTE: This form must be on fil officer before opening the campa						OFFICE	E USE	ONLY
1. CHECK APPROPRIATE BOX(ES	s):							
		reasurer/	Deputy [	Depository		Office		Party
2. Name of Candidate (in this order	: First, Middle, Last)	3. Ad code		le post office	box or s	treet, city,	state,	zip
Kulpen Antor	110 Coto	Code	8	867	Byro	MA	ve	
	il address		SU	r-fsid	P .	FL	33	154
(786)229-7634 RC	oto @401.com	m			/			
6. Office sought (include district, cir	cuit, group number)		201 201 2000 2000 2000 2000	didate for a	nonparti	san office	, chec	k if
Commissione	Commarissioner applicable:  My intent is to run as a Write-In candidate			idate.				
8. If a candidate for a partisan offi	ce, check block and fill	l in name	of party as	applicable:	My inte	ent is to rur	n as a	
Write-In No Party Affi	iation				Par	rty cand	didate.	
9. I have appointed the following	person to act as my	Car	npaign Trea	surer	Deputy	y Treasure	r	
10. Name of Treasurer or Deputy Tr	easurer							
Ruben C	_o to							
11. Mailing Address 12. Telephone (786) 229-7634								
13. City 14. County 15. State 16. Zip Code 17. E-mail address 16. Zip Code 17. E-mail address 16. Zip Code 17. E-mail address 18. Cov			can					
18. I have designated the following bank as my								
19. Name of Bank 20. Address								
21. City	22. County		23. State			24. Zip C	ode	
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE:								
25. Date 26. Signature of Candidate								
11-13-2023. X Vieleloto								
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)								
i, Rubeu Autonio Coto , do hereby accept the appointment (Please Print or Type Name)								
designated above as: Campaign Treasurer Deputy Treasurer.								
11-13-2023 X Signature of Compaign Traceurer or Deputy Traceurer								
Date		Signatur	e of Campain	on Treasurer	or Depu	tv Treasur	er	

## STATEMENT OF CANDIDATE

(Section 106.023, F.S.)
(Please print or type)

#### OFFICE USE ONLY

TOWN OF SURFSIDE

NOV13 '23 11:03AM

5MC

1, Ruben Coto	,
candidate for the office ofComm(Ssioner	;
have been provided access to read and understand the requirements of	
Chapter 106, Florida Statutes.	
X Tubello 11-13-202	7
Signature of Candidate Date	7

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

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

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

(PLEASE PRINT OR TYPE)

TOWN OF SURFSIDE

HOV13 23 11:03AM

mgn.

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:   T	reasurer/Deputy Depository Office Party	
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip	
Ruben Antonio Coto	code) 8867 Byron Ave	
4. Telephone 5. E-mail address	Surfside, FL 33154	
(786)229-7634 Rcoto @401.cox	4	
6. Office sought (include district, circuit, group number)	<ol> <li>If a candidate for a <u>nonpartisan</u> office, check if applicable:</li> </ol>	
Commissioner	My intent is to run as a Write-In candidate.	
8. If a candidate for a <u>partisan</u> 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	T =	
11. Mailing Address	12. Telephone	
8867 By ron Aue (786,229-7634		
13. City 14. County 15. State 16. Zip Code 17. E-mail address		
18. I have designated the following bank as my		
19. Name of Bank, City National Bank 300 71555		
21. City 22. County	23. State 24. Zip Code	
Mrami Beath Miam Dadi	e FL 35141	
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.		
25. Date	26. Signature of Candidate	
11-13-2023.	X Tueleloto	
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)		
I, Rubeu Autonio Coto , do hereby accept the appointment		
(Please Print or Type Name)		
designated above as: Campaign Treasurer	Deputy Treasurer.	
11-13-2023 X	Denfulate	
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

1, Ruben Coto	,	
candidate for the office ofCommissionev	;	
have been provided access to read and understand the requirements of		
Chapter 106, Florida Statutes.		
x Leebelik 11-13-2023		
Signature of Candidate Date		

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).



### **TOWN OF SURFSIDE**

MUNICIPAL BUILDING 9293 HARDING AVENUE SURFSIDE, FLORIDA 33154

### **GENERAL ELECTION - MARCH 19, 2024**

### RECEIPT OF DOCUMENTS

Candidate:

01	Cata
First Name	Middle Name Last name
	Office Sought (Mayor or Commissioner)
	786-7297634 Fax No.:
Cell Phone: _	786-229-7634
E-Mail Addre	786-229-7634 ss: RCOTO @ 406 COM
	nowledge my receipt of the following documents:
	The Florida Election Code (2022) – Digital Format (USB)
Ħ	Candidate and Campaign Treasurer Handbook (2022) – Digital Format (USB)
<b>□</b>	Guide to the Sunshine Amendment and Code of Ethics (2023) – Digital Format (USB)
	Reporting Dates Schedule (Election Date: March 19, 2024)
ď	Campaign Activities Memorandum
Received by:	Date:



## Town of Surfside

9293 Harding Avenue Surfside, Fl 33154

### 2024 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of C	Candidate Ruben Cot	0	
Office Sou	ight <u>Commissione</u>	8	
Phone No.	: 786-229 -763 4Cell Phone No: 7	86-229-76	534
E-Mail Ad	Idress: RCO+O @ AOL- Co	om	
Contents		Date Received	<u>Initials</u>
1. Qualify	ring as a candidate:		
	Appointment of Campaign Treasurer and Designation of Campaign Depository	11/13/203	Re
	Nominating Petition		
	Statement of Candidate		
	Sworn Statement of Qualification		
	Candidate Oath	11/13/2023	pe
	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	11/13/2023 AB
3. Campaign Activities Memorandum	11/13/2023
Candidate's Signature	Date



## Town of Surfside

### 9293 Harding Avenue Surfside, Fl 33154

### 2024 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of C	Candidate Ruben Co+	0	
Office Sou	ight <u>Commission</u>	28	
Phone No.	: 786-229 -763 4Cell Phone No: 7	86-229-76	34
E-Mail Ad	Idress: RCO+O @ AOL-C	OM	
Contents		Date Received	<u>Initials</u>
<ol> <li>Qualify</li> </ol>	ving as a candidate:		
	Appointment of Campaign Treasurer and Designation of Campaign Depository	11/13/2023	Re
	Nominating Petition	11/17/2023	ne
	Statement of Candidate	11/17/2023	- PA
	Sworn Statement of Qualification	11/11/2023	120
	Candidate Oath	11/13/2023	- PC
	Form 1 – Statement of Financial Interest (2022)	11/17/2023	PC
	Declaration and First Amendment Waiver Volunteer Statement of Fair Campaign Practice	11/17/2023	_ PC
	Qualifying Fee \$25.00	11/17/2023	R
	L & A Schedule	MA.	
	Proof of Residency		

& Voter Registration

2. Important Dates to Remember

3. Campaign Activities Memorandum

11/11/2003

11/13/2023

11/13/2023

pe

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.

Ι, .	Ruben Antonio Coto	, a	candidate for the office of
	please print your name		
	Commissioner		of Surfside-
	elective office sought	count	y, 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.

