APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.)	TOWN OF SURFSIDE NOV13 '23 11:03AM			
(PLEASE PRINT OR TYPE)	Smc			
NOTE: This form must be on file with the qualifying officer before opening the campaign account.	OFFICE USE ONLY			
1. CHECK APPROPRIATE BOX(ES):				
Initial Filing of Form Re-filing to Change:	Treasurer/Deputy 🗋 Depository 🗌 Office 🗌 Party			
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip			
Ruben Antonio Coto	code) 8867 Byron Ave			
4. Telephone 5. E-mail address (786) 229-7634 R(pto @40(.Co	Surfside, FL 33154			
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if			
	applicable:			
commission er	My intent is to run as a Write-In candidate.			
8. If a candidate for a partisan office, check block and f	ill in name of party as applicable: My intent is to run as a			
Write-In 📝 No Party Affiliation	Party candidate.			
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer				
10. Name of Treasurer or Deputy Treasurer Ruben Coto				
11. Mailing Address 12. Telephone 8867 By ron Auc (786)229-7634				
13. City 14. County 15. S				
18. I have designated the following bank as my	Primary Depository Secondary Depository			
19. Name of Bank	20. Address			
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	26. Signature of Candidate			
11-13-2023.	X Tueleto			
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)				
I, RUBEN Autonio Coto, do hereby accept the appointment				
(Please Print or Type Name) designated above as: Campaign Treasu	rer Deputy Treasurer.			
	D. Ilto			
<u> </u>	Signature of Campaign Treasurer or Deputy Treasurer			

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STATEMENT OF	OFFICE USE ONLY
STATEMENT OF CANDIDATE	TOWN OF SURFSIDE
(Section 106.023, F.S.)	NOU13 '23 11:03A
(Please print or type)	SMC
1, Ruben Coto	3
candidate for the office of	Missioner;
have been provided access to read an	d understand the requirements of
Chapter 106, Florida Statutes.	
Appointment of Campaign Treasurer and Desig	emeanor and a civil violation of the Campaign

DS-DE 84 (05/11)

	NO	V 13 PH 2:28 SMC				
APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.)		OF SURFSIDE				
(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):	reasurer/Deputy 🔲 Depository 🔲	Office 🗌 Party				
2. Name of Candidate (in this order: First, Middle, Last) RUDEN ANTONIO COTO 4. Telephone (786) 229-7634 RCOTO @40(.CO)	3. Address (include post office box or s code) 8867 Byro Surfside,	on Ave				
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonparti</u> applicable: My intent is to run as	isan office, check if s 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 inte	ent is to run as a				
Write-In Mo Party Affiliation						
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer						
10. Name of Treasurer or Deputy Treasurer						
11. Mailing Address 8867 By ron AUC (786)229-7634						
13. City Surfside Mami Dade FL 33(54 PLCO to @ AOL. com						
18. I have designated the following bank as my						
19. Name of Bank	20. Address 300 71 ⁵⁷ 57					
21. City 21. City 22. County 22. County 23. State FL 24. Zip Code 35/41 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	26. Signature of Candidate					
11-13-2023. X Julioto						
27. Treasurer's Acceptance of Appointment I, <u>Ruben Antonio</u> Coto (Please Print or Type Name)						
designated above as: Campaign Treasure	Deputy Treasurer.					
<u>11-13-2023</u> X Date	Signature of Campaign Treasurer or Deput	ty Treasurer				

DS-DE 9 (Rev. 10/10)

OFFICE USE ONLY NOV 13 PM 2:28 STATEMENT OF TOWN OF SURFSIDE CANDIDATE (Section 106.023, F.S.) NOV13 '23 11:03 (Please print or type) en Coto 1. candidate for the office of COMMISSIONER have been provided access to read and understand the requirements of Chapter 106, Florida Statutes. //-/3-2023 Date Signature of Candidate 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).

DS-DE 84 (05/11)



TOWN OF SURFSIDE MUNICIPAL BUILDING 9293 HARDING AVENUE SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 19, 2024

RECEIPT OF DOCUMENTS

Candidate:

First Name

Middle Name

I ast name

Commission Office Sought (Mayor or Commissioner)

786-7297634 Fax No.:

Phone No.:

Cell Phone: 786-229-7634

E-Mail Address: RCOTO @ 40% COM

This is to acknowledge my receipt of the following documents:

The Florida Election Code (2022) – Digital Format (USB) N

4 Candidate and Campaign Treasurer Handbook (2022) -Digital Format (USB)

Guide to the Sunshine Amendment and Code of Ethics (2023) -U Digital Format (USB)

TY I

Reporting Dates Schedule (Election Date: March 19, 2024)

ry.

Campaign Activities Memorandum

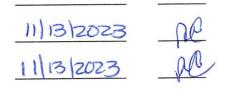
Date: _____ 11 - 13 - 2023

Received by:

Candidate Signature

SURFSIDE FLORIDA FLORIDA FLORIDA					
	Town of Surfside				
	9293 Harding Avenue Surfside, Fl 33154				
2	024 GENERAL MUNICIPAL ELECTION QUA	LIFYING PACKET			
Name of C	andidate Ruben Cot	0			
Office Sou	ght <u>COMMISSIONE</u>	5			
Phone No.	786-229 - 76 3 4 Cell Phone No: 72	86-229-71	634		
E-Mail Ad	dress: <u>RCOto@Aol.Co</u>	om			
<u>Contents</u>		Date Received	<u>Initials</u>		
1. Qualify	ing as a candidate:				
	Appointment of Campaign Treasurer and Designation of Campaign Depository	11/13/2023	pe		
	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
- 3. Campaign Activities Memorandum



Candidate's Signature

Date

	Town of Ourfside 9293 Harding Avenue Surfside, Fl 33154		
2024	GENERAL MUNICIPAL ELECTION QUA	ALIFYING PACKET	
Name of Cand	lidate Ruben Cot	-0	
Office Sought	commissione	20	
Phone No.: 7	86-229 - 76 3 4 Cell Phone No: 7	86-229-76	34
E-Mail Addres	ss: RCOto @ Aol. C	OM	
Contents		Date Received	<u>Initials</u>
1. Qualifying	as a candidate:		
•	pointment of Campaign Treasurer and signation of Campaign Depository	11/13/2023	pe
No	minating Petition	11/17/2023	pe
Sta	atement of Candidate	11/17/2023	N
Sw	vorn Statement of Qualification	11/17/2023	Pe
Car	ndidate Oath	11/13/2023	- PC
For	rm 1 – Statement of Financial Interest (2022)	11/17/2023	pl
	eclaration and First Amendment Waiver olunteer Statement of Fair Campaign Practice	11/17/2023	pl

R

<u>11/17/2023</u> NIA.

Qualifying Fee \$25.00

L & A Schedule

Proof of Residency

- & Voter Registration
- 2. Important Dates to Remember
- 3. Campaign Activities Memorandum

Candidate's Signature

11/17/2023	RC
11/13/2023	ne
11/13/2023	pe

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.

Ruben Antonio Coto, a candidate for the office of please print your name elective office sought in <u>Town of Surfeide</u>

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

11/17/2023

Dat

CANDIDATE OATH				
NONPARTISAN OFFICE				
(Do not use this form if a Judicial or School Board Candidate)	NOV 17 PM 1:55 SMC			
Check box only if you are seeking to qualify as a write-in candidate:				
Write-in candidate	OFFICE USE ONLY			
Q - u did				
	ate Oath (a), Florida Statutes)			
1 Ruben Antonia Cota				
(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			
	ames). No change can be made after the end of qualifying.			
Although a write-in candidate's name is not printed on the b	allot, the name must be printed above for oath purposes.)			
am a candidate for the nonpartisan office of	(Office) , (District #)			
(<i>Circuit #</i>), (<i>Group or Seat #</i>); I am a qualified elector of	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	f 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 (<i>see</i> instructions on page 2 of this form): [Not applicable to write-in candidates.]				
X Dubado (786) 229 Signature of Candidate Telephone Number	1-7634 RCOTO CAOle Com Email Address			
- 5867 Byron Ave Surfsi				
Address City	State ZIP Code			
	Harpfold			
STATE OF FLORIDA	Signature of Notary Public			
COUNTY OF <u>Miami-Dade</u>	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	SANDRA MCCREADY MY COMMISSION # HH 350567			
this day of, 20	EXPIRES: May 4, 2027			
Personally Known OR Produced Identification				
The structure rounded.				