Signature	Date		
* Theleft	11/17/2023		

### **CANDIDATE OATH NONPARTISAN OFFICE**

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

MINI 1700 1. CMC

Check box <i>only</i> if you are seeking to qualify as a write-in candidate:	NUV 17 PM 1:55 7		
Write-in candidate	OFFICE USE ONLY		
Candidate Oath  (Section 99.021(1)(a), Florida Statutes)  I, Antonia 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.)			
	(Office) , (District #)		
(Circuit #) , (Group or Seat #) ; I am a qualified elector of	Mrami 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 y	our 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 Subtate 786) 229 Signature of Candidate Telephone Number  ### Sufface Sufface  Address City  STATE OF FLORIDA	Email Address		
COUNTY OF Micm - Dade  Signature of Notary Public Print, Type, or Stamp Commissioned Nature of Notary Public below:			
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:	SANDRA MCCREADY MY COMMISSION # HH 350567 EXPIRES: May 4, 2027		



NOV 17 PM 1:55 GMC

PRINTED NAME OF NOTARY

### **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.

### FORM 1

## STATEMENT OF

2022

Please print or type your name, mailing address, agency name, and position belonged	ow:	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MII	DDLE NA	ME:			
Coto Ruben	An	tonio			
MAILING ADDRESS:	Λ.	0			
8801 By 1001	10	2/1/	5.1.		NOV 17 PM 2:01 SMC
Gustside	100	3154 Miami	sade		31.0
Town of S	2 2-15	COUNTY:			
NAME OF AGENCY:	Cha	4.0.			
COMM(S					
NAME OF OTFICE ON TOUR	THEED O				
CHECK ONLY IF TO CANDIDA	TE OR	■ NEW EMPLOYEE OF	RAPPOINTEE		
	***	THIS SECTION MUS	ST BE COMPLETE	D ****	
DISCLOSURE PERIOD:					CEMBER 31 2022
THIS STATEMENT REFLECTS	YOUR	FINANCIAL INTERESTS FO	DR CALENDAR TEAR EN	DING DE	CEMBER 31, 2022.
MANNER OF CALCULATIN	IG REP	PORTABLE INTERESTS:	DS THAT ARE ARSOLLITE	E DOLL ÁF	R VALUES, WHICH REQUIRES
FEWER CALCULATIONS, OR	USING	COMPARATIVE THRESHO	LDS, WHICH ARE USUAL	LY BASE	D ON PERCENTAGE VALUES
(see instructions for further deta					IE TUDESUOI DS
□ COMPARATIVE		ENTAGE) THRESHOLDS			JE THRESHOLDS
Kartanon and Architecture of the State of th					
PART A PRIMARY SOURCES O (If you have nothing to	F INCOM	IE [Major sources of income to write "none" or "n/a")	the reporting person - See ins	tructions]	
PART A PRIMARY SOURCES O (If you have nothing to NAME OF SOURCE	F INCOM	write "none" or "n/a") SO	URCE'S	DE	SCRIPTION OF THE SOURCE'S
(If you have nothing to NAME OF SOURCE OF INCOME	report, v	write "none" or "n/a") SO AD	URCE'S DRESS	DE P	RINCIPAL BUSINESS ACTIVITY
(If you have nothing to NAME OF SOURCE OF INCOME	report, v	write "none" or "n/a") SO	URCE'S DRESS	DE P	SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY
(If you have nothing to NAME OF SOURCE OF INCOME	report, v	write "none" or "n/a") SO AD	URCE'S DRESS	DE P	RINCIPAL BUSINESS ACTIVITY
(If you have nothing to NAME OF SOURCE OF INCOME	report, v	write "none" or "n/a") SO AD	URCE'S DRESS	DE P	RINCIPAL BUSINESS ACTIVITY
(If you have nothing to  NAME OF SOURCE OF INCOME  Coto Industries	LLC	sol AD 1555 NE 12318	URCE'S DRESS	DE P	RINCIPAL BUSINESS ACTIVITY
(If you have nothing to  NAME OF SOURCE OF INCOME  Coto Industries  PART B - SECONDARY SOURCE [Major customers, clien	ES OF IN	sol AD 1555 NE 12318	URCE'S DRESS STN. Mramifl 33161	DE PI INS	RINCIPAL BUSINESS ACTIVITY UTANCE Sales
(If you have nothing to  NAME OF SOURCE OF INCOME  Coto Industries  PART B - SECONDARY SOURCE [Major customers, clien (If you have nothing to  NAME OF	ES OF IN ts, and ot o report,	SO AD 12313 COME her sources of income to busine write "none" or "n/a")  ME OF MAJOR SOURCES	URCE'S DRESS  T. N. M. (ami FL 33161)  sses owned by the reporting property of the property of	DE PI INS	PRINCIPAL BUSINESS
PART B - SECONDARY SOURCE [Major customers, clien (If you have nothing to	ES OF IN ts, and ot o report,	SO AD 1555 NE 123 d so some to busine write "none" or "n/a")	URCE'S DRESS  T. N. M. (am i FL 33161)  sses owned by the reporting po	DE PI INS	e instructions)
(If you have nothing to  NAME OF SOURCE OF INCOME  Coto Industries  PART B - SECONDARY SOURCE [Major customers, clien (If you have nothing to  NAME OF	ES OF IN ts, and ot o report,	SO AD 12313 COME her sources of income to busine write "none" or "n/a")  ME OF MAJOR SOURCES	URCE'S DRESS  T. N. M. (ami FL 33161)  sses owned by the reporting property of the property of	DE PI INS	PRINCIPAL BUSINESS
(If you have nothing to  NAME OF SOURCE OF INCOME  Coto Industries  PART B - SECONDARY SOURCE [Major customers, clien (If you have nothing to  NAME OF	ES OF IN ts, and ot o report,	SO AD 12313 COME her sources of income to busine write "none" or "n/a")  ME OF MAJOR SOURCES	URCE'S DRESS  T. N. M. (ami FL 33161)  sses owned by the reporting property of the property of	DE PI INS	PRINCIPAL BUSINESS
PART B - SECONDARY SOURCE [Major customers, clien (If you have nothing to	ES OF IN its, and of o report, NA	COME her sources of income to busine write "none" or "n/a")  ME OF MAJOR SOURCES OF BUSINESS' INCOME	URCE'S DRESS  T. N. M. (Am. FL  33161  sses owned by the reporting property of Source	DE PI	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
PART B - SECONDARY SOURCE [Major customers, clien (If you have nothing to NAME OF BUSINESS ENTITY  PART C - REAL PROPERTY [Lar (If you have nothing to	ES OF IN ts, and ot o report, NA	COME her sources of income to busine write "none" or "n/a")  ME OF MAJOR SOURCES OF BUSINESS' INCOME  ags owned by the reporting person write "none" or "n/a")	STN. Mami FL 33161  sses owned by the reporting properties of SOURCE  on - See instructions]	Provide Action of the	PRINCIPAL BUSINESS instructions]  PRINCIPAL BUSINESS ACTIVITY OF SOURCE  e not limited to the space on the in this form. Attach additional
PART B - SECONDARY SOURCE [Major customers, clien (If you have nothing to NAME OF BUSINESS ENTITY  PART C - REAL PROPERTY [Lar (If you have nothing to	ES OF IN ts, and ot o report, NA	COME her sources of income to busine write "none" or "n/a")  ME OF MAJOR SOURCES OF BUSINESS' INCOME	URCE'S DRESS  T. N. M. (Am. FL  33161  sses owned by the reporting property of Source	Property of the second sheets	PRINCIPAL BUSINESS ACTIVITY OF SOURCE  e not limited to the space on the on this form. Attach additional in finecessary.
PART B - SECONDARY SOURCE [Major customers, clien (If you have nothing to NAME OF BUSINESS ENTITY  PART C - REAL PROPERTY [Lar (If you have nothing to	ES OF IN ts, and ot o report, NA	COME her sources of income to busine write "none" or "n/a")  ME OF MAJOR SOURCES OF BUSINESS' INCOME  ags owned by the reporting person write "none" or "n/a")	STN. Mami FL 33161  sses owned by the reporting properties of SOURCE  on - See instructions]	You ar lines o sheets	PRINCIPAL BUSINESS instructions]  PRINCIPAL BUSINESS ACTIVITY OF SOURCE  e not limited to the space on the in this form. Attach additional
PART B - SECONDARY SOURCE [Major customers, clien (If you have nothing to NAME OF BUSINESS ENTITY  PART C - REAL PROPERTY [Lar (If you have nothing to	ES OF IN ts, and ot o report, NA	COME her sources of income to busine write "none" or "n/a")  ME OF MAJOR SOURCES OF BUSINESS' INCOME  ags owned by the reporting person write "none" or "n/a")	STN. Mami FL 33161  sses owned by the reporting properties of SOURCE  on - See instructions]	You ar lines o sheets FILING and w locate INSTR	PRINCIPAL BUSINESS ACTIVITY  PRINCIPAL BUSINESS ACTIVITY OF SOURCE  e not limited to the space on the on this form. Attach additional of increasery.  SINSTRUCTIONS for when here to file this form are

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	E	BUSINESS ENTITY TO V	VHICH THE P	ROPERTY RELATES	
CD, Stock, IRA	TruisT,	Charles Sch	wab,	National Life	
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non	is] ie" or "n/a")				
NAME OF CREDITOR			SS OF CREDIT		
Loan Depot Mortgage		Irvi	ne Cali	fornia	
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none"	" or "n/a") BUSINESS	s in certain types of bus SENTITY#1	ŀ	instructions] BUSINESS ENTITY # 2	
NAME OF BUSINESS ENTITY	IEES NE 177	ST N. Miami 33	1/[		
ADDRESS OF BUSINESS ENTITY		ripment Sales			
PRINCIPAL BUSINESS ACTIVITY	Principal/	OWNER SLES			
POSITION HELD WITH ENTITY	-/-	0.011.61			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100 10				
NATURE OF MY OWNERSHIP INTEREST					
PART G — TRAINING For elected municipal officers agency created under Part III, Chapter 163 required to a CERTIFY THAT I	complete annual ethics t	training pursuant to section	on 112.3142, F	S.	
IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON	A SEPARATE SHE	ET, PLEAS	E CHECK HERE	
SIGNATURE OF FILE Signature:  Date Signed:  11/17/2023	<u>R:</u>	If a certified public according good standing with the she must complete the I,	ountant license ne Florida Bar following state with Section 11 Upon my rease and correct.	d under Chapter 473, or attorney prepared this form for you, he or ement:	
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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2022.

### 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	_ (Mayor or Com	illissioner) at an election to be note or
19, 2024.		NOV 17 PM 1:42
This petition must be filed with the Town Clerk between	een November 3, 2	023 and November 22, 2023(by 12:00pm).
		11.11.12
Signature:	Date:	D.O.B
Print Names Jalil Thirbel	Address:	4
Signature: fruitleuteur	Date: 11,	16/23 D.O.B
Print Name: Inne Aristy	Address:	
Signature: Che Kenan	Date: LL	11e 123 D.O.B.
Print Name: Exa Kan an	Address:	
Signature: (1) M	Date:/	1116/27 D.O.B.
Print Name: AAlog KATK	Address:	· ·
Signature: Elian R Polham	Date:	1//6/23 D.O.B
Print Name: FIANA R. SAIZH QUER	Address:	
Signature:	Date:	D.O.B
Print Name:	Address:	
Signature:	Date:	D.O.B
Print Name:	Address:	
Signature:	Date:	D.O.B
Print Name:	Address:	
Signature:	Date:	D.O.B
Print Name:	Address:	
Signature:	Date:	D.O.B
Print Name:	Address:	
Signature:	Date:	D.O.B
Print Name:	Address:	
Signature:	Date: _	D.O.B
Print Name:	Address:	
Signature:	Date: _	D.O.B
Print Name:	Address:	
STATEME	NT OF CIRCULA	ATOR
	containing 5	signatures. Each signature appended
thereto was made in my presence and is the genuine si	gnature of the pe	rson whose name it purports to be.
$\sim$ 1 h.d.		
Signature of Circulator:	110 5	orfside, FC 33154
Address of Circulator: 886) By conse	Aolo COA	1
ACCEPTA	NCE OF NOMIN	
I hereby accept the nomination of Commiss	ign er	(Mayor or Commissioner) and agree to
serve if elected.		
Signature of Candidate:	0	Date:_//-/7-23

## NOMINATING PETITION FOR MAYOR OR COMMISSIONER

### TOWN OF SURFSIDE, FLORIDA

	Florida hereby nominate Ruben Coto
We the undersigned electors of the Town of Surfside,	(Mayor or Commissioner) at an election to be held on March
for the office of Omm (SSIONE) 19, 2024.	NOV 17 PM 1:42
ALCOHOL ALCOHOL AND ALCOHOL AN	en November 3, 2023 and November 22, 2023(by 12:00pm).
This petition must be filed with the Town Clerk between	an November 3, 2020 and November 22, 2020, and November 3, 2020 and November 22, 2020, and November 3, 2020 and November 22, 2020, and No
Signature:	Date: ((/(6/23 D.O.B.
Print Name: Rosa Andersen	Address:
Signature: Lucus Court	Date: 1/1/5 23 D.O.B.
Print Name: Number Rowser	Address:
Signature: Germando Wedostegn:	Date: 11/16/23 D.O.B.
Print Name: Gerardo Vildos tegri	Address:
Signature:	Date: 11/16/73 D.O.B.
Print Name: Lovena O'Malley	Address:
Signature:	Date:
Print Name: Caridad y Izquierdo	Address:
Signature: DarkWalls	Date: <u>W/G/Z3</u> D.O.B.
Print Name: PAUL OMALLEY	Address:
Signature: Mastella Au	Date: <u>11/16/23</u> D.O.B.
Print Name: Mackline P. Noble	Address:
Signature: Tunnolle	Date: 11/16/23 D.O.B.
Print Name: Waria P. Noble	Address:
Signature: phyllus louis	Date: 1/ / 6/23 D.O.B.
Print Name: Thylis Shang	Address:
Signature:	Date: 16/23 D.O.B.
Print Name: CANLO PLNO	Address:
Signature:	Date: $\frac{11/16/23}{23}$ D.O.B.
Print Name: ANDREA TRAVANI	Address:
Signature: Stunutty	Date: 11 16 2023 D.O.B.
Print Name: Jennifer Hill	Address:
Signature:	Date: 11 16 2023 D.O.B.
Print Name: Judy Martine2	Address:
STATEMEN	T OF CIRCULATOR
=	containing 13 signatures. Each signature appended
thereto was made in my presence and is the genuine sign	nature of the person whose name it purports to be.
Signature of Circulator: 8867 By CO	n Ave Surfsid FC 33154
Email address of Circulator: RCO to C	4010COM
ACCEPTAN	CE OF NOMINATION
	SIGNEY (Mayor or Commissioner) and agree to
serve if elected.	11 17 77
Signature of Candidate:	Date:Date:

### NOMINATING PETITION FOR MAYOR OR COMMISSIONER

### TOWN OF SURFSIDE, FLORIDA

TOWN OF SUK	FSIDE, FEORIDA
We the undersigned electors of the Town of Surfside, FI for the office of(N	orida, hereby nominate <u>KUDEA</u> Cato 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: Policy & Juneary	Date: 11-14-2023 D.O.B.
Print Name: EDILIA L. JINENEZ	Address:
Signature: Hindreda Pa Belevia	Date: 11-14-2023 D.O.B.
Print Name: ZENAIDA BECERRA	Address:
Signature: Mandy Marys	Date: 1/-/4- 2023D.O.B.
Print Name: Ligia MARIE/AREJES	Address:
Signature: RLL 526	Date: Nov 14203D.O.B.
Print Name: Print Name:	Address:
Signature: and Verge	Date: _ 11-15-2023 D.O.B
Print Name: Andrew Vergara	Address:
Signature: Cercles M. Exects	Date: //-/5-302} D.O.B
Print Name: Cecilia Escobar	Address:
Signature:	Date: 4-16-23 D.O.B
Print Name: Frank 4. Mec Bride St.	Address:
Signature: 10000	
Print Name: Rocio Alvarez	Address: Date: 1//16/23 D.O.B
Signature:	
Print Name: MARIA JOURDES VILLAVA	Address:  Date: W [L 23 D.O.B
Signature:	
Print Name: Cinay titels	Address: DOF
Signature:	Date:
Print Name: Tody Harboce	Address:
Signature: Manuel	Date: 11/16/23 D.O.E
Print Name: (MARIA) ISASE CARRIL	Address:
Signature: # Cal Dolay	
Print Name: Paul Baldavt	Address:
	OF CIRCULATOR
The undersigned is the circulator of the foregoing paper co- thereto was made in my presence and is the genuine signal	ntaining signatures. Each signature appended ture of the person whose name it purports to be.
Signature of Circulator: Dente 40	
Address of Circulator: 8867 Byron Av	le
Email address of Circulator: RC670	E OF NOMINATION
I hereby accept the nomination of <u>Commission</u>	
serve if elected.	<b>,</b>
Signature of Candidate:	Date: 11-17-23



### 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	(Mover or Commission)
19, 2024.	(Mayor or Commissioner) at an election to be held on March

AND I I TO

This petition must be filed with the Town Clerk betw	veen November 3, 2023 and November 22, 2023(by 12:00pm).
Signature: Suiss 27 Mann	
Print Name: LUISA M RAMOS	Date: ///5/ 72 DOR
Signature: / Cold / Agnob	Address:
Print Name: RAUI RAMOS	Date: 11/15/23 D.O.B.
Signature: Maria D Beniter	Address:
Print Name: h maria R Benitezo	Date: 11/16/23 DOB 3
Signature: WWW IFF IL FILLON	Address:  Date: 11 16 23 DOB 16
Print Name: MINISADE WATER	Address
Signature: Nevenko Metercic	Date: 1/- 162,23 DOR C
Print Name: NEVENKA MATORCEVIC	Address:
Signature:	Date: 11-16-25.
Print Name: MARCO WNEV	Address:
Signature: Gutto Cullice	Date: 71/6/23 DOB
Print Name: Cynthia Call away	Address:
Signature: Rand Mapril	Date: 11/16/2023 D.O.B. (
Print Name: RANDI F. MACBRIDE	Address:
Signature: A Salui-	Date: 11(16/2023 D.O.B.
Print Name: ANDRE SCHOLOFF MIRAUZA	Address:
Signature: Darrell Amard	Date: 04-76-65.08-H
Print Name: Farrell Arnold	Address:
Signature: Jarrel and	Date: /1/// 23 D.O.B. (
Print Name: Darrell Arnold	Address:
Signature:	Date: 11-16-230.0.B.
Print Name: Sarah Walcob	Address:
Signature:	Date: 11 16 K-7 D.O.B.
Print Name: Cindy Fitelan	Address:
STATEMENT	F OF CIRCULATOR
	ontaining 12 signatures. Each signature appended
thereto was made in my presence and is the genuine sign	ature of the person whose name it purports to be
Signature of Circulator:	
Address of Oissald Service	Ave Surfside FC 33154
mail address of Circulator: R Coto @ A	ol. com
ACCEPTANC	E OF NOMINATION
hereby accept the nomination of	Mayor or Commissioner) and agree to
Signature of Condidate —	
Signature of Candidate:	Date: 11-17-23

### NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF S	URFSIDE, FLO	RIDA NOV 17 PH 1:	42		
We the undersigned electors of the Town of Surfsid	e Florida hereby no	minate Kuben (	ioto		
for the office of	(Mayor or Commis	ssioner) at an election to be held	d on March		
19, 2024.					
This petition must be filed with the Town Clerk between	veen November 3, 2023	and November 22, 2023(by 12:00p	nm).		
Signature: Larbare Wall	Date: _//-/	13-23 D.O.B.			
Print Name: Barbara Upall	Address:	,			
Signature: AM 7 / M	Date: <u> </u>	13 23 D.O.B.			
Print Name: ARHLEN AYACIN	Address:				
Signature:	Date: 1(-12	3.23_0.68.			
Print Name: , Tina Paul	Address:				
Signature: ///	Date: 11.1	3, 23 D.O.B.			
Print Name: TVOW CZJZ CACERE	✓ Address:				
Signature: Fueuchliefe	Date: ///13	3/2.3 D.O.B.			
Print Name: Fernanda Matach	Address:		71		
Signature:	Date:				
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:				
	NT OF CIRCULATOR		!		
The undersigned is the circulator of the foregoing paper	containing <u>5</u>	signatures. Each signature ap	pended		
thereto was made in my presence and is the genuine signature of the person whose name it purports to be.					
Signature of Circulator: Seulula to					
Address of Circulator: 8867 Byron Ave Surfside F(33154)					
Email address of Circulator: RC6+0 @ A	NCE OF NOMINATIO	N			
I hereby accept the nomination of		(Mayor or Commissioner	) and agree to		
serve if elected.					
Signature of Candidate:					

### NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 17 PH 1:42

TOWN OF SO	Qual Car				
We the undersigned electors of the Town of Surfside	e, Florida, hereby nominate 1000000000000000000000000000000000000				
for the office of	(Mayor or Commissioner) at an election to be held on March				
This petition must be filed with the Town Clerk between	een November 3, 2023 and November 22, 2023(by 12:00pm).				
Signature:	Date: //-/3- 2023 D.O.B.				
Print Name: MARINA SAIZABIA	Address:				
Signature: May a, Sand	Date: 1/-/3-23 D.O.B.				
Print Name: MARY A. SANTOS	Address:				
Signature:	Date: // -/3-13 D.O.B.				
Print Name: Lea CoTo	Address:				
Signature:	Date: 11/13/23 D.O.B.				
Print Name: Gobret Cots	Address:				
Signature: Which the signature is a signature is a signature in the signature is a signature i	Date: 11-13-23 D.O.B.				
Print Name: Ruben Coto	Address:				
Signature: Waw	Date: 1// 3/ 23 D.O.B.				
Print Name: Dayl Wall	Address:				
Signature: May H	Date: 11/13/23 D.O.B.				
Print Name: Mary Henderson	Address:				
Signature: McKarf	Date: _ <i>II/13/\rightarrow3</i> D.O.B.				
Print Name: MGKY CHAIT	Address:				
Signature:	Date:				
Print Name: Motorie 11 Saite	Address:				
Signature:	Date: 1-13-25 D.O.B.				
Print Name: Justin pinons	Address:				
Signature:	Date: 1/-13-23 D.O.B.				
Print Name: piras Dimitropoulos	Address:				
Signature:	Date: 11/12/27 DOB				
Print Name: Characa Kunlett	Address:				
Signature:	Date:D.O.B.				
Print Name: Lally Valuegoes	Address:				
STATEMENT OF CIRCULATOR					
The undersigned is the circulator of the foregoing paper of	containing 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:	1 5				
Address of Circulator: 8867 By ron A	we surfside, + (33/54				
Email address of Circulator: 2 Co to ACCEPTAN	CE OF NOMINATION				
I hereby accept the nomination of	Mayor or Commissioner) and agree to				
serve if elected.	` ,				
Signature of Candidate:	Date: 11-17-23				
Signature of Cardidate.					