DS-DE 302NP (Rev. 08/2021)

Rule 1S-2.0001, F.A.C.



NOV 17 PM 1:55 GMC

TOWN OF SURFSIDE MUNICIPAL BUILDING 9293 HARDING AVENUE SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 19, 2024

SWORN STATEMENT OF QUALIFICATION

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

STATE OF FLORIDA }

COUNTY OF MIAMI-DADE }

}

TOWN OF SURFSIDE

I solemnly swear (or affirm) under oath, that my name is Ruben Antonio Coto						
that I am a Citizen of the United States, a qualified elector of Miami Dade County and the Town of						
Surfside, Florida; that my address is <u>\$867 Byron Ave Surfside, FL 33154</u> ,						
my occupation is <u>Insurance Broker</u> , Sales; that I have been						
a resident of the Town of Surfside since 1989 ; that I will be at least twenty-one (21) years of						
age by November 22, 2023 and that if elected, I will willingly serve as						
Commissioner (Mayor or Commissioner) of the Town of Surfside, if elected.						

Signature of Candidate

2023 Date

PRINTED NAME OF NOTARY

Sworn to and subscribed before me this 17th day of November 20 NOT UBLIC SANDRA MCCREADY Y COMMISSION # HH 350567 EXPIRES: May 4, 2027

ſ	FORM 1 STATEMENT OF			2022			
ŀ	Please print or type your name, mailing address, agency name, and position below:	INTERESTS	Γ	FOR OFFICE USE ONLY:			
	LAST NAME FIRST NAME MIDDLE						
	Gurfside re	Dade		NOV 17 PM 2:01 SMC			
	TOWN OF SUF- NAME OF AGENCY: COMM(SS)	oner					
	CHECK ONLY IF CANDIDATE						
	** DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YO	*** THIS SECTION MUS			CEMBER 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		JRCE'S DRESS		SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY		
	Coto Industries LL	C 1555 NE 123rd	TN. MramiFL 33161	I Insurance sales			
PART B – SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting (If you have nothing to report, write "none" or "n/a")					instructions]		
	NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
Statement of the statem	PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a") 8867 Byron Ave Swfside, FC 331			lines o sheets	e not limited to the space on the on this form. Attach additional , if necessary. G INSTRUCTIONS for when		
				and w locate INSTR this fo	here to file this form are d at the bottom of page 2. CUCTIONS on who must file form and how to fill it out		
			on muama sida)	begin	on page 3. PAGE 1		