V	RUBEN ANTONIO COTO CAMPAIGN RUBEN ANTONIO COTO	1001 63-0436//0660
	8867 BYRON AVE SURSIDE, FL 33154	DATE
- Summiller	PAY TO THE ORDER OF TOWN OF SUFFSIDE	\$ 25 <del>20</del>
arland Clark	twenty five -	/6C DOLLARS I Security Freshring in Back on Back
H Samulannes	& City National Bank Bed FINANCIAL GROUP	Dubito M

-



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 C

CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1) Ruben Antonio Coto	OFFICE USE ONLY
Name (2) 8867 Byron Aue	
Address (number and street)	TOWN OF SURFSIDE
Surfside	TOWN OF SORFSIDE
City, State, Zip Code	
Check here if address has changed	(3) ID Number:
(4) Check appropriate box(es):	
Candidate Office Sought:  Political Committee (PC)  Electioneering Communications Org. (ECO)  Party Executive Committee (PTY)  Independent Expenditure (IE) (also covers an individual making electioneering communications)	☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed
(5) Report	Identifiers
Cover Period: From /0 / 0/ / 2023 To	12/31 / 2023 Report Type: 2023 Q4
	cial Election Report
(6) Contributions This Report	(7) Expenditures This Report
Cash & Checks \$ , ,	Monetary
Loans \$,, 100.	Transfers to Office Account \$ , , .
Total Monetary \$ , ,	
In-Kind \$,, 100	Total Monetary \$ , , 25
	(8) Other Distributions
	\$ , ,
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date \$, _25
(11) Cert It is a first degree misdemeanor for any pers	
I certify that I have examined this report and it is true, corr	ect, and complete:
01 406	(Type name) Ruben A. Coto
(Type name)   SUD-EN COTO  ☐ Individual (only for IE	Candidate Chairperson (only for PC and PTY)
or electioneering comm.)	$\bigcap III$
x Viulbloto	x Dulukto
Signature	Signature

### CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS '24 1:23PM

(1) Name Ruben Lutorio Coto (2) I.D. Number								
(3) Cover Period 10 1 01 1 2023 through 12 1 31 1 2023 (4) Page								
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	Co	(8)	(9)	(10)	(11)	(12)	
Number	City, State, Zip Code	Туре		Туре	Description	Amendment	Amount	
001	Ruben A. Coto 8867 Byron A Surfside, FC33	ve 154	Ins: Agent	Loan			100°	
1 1								
1 1								
1 1								
1 1								
1 1								
1 1								

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

1) Name Ruber Antonio Coto (2) I.D. Number							
(3) Cover Period	d <u>/0 / 6 / / 23</u> through <u>/ 2 /</u>	31/23	l) Page	of	1		
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11)		
11/17/23	Town of Surfside 9293 Harding Ave Surfside, FC33BX	dualifying Fec	check		250		
_//							
/ /							
//							
/ /							
/ /							
/ /							
/ /							

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



	OFFICE USE ONLY
Name Ruben Antonio Coto	— OFFICE USE ONLY
I.D. Number	
Address (number and street)	TOWN OF SURFSIDE
City, State, Zip Code	
Surfside, FC 33154	—
CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
<ul> <li>□ Mayor</li> <li>□ Commissioner, District</li></ul>	
REPORT IDEI	
Report Name 2023 Q4 Cover Period	10/01/23 through 12/31/23
Report Type Original Amendment	
	CATION
It is a first degree misdemeanor for any pers I certify that I have examined this report and it is true, correct, and complete.	on 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.
Ruber A. Coto (Type name) Treasurer Deputy Treasurer	(Type name) Candidate
x Deubebto	x Dubel to
Signature	Signature

### PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



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

(1) Name	Ruben 4 Cote	)	(2) I.D. Number	
(3) Report	Name 2023 Q 4	(4) Cover Period	10/01/23 through /2	/31/23
	Type Priginal Amendment		of	1/75
(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
			7	
ř -				
			-	
			a 1	
	,			

CAMPAIGN TREASURE	R'S REPORT SUMMARY				
(1) Ruben Antonio Cot  Name (2) 8867 Byron Aue  Address (number and street)  Surfside FC 33(54)  City, State, Zip Code  Check here if address has changed  (4) Check appropriate box(es):	OFFICE USE ONLY TOWN OF SURFSIDE  JAN19 '24 18:39AM  CMC  (3) ID Number:				
Check appropriate box(es).   X Candidate Office Sought:					
(5) Report	The state of the s				
Cover Period: From 10   01   2023 To	12 131 1 2023 Report Type: 2023 Q				
☐ Original ☐ Amendment ☐ Special Election Report					
(6) Contributions This Report	(7) Expenditures This Report				
Cash & Checks \$ , ,	Monetary Expenditures \$ , , 25				
Loans \$,, 100. 00	Transfers to Office Account \$ , ,				
Total Monetary \$,,	Total Monetary \$ , , _25				
In-Kind \$ , ,	(8) Other Distributions				
	(8) Other Distributions \$ ,				
(9) TOTAL Monetary Contributions To Date \$ , , COO .	(10) TOTAL Monetary Expenditures To Date \$,,5				
(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, corr	ect, and complete:				
(Type name) Julien A CO+O  ☐ Individual (only for IE or electioneering comm.)  ☐ Treasurer ☐ Deputy Treasurer	(Type name) Kuben A. Coto  Chairperson (only for PC and PTY)				
x Rubikato	x Dubelik				
Signature	Signature				

CAMPAIGN TREASURE	CAMPAIGN TREASURER'S REPORT SUMMARY					
(1) Ruben Antonio Coto	OFFICE USE ONLY TOWN OF SURFSIDE					
(2) 8867 Byron Ave	JAN19 '24 10:31AM					
Address (number and street)						
Swfside, FC 33154 City, State, Zip Code	ale					
☐ Check here if address has changed	(3) ID Number:					
(4) Check appropriate box(es):	ssioner					
Candidate Office Sought:	soluter					
<ul><li>☐ Political Committee (PC)</li><li>☐ Electioneering Communications Org. (ECO)</li></ul>	☐ Check here if PC or ECO has disbanded					
☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an	☐ Check here if PTY has disbanded☐ Check here if no other IE or EC reports will be filed					
individual making electioneering communications)	_ oneon here is no other to or to reports will be med					
(5) Report	Identifiers 2 7 2 4					
Cover Period: From 01 / 01 / 24 To	01 / 12 / 24 Report Type: 60 DP					
Original Amendment Spe	ecial Election Report					
(6) Contributions This Report	(7) Expenditures This Report					
Cash & Checks \$,, 10256	Monetary					
Loans \$,, <u>800</u>	Transfers to Office Account \$ , , .					
Total Monetary \$,1, <u>\$25</u> <u>30</u>	Total Monetary \$ , /, 054. 06					
In-Kind \$ , , .	, , , , , , , , , , , , , , , , , , , ,					
	(8) Other Distributions					
	\$ , ,					
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
\$,1, <u>925.</u> 00	\$,/, <u>079</u> . <u>56</u>					
(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:						
21	0 1					
(Type name) Ruben Antonio Coto ☐ Individual (only for IE or electioneering comm.)	(Type name) Ruben Autonio Coto  Chairperson (only for PC and PTY)					
x Dulate	x Dubble					
Signature	Signature					

## CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

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

(3) Cover Period O1	101	124	through <b>3</b> l	1121	24	(4) Page	1 of 1	

(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
01,02,24	Ruben A Coto 8867 Byron Au Surfside, Fl 33154		Insurance				50000
01,04,24	surfside, Fl		Insurana Agent	CHE			36000
01/04/24	Edilia L Jimenez 9025 Byron Ave Sorfside Fl 33154	I	Realtor	CHE			2500
01,08,24	Donald Lewin 9225 Collins AV # 702 Surfside, FL331	I 54	Retired	CHE			1000000
J J							8
1 1							
1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name	CAMPAIGN TREASURER'S RE	PORT – ITEMIZED			1 60 01
(3) Cover Period	d <u> </u>	12/24 14	I) Page	of _	1
(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
#002	Rainbow design & Printing 729 NW 170. Terr. P. Pines, FL 33027	Signs, Stands + Art setup.	CAN		\$712.16
01/12/24 #003	Rainbowdesign + Printing 729 NW 170 Terr P. Pines, FC 33028	Flyers Printing color	CAN	4	1342.4
_//					
//					
/ /					2
//					
/ /					
//					