Γ	PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions] (If you have nothing to report, write "none" or "n/a")				
I	TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
F	CD, STOCK, IRA	Truist, Charles Schwab, National Life			wab, National Life
t			,		
F	PART E — LIABILITIES [Major debts - See instructions		578188.		
I	(If you have nothing to report, write "none	e" or "n/a")			
I	NAME OF CREDITOR			ADDRES	S OF CREDITOR
t	Loan Depot Mortgage			Irvi	nelalifornia
Γ					
Ĩ	PART F — INTERESTS IN SPECIFIED BUSINESSES [4 (If you have nothing to report, write "none"	or "n/a") BUSIN	IESS	SENTITY # 1	BUSINESS ENTITY # 2
	NAME OF BUSINESS ENTITY	Globals	P	ine Distlle	
L	ADDRESS OF BUSINESS ENTITY	1555 NE 17	23	ST N. Miami 33	161
L	PRINCIPAL BUSINESS ACTIVITY	Medical e	90	ipment Sales	
	POSITION HELD WITH ENTITY	Principal	1/	Owner	
L	I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100 010			
L	NATURE OF MY OWNERSHIP INTEREST		0.04		
	PART G — TRAINING For elected municipal officers, agency created under Part III, Chapter 163 required to c	appointed school somplete annual eth	supe nics	erintendents, and commit training pursuant to section	ssioners of a community redevelopment on 112.3142, F.S.
	I CERTIFY THAT I	HAVE COM	PLI	ETED THE REQ	UIRED TRAINING.
	IF ANY OF PARTS A THROUGH G ARE	CONTINUED	ON	A SEPARATE SHE	ET, PLEASE CHECK HERE
SIGNATURE OF FILER:			Concession of the local division of the loca	CPA or ATT	ORNEY SIGNATURE ONLY
Signature:		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:			
	Suberto		-	I, Form 1 in accordance of instructions to the form, disclosure herein is true	, prepared the CE with Section 112.3145, Florida Statutes, and the Upon my reasonable knowledge and belief, the e and correct.
	Date Signed: / /			CPA/Attorney Signature	21
	11/17/2023				
			Date Signed:		
	FILING INSTRUCTIONS:				
	If you were mailed the form by the Commission on Et Supervisor of Elections for your annual disclosure form to that location. To determine what category you under, see page 3 of instructions.	filing, return the	M 1 v	ULTIPLE FILING UNN	together with their filing papers. ECESSARY: A candidate who files a Form is not required to file with the Commission s.
	Local officers/employees file with the Supervision of the county in which they permanently reside. permanently reside in Florida, file with the Supervision where your agency has its headquarters.) Form 1 fill the Supervisor of Elections may file by mail or ema Supervisor of Elections for the mailing address or e use. Do not email your form to the Commission on	(If you do not or of the county ers who file with ail. Contact your email address to	an da Ap co ap	d specified state em te of his or her appoin pointees who must be nfirmation, even if that pointment.	y, each local officer/employee, state officer, ployee must file <i>within 30 days</i> of the timent or of the beginning of employment. confirmed by the Senate must file prior to t is less than 30 days from the date of their
ŀ	returned.			a <i>ndidates</i> must file a ipers.	t the same time they file their qualifying
	State officers or specified state employees will Commission on Ethics may file by mail or email. send the completed form to P.O. Drawer 15709,	To file by mail, Tallahassee, FL	TH ho	nereafter, file by July 1 Id their positions.	following each calendar year in which they
	32317-5709; physical address: 325 John Knox Rd, I Tallahassee, FL 32303. To file with the Commission your completed form and any attachments as a pdf other format), send it to CEForm1@leg.state.fl.us at for your records. <u>Do not file by both mail and email.</u> <u>filing method</u> . Form 6s will not be accepted via email	do not use any do not use any nd retain a copy Choose only one	lea of	aving office or employn Financial Interests) do	losure form (Form 1F) within 60 days of nent. Filing a CE Form 1F (Final Statement es <u>not</u> relieve the filer of filing a CE Form 1 er position on December 31, 2022.

CE FORM 1 - Effective: January 1, 2023. Incorporated by reference in Rule 34-8.202(1), F.A.C.

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

	\sim	1	- /	
We the undersigned electors of the Town of Surfside, Florida, hereby nominate	Ru	ben	Coto	
We the undersigned electors of the Town of Sunside, Honda, hereby normalize for the office of $M \neq I \leq I \leq O \leq C$ (Mayor or Commissioner) at an	election to	be held on March	h
	,		PM 1:42	
19, 2024.		110 Y	i i i de " ude-	