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



	OFFICE HOF ONLY
Name Ruben Antonio Coto	OFFICE USE ONLY
I.D. Number	
Address (number and street) 8867 Byron Av C	TOWN OF SURFSIDE
886/ 1041011 AVC	
City, State, Zip Code Surfside, FL. 33154	JAN19 '24 10:31AM
☐ CHECK IF ADDRESS HAS CHANGED	me
Candidate for:	
☐ Mayor	
Mayor Sactoride	
Commissioner, District Surfside	_
☐ Property Appraiser	
☐ Clerk of the Circuit Courts	
☐ Community Council, Area, Sul	b-Area
REPORT IDE	NTIFIERS
Report Name 2024 60 DP Cover Period	$\frac{01/01/24}{\text{through}} \frac{01/12/24}{\text{through}}$
Report Type Original Amendment	
	CATION
7.00	on to falsify a public record (ss. 839.13, F.S.)
I certify that I have examined this report and it is true, correct, and complete.	I certify that I have examined this report and it is true, correct, and complete.
(Type name) Treasurer Deputy Treasurer	(Type name)
x Quebble	X Sull Signature
Signature	Signature

### PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



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

(1) Name	Ruben A.C.	to	(2) I.D. Number	
	Name 2024 60 DP	(4) Cover Period	01/01/24 through 01	1/12/24
(5) Report	Type 🗖 Original 🔲 Amendment	(6) Page		2
(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
			-	

CAMPAIGN TREASURER'S REPORT SUMMARY					
(1) Ruben Antonio Coto	OFFICE USE ONLY				
(2) 8867 Byron Aue	TOWN OF SURFSIDE				
Address (number and street)  Surfside, FC 33154  City, State, Zip Code	FEB1 '24 8:59AM				
☐ Check here if address has changed	(3) ID Number: 2024 B1				
(4) Check appropriate box(es):  ☐ Candidate Office Sought: ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed					
(5) Report	Identifiers				
Cover Period: From <u>01</u> / <u>13</u> / <u>2024</u> To	01 / 26 / 2024 Report Type: 2024 B1				
	cial Election Report				
(6) Contributions This Report	(7) Expenditures This Report				
Cash & Checks \$,, 370 ° 6	Monetary				
Loans \$ , ,	Transfers to Office Account \$				
Total Monetary \$,, <u>370</u> .	Total Monetary \$,,,				
In-Kind \$ ,					
	(8) Other Distributions \$ , ,				
(9) TOTAL Monetary Contributions To Date \$,,	(10) TOTAL Monetary Expenditures To Date \$,				
(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, corr	01 11				
(Type remains ben Autonio Coto   (Type remains Autonio Coto   Individual (only for IE or electioneering comm.) (Type remains ben Autonio Coto   (Type remains ben Aut					
X Revolute	X Deulekk				

FEB1 '24 8:59AM

### **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	Ruben A Cot	0		(2)	I.D. Number	202	431
	01/13/202		gh <u>0/</u> /	26 / 20	24 (4) Page		of _/_
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12)
066	Oliver Sanchez 9140 Emerson Av Surfside, FC33154	I	self	CAS			20°
01,26,24	Surfside, FL 23154	I	Business ou nards	CHE			100000
00 8	Magaly Chait 8858 Byron Ave Surfside, FL 33154	I	NUTE POSME	CHE			20000
01,24,24	Cynthic way		cales	CHE			5000
1 1							
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1 1							*

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Buben Autonio Coto (2) I.D. Number 2024 B1					
(3) Cover Period <u>O1 / 13 /2024</u> through <u>O1 / 26 / 2024</u> (4) Page of					
(5) Date	(7) Full Name	(8) Purpose	(9)	(10)	(11)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
01/17/202	Rainbow Design+ Printing 729 NW 170 Terr Pembroke Pines, Fl 3302	25 Signs 4 STANDS	CAN		\$395°
001	Pembroke Pines, Fl 3302	2			
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//		8			
/ /					



	OFFICE USE ONLY
Name Ruben Antonio Coto	_
I.D. Number	
	TOWN OF SURFSIDE
Address (number and street) 8867 Byron Aue	
City, State, Zip Code	FEB1 '24 9:00AM
Surfside, FL 33154	_
<u> </u>	
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
☐ Mayor	
M Commissioner, District Surfside	_
☐ Property Appraiser	
☐ Clerk of the Circuit Courts	
☐ Community Council, Area, Sub	o-Area
REPORT IDEN	ITIFIERS
Report Name 2024 B1 Cover Period	
Report Type  Original  Amendment	
CERTIFI	
It is a first degree misdemeanor for any pers	
I certify that I have examined this report and it is true, correct, and complete.	I certify that I have examined this report and it is true, correct, and complete.
Ruben A. Coto	Ruben A. Coto
	(Type name) Candidate
(Type name)	(Type harre)
x Quebeleto	x Durbello
Signature	Signature



(2) I.D. Number  (3) Report Name 2024 B I  (4) Cover Period 01/13/2024 through 01/26/20  (5) Report Type 10 Original Amendment (6) Page of 1  (7) Row Number (Last, Suffix, First, Middle)  (8) Full Name (Last, Suffix, First, Middle)  (9) Name of Organization Employed By (if not directly hired by campaign)  (11) Name (Total Color		100AM	FEB1 '24 9: lumber	(2) I.D.			Coto	Antonio	Ruben A	(1) Name
(7) (8) (9) (10) (11) Row Full Name Employed By Name of Organization Employed By Amendment	2	26/20	ıgh <u>01/</u> 3	24 thro	3/20	01/1	(4) Cover Period	ВІ	Name 2024	(3) Report I
Row Full Name Employed By Name of Organization Employed By Amendme			_1	of _	(		(6) Page	☐ Amendment	Type 🖺 Original	(5) Report
	nt	Amendme		zation En				Name	Full Na	Row
									U	
		2								
					United States of the States of					-

CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1) Ruber Antonio Cote Name	OFFICE USE ONLY
(2) 8867 Byron Au-C Address (number and street) Surfside FC 33(54) City, State, Zip Code	TOWN OF SURFSIDE FE816 '24 19:19AM  GNC
Check here if address has changed	(3) ID Number: 2024 B 2
(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
Cover Period: From 01 127 1 2024 To	O2   O9   2024   Report Type: 202 € B
☐ Amendment ☐ Spe	ecial Election Report
(6) Contributions This Report  Cash & Checks \$,/,/,	(7) Expenditures This Report  Monetary Expenditures \$,, 337
Loans \$,,  Total Monetary \$,/,/,	Transfers to Office Account \$,,  Total Monetary \$ , 337.05
In-Kind \$ , , .	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(8) Other Distributions \$ ,
(9) TOTAL Monetary Contributions To Date \$ , 3 , 320	(10) TOTAL Monetary Expenditures To Date \$,
	interception (conto falsify a public record (ss. 839.13, F.S.)  rect, and complete:  (Type name) Ruben Antonio Coto  Candidate Chairperson (only for PC and PTY)  X  Signature

#### CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Ruber Autonio Coto (2) I.D. Number 2024 BZ

(3) Cover Period <u>Ol 127 / 2024</u> through <u>02 / 09 / 2024</u> (4) Page <u>1</u> of <u>3</u>

(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
02,01,24	Rita Ann Bennett 8925 Collins Ave #8D Surfside, Fl33154	4	Retired	CII			100°°
0101121	Soledad Barriga 8840 Garland A Surfside, FL 33154		Journalis gradent	CHI			12500
02108124	Maria Lourdes Villalba 400 - 90th ST Surfside, F133154		Research physicia	r CHE			10000
	Anthony Blate Eva Kaman 9308 Bay Dr, Surfside Fl 33154		Retired	CHF			10000
014	Paul Novack 1308 Bislayar. Susfside, FL 33154	4	Lawyer	CHE			2000
01,27,24	Maria I Carril 9056 Abbott Ave Surfside Fl		Relired	CTIL			500
02,08,24	Maria I. Carril 9056 Abbott A Surfside, FL 33154	ve I	Retirel	CHE			2500

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### CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Rubey Autonio Coto (2) I.D. Number 2024 B2

(3) Cover Period 01 127 12024 through 021 99 12024 (4) Page 2 of 3

(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name		(0)	(3)	(.0)	(,,,	(.2)
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	Co	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
02,08,24	Rogo Alvarez 9324 Harding	·T	Housewit	6			3000
	Sorfside, FL	上		CHE			30
02,08,24	Clura Diazleal 425 95+hsT	T	Bank Exec.	CHE			2500
018	Surfside FL	上					
	April Pullo 424 - 92 ST	I	Scenic Artist	CHE			2500
019	Surfside FL 33154						
0 3 7 0 1 7	Andre Miranda 9473 Bay Dr.	I	Managin	CHE			100 00
020	Surfside Fl						
02,08,24	Francisco Mallmann 724 - 90th ST	I	Travel Exec.	CHE			500
021	Surtside, +33154						
02,08,124	Andreavani	Ţ	Civil	NHE			2000
022	9041 DICKERST	4	Engineer	CHE			
02108 124	Aleida Delgado  9341 Collins Ave  # 1104	I	Retired	CHE			2500
023	# 1104 Sustside, Fl33154						

DS-DE 13 (Rev. 11/13)

### CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	uben Autonia	o Co	oto	(2)	I.D. Number	2024	BZ
(3) Cover Period	0/ 1/27 12020	f throu	igh <u>02</u> /	09 1202	_ <b>4</b> (4) Page	3	of <u>3</u>
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	C	(8)	(9)	(10) In-kind	(11)	(12)
02,09,24 024	City, State, Zip Code  Marc Levenson  9380 Carlyle Av  Surfside, Fl  33154	Туре	Occupation	Туре	Description	Amendment	Amount 50°C
<del>025</del>							
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(2) I.D. Number 2024 - BZ (3) Cover Period <u>O1 / 27 / 2024</u>through <u>O2 / 09 / 2024</u> (4) Page \_\_\_\_ (7)(8) (10)(11)(5) Date **Full Name** Purpose (Last, Suffix, First, Middle) (add office sought if (6) Expenditure Street Address & contribution to a Sequence City, State, Zip Code candidate) Type Amount Amendment Number Rainbow Designa Printing Solutions Corp 729 NW 170 Ter Pembroke Pines, FL 33025 CAN \$337.05



	OFFICE USE ONLY
Name /	
Ruben Antonio Coto	
I.D. Number	
i.b. Number	
	70111 07 717
Address (number and street)	TOWN OF SURFSIDE
8867 Byron Aue	FEB16 '24 10:20AM
City, State, Zip Code	CC
Surfside PC 33154	
CHECK IF ADDRESS HAS CHANGED	
E CHECK II ADDRESS HAS CHARGED	
Candidate for:	
☐ Mayor	
Commissioner, District Surfside	
☐ Property Appraiser	× .
☐ Clerk of the Circuit Courts	
Community Council, Area, Sul	o-Area
REPORT IDEI	NTIFIERS
Report Name 2024 62 Cover Period	01/27/2024 02/28/2024
Report Name 202+0 Cover Period	CITETIZE THROUGH CHOTTEE
Report Type M Original Amendment	
CERTIFI	CATION
It is a first degree misdemeanor for any pers	on to falsify a public record (ss. 839.13, F.S.)
I certify that I have examined this report and it is true, correct, and complete.	I certify that I have examined this report and it is true, correct, and complete.
Ruben Antonio Coto	Ruben Antonio Coto
(Type name) Treasurer Deputy Treasurer	(Type name) Candidate
x Subboto	X Suebel to
Signature	Signature



(1) Name	- Ruben Antonia	o Coto	(2	) I.D. Number	
(3) Report	Name 2024 BZ	(4) Cover Period	01/27/2024	_throughZ	109/203
(5) Report	Type Original    Amendment	(6) Page		_ of/	
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10 Name of Organizati (if not directly hire	) on Employed By	(11)
ě					

CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1) Ruben Antonio Coto	OFFICE USE ONLY
Name (2) 8867 By ron Ave Address (number and street)  Surfside, FL 33154  City, State, Zip Code	TOWN OF SURFSIDE
Check here if address has changed	(3) ID Number: 25 P 1
(4) Check appropriate box(es):  Candidate Office Sought: Communications 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 <u>02</u> / <u>10</u> / <u>2024</u> To	02 / 22 / 2024 Report Type: 25 P1
Original Amendment Spe	cial Election Report
(6) Contributions This Report	(7) Expenditures This Report
Cash & Checks \$,, 190.	Monetary Expenditures \$ , ,
Loans \$,,	Transfers to Office Account \$,,
Total Monetary \$,, <u>i90</u>	Total Monetary \$ , ,
In-Kind \$ , ,	
	(8) Other Distributions \$ , ,
(9) TOTAL Monetary Contributions To Date \$,3 , 510 . 00	(10) TOTAL Monetary Expenditures To Date \$ , \( \lambda \)
(11) Cert It is a first degree misdemeanor for any pers	on to falsify a public record (ss. 839.13, F.S.)
I certify that I have examined this report and it is true, corr	$\cap$ $\cap$ $\cap$ $\cap$
(Type name) Ruben Antonio Coto ☐ Individual (only for IE ☑ Treasurer ☐ Deputy Treasurer or electioneering comm.)	(Type name) Kuhen Antonio Coto  ☐ Candidate ☐ Chairperson (only for PC and PTY)  X  X
Signature	Signature

# CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS SURFSIDE

					LEDZO	47	TONYO	M H II
(1) Name	Ruben	Antonio	Coto	(2) I.D. Number	25	P	1	- T

(3) Cover Period 07 1 10 1 2024 through 07 1 22 1 2024 (4) Page \_\_\_\_ of \_\_\_

(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence	(Last, Suffix, First, Middle) Street Address &		ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
100	City, State, Zip Code  Liliana Carlier  8859 Byrom Ave  SUTFSIDE, FL  33154	I	Norse	CHE			10000
101	Elizabeth Cimadeville  8911 Collins Due  # 704  Surfside, FL  33154	I	Nea Hor	CHE			50°°
102	Cynthra Callaway 9232 Dickens Ave Surfside A 33154	I	sales of Director	CHE			4000
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DS-DE 13 (Rev. 11/13)

TOWN OF SURFSIDE FEB23 '24 10:28AM

Name	CAMPAIGN TREASURER'S RE	PORT - TIEMIZED	2) I.D. Number	_25	P1
Cover Period	0211012024through 02	122,2024	4) Page	of	
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8)  Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10)	(11)
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	OFFICE USE ONLY
Name Ruben Antonio Coto	
RUDEN ANTONIO COTO	—
I.D. Number	
	TOWN OF SURFSIDE
Address (number and street)	
8867 Byron Ave	FEB23 '24 10:29AM/
City, State, Zip Gode	77.
City, State, Zip, Gode  Sylfsist, Fl 33154	
☐ CHECK IF ADDRESS HAS CHANGED	
CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
☐ Mayor	
Commissioner, District Suffice	_
☐ Property Appraiser	* -
☐ Clerk of the Circuit Courts	
☐ Community Council, Area, Su	b-Area
REPORT IDE	NTIFIERS
25 P1	2/1/22/
Report Name 25 P1 Cover Period	1 0 2 10 2024 through 02 22 2024
Report Type Original Amendment	
4	
CERTIF	ICATION
	on to falsify a public record (ss. 839.13, F.S.)
I certify that I have examined this report and it is true, correct, and complete.	I certify that I have examined this report and it is true, correct, and complete.
$O_1$	
Kuben Antonio Coto	(Type name) Candidate
(Type name) Treasurer Deputy Treasurer	(Type name) Candidate
x Thulab the	X Luclet Te
Signature	Signature

# TOWN OF SURFS FEB23 '24 AMFDADE COUNTY

## PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES

(1) Name	Ruben Antonia	Coto	(2) I.D. Number 2	5 P.1
(3) Report	Name 25 P1	(4) Cover Period	02/10/2024 through 02/	22/2024
(5) Report	Type   Original	t (6) Page	of	
(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	OFFICE USE ONLY			
Name	TOWN OF SURFSIDE			
(2) 8867 Byron Avel Address (number and street)	MAR7 '24 18134AM			
Surfside, FC 33154	Sm			
City, State, Zip Code	7110			
☐ Check here if address has changed	(3) ID Number: 11 p 1			
(4) Check appropriate box(es):	•			
Candidate Office Sought: Commission	ovier			
<ul><li>☐ Political Committee (PC)</li><li>☐ Electioneering Communications Org. (ECO)</li></ul>	☐ 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			
(E) Port out	Identifiers 03-07-24			
Cover Period: From $02/23/29$ To	Tuertainers .			
	ecial Election Report			
(6) Contributions This Report	(7) Expenditures This Report			
Cash & Checks \$ , ,	Monetary Expenditures \$ , ,			
Loans \$ , ,	Transfers to Office Account \$ , , .			
Total Monetary \$ , , ,				
	Total Monetary \$ , ,			
In-Kind \$ , ,				
	(8) Other Distributions			
	Ψ , ,			
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date			
\$, _3, 510. °	\$ , <u>l</u> , <u>811</u> . <u>61</u>			
(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, corr	0 1			
(Type name) Kuben Antonio Coto	(Type name) Ruben Antonio Coto			
☐ Individual (only for IE or electioneering comm.) ☐ Treasurer ☐ Deputy Treasurer	Candidate Chairperson (only for PC and PTY)			
x Dululeto	x Thubile to			
Signature	Signature			

## CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS 124 10:34AM

(1) Name	Ruben Anton	10	600	(2)	I.D. Number		P 1
	02123124						
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Со Туре	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12)
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1 1							
DS-DE 13 (Rev. 11/1	13)	SEE RE	VERSE FOR	INSTRUCTIONS	AND CODE VAL	UES	

(1) Name	CAMPAIGN TREASURER'S RE	PORT – ITEMIZED	EXPENDIT 2) I.D. Number	URES P.	1
	od 02 / 23 / 24 through 03				
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10)	(11)
X/					
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	OFFICE USE ONLY			
Name Ruben Antonio Coto				
I.D. Number				
Address (number and street) 8867 By Fon Aue				
City, State, Zip Code Surfside, FC 33154				
☐ CHECK IF ADDRESS HAS CHANGED				
Candidate for:				
☐ Mayor ☐ Commissioner, District				
REPORT IDENTIFIERS				
Report Name Cover Period	02/23/24 through 03/07/24			
Report Type Original Amendment				
	ICATION			
	son to falsify a public record (ss. 839.13, F.S.)			
I certify that I have examined this report and it is true, correct, and complete.	I certify that I have examined this report and it is true, correct, and complete.			
Ruben Antonio Coto Ruben Autonio Coto				
(Type name) Treasurer Deputy Treasurer	(Type name)			
x Deubelige	x Dubeleto			
Signature	Signature			



(3) Report Name	
(7) (8) (9) (10) (17) Row Full Name Employed By Name of Organization Employed By Amend	24
(7) (8) (9) (10) (17) Row Full Name Employed By Name of Organization Employed By Amend	
	l) Iment

CAMPAIGN TREASURE	CAMPAIGN TREASURER'S REPORT SUMMARY				
(1) Ruben Antonio Coto	OFFICE USE ONLY				
Name (2) 8867 Byron Ave					
Address (number and street)	MAR14 '24 16K38AM				
Surtside FC 33154 City, State, Zip Code	- Smc				
Check here if address has changed	(3) ID Number:				
(4) Check appropriate box(es):					
Candidate Office Sought: Commis.	SIONER				
☐ Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded				
☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an	☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed				
individual making electioneering communications)					
(5) Report	Identifiers				
Cover Period: From $03/08/24$ To	03 / 15 / 24 Report Type: 4 P 1				
Original Amendment Spe	cial Election Report				
(6) Contributions This Report	(7) Expenditures This Report				
Cash & Checks \$,,	Monetary Expenditures \$,, 286. 64				
Loans \$,,	Transfers to Office Account \$ , , .				
Total Monetary \$,,	Total Monetary \$ , ,2% . 64				
In-Kind \$ ,					
	(8) Other Distributions				
	\$ , ,				
(9) TOTAL Monetary Contributions To Date \$,3, _510	(10) TOTAL Monetary Expenditures To Date (10) \$ , 1 , 2 , 2				
(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:					
01.41.501	$O \setminus A \setminus C \setminus$				
(Type name)   1 U D E \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(Type name) (1) Den Auton (0 Cotto				
or electioneering comm.)	D112				
x fullete	x Juluby				
Signature	Signature				

# CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS MAR14 '24 18438AM

(1) Name /	benAntonio	Ce	sto	(2)	I.D. Number		PP1
(3) Cover Period	03/08/29	throug	gh <u>03</u> /	15/2	<u>식</u> (4) Page	_t_	of l
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
Number	Oily, State, 219 code	Турс	Occupation	Туре	Description	,	Amount
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DS-DE 13 (Rev. 11/1	13)	SEE RE	VERSE FOR I	NSTRUCTIONS	AND CODE VAL	UES	

(1) Name CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (2) I.D. Number				
(1) Name huben Antonio Coto	(2) I.D. Number	471		
(3) Cover Period <u>03 / 08 / 24</u> through <u>63 / 15 / 24</u>	(4) Page of	1		

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
03/08/24	Vista Print 275 Wyman ST Waltham, MA 02451	Post Card 500	CAN		150,64
03/13/24	UCPS	STAMPS. 2 Rolls	CAN		136.00
/ /					
/ /					
//					,
/ /		р			
/ /					
//					



	OFFICE USE ONLY
Name Ruben Antonio Coto	OFFICE USE ONLY
I.D. Number	~
Address (number and street) 8867 Byron Ave	
City, State, Zip Code Surffiel, FL 33154	Sme
_	TOWN OF SURFSIDE
☐ CHECK IF ADDRESS HAS CHANGED	JOKE STOE
Candidate for:	
☐ Mayor ☐ Commissioner, District	
REPORT IDE	NTIFIERS
Report Name 4 1 Cover Period	03/08/24 through 03/15/29
Report Type 12 Original	
CERTIFI	CATION
It is a first degree misdemeanor for any pers	
I certify that I have examined this report and it is true, correct, and complete.	I certify that I have examined this report and it is true, correct, and complete.
Ruben Antonio Coto	Robert Antonio Coto
(Type name) Treasurer Deputy Treasurer	(Type name) Candidate
X ubibib	X Dublato Signature



(1) Name Roben Antonio Coto (3) Report Name 4 11 (4) Cover Period			MHR14 '24 10:38AM (2) I.D. Number		
(5) Report	Type Original	(6) Page	1	of	
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