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

		othr. 63	
Signature:	Date:	<u>ТПЕ</u> Д_D.O.B	-
Print Name Jalil TMBE	Address:	<i>(1) (2)</i>	
Signature:	Date: 1	/16/23 D.O.B.	-
Print Name: Inone Anistay	Address:	-	
Signature: Che Venan	Date: 🕕	11e 23 D.O.B.	
Print Name: Exa Kanan	Address:		
Signature: Chy My	Date:	1116/27 D.O.B.	4
Print Name: AAlog BUTK	Address:		
Signature: Plean R Jolhan	Date:	11/16/23 D.O.B.	_
Print Name: ELANA R. SALZhaver	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.	
	Address:		
Print Name:	Date:	D.O.B.	
Signature:	Address:		
Print Name:		D.O.B.	
Signature:	Address:		
Print Name:		D.O.B.	
Signature:	Address:		
Print Name:	71001000.		

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

Signature of Circulator:	side, # 33154
ACCEPTANCE OF NOMINATION	
I hereby accept the nomination of Commission er	(Mayor or Commissioner) and agree to
serve if elected.	Date: 11-17-23
Signature of Candidate:	

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

	\cap	. 6	Cità
We the undersigned electors of the Town of Surfside, Florida, hereby nominate	120	olection to	be held on March
for the office of $\underline{OOmmfSSiOnec}$ (Mayor or Commissioner) at an	01000101110	
19, 2024.		NOV 17	Рм 1:42

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

		Date: ((/16/23 D.O.B.
Signature:	han the	Address:
Print Name:	Kase Andersen	11/102
Signature:	Stand from	
Print Name:	HWARD REIWER	Address:
Signature:	Garanto Viedosten:	Date: 11/16/23 D.O.B.
Print Name:	Gerardo Vildostegui	Address:
Signature:	Stales	Date: 11/16/23 D.O.B.
Print Name:	Lorena O'Malley	Address:
Signature:	GA	Date: 11/16 23 D.O.B.
Print Name:	Caridad y Izquierdo	Address:
Signature:	Nou Malla	Date: <u>11/16/23</u> D.O.B.
Print Name:	PAUL OFMALLEY	Address:
Signature:	Modelinghit	Date: <u>11/16/23</u> D.O.B.
Print Name:	Martelike P. Noble	Address:
Signature:	Thursday	Date: 11/6/23 D.O.B.
Print Name:	Maria P. Noble	Address:
Signature:	anally shours	Date: 1/ 1 6 23_ D.O.B.
	Phyllis Shanyr	Address:
Print Name:	(Date: 16/23 D.O.B.
Signature:	CAPILO PINO	Address:
Print Name:		Date: 11/16/23 D.O.B.
Signature:	AMDREA TRAVANI	Address:
Print Name:		Date: 11 16 2023 D.O.B.
Signature:	Junittill	Address:
Print Name:	Sennifer Hill	Date: 11/16/2023_D.O.B.
Signature:	Fi Mantinez	Address:
Print Name:	Judy Martinez	Auuress.

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper 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: Ruberto Aug Sufficient FC 33154	
Address of Circulator: <u>8867 By Ton</u> <u>40C</u>	
Email address of Circulator: RCOTO @ 4010 COM	
ACCEPTANCE OF NOMINATION	
I hereby accept the nomination of <u>COMMISSIGNER</u> (Mayor or Commissioner) and ag	ire
serve if elected.	

Signature of Candidate: ______

ee to

_____Date:_____7-23

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, for the office of	Florida, hereby nominate <u>Ruben</u> Cafe (Mayor or Commissioner) at an election to be held on Mar	ch
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).

	11 11 2013	
Signature: Collin & Junerg	Date: 11-14-2023 D.O.B.	
Print Name: EDILIA L. JINENEZ	Address:	
Signature: Anidella Pableta	Date: 11-14-2023 D.O.B.	
Print Name: ZENAIDA BECERRA	Address:	
Signature: Mandy Mars	Date: 11-14-2023D.O.B.	
Print Name: LiGIA MARIE/12 REJES	Address:	
Signature: RLLS26	Date: Nov 142023D.O.B.	
Print Name: RAGE DUISD	Address:	
Signature: and Verge	Date: D.O.B	
Print Name: Andrew Vergara	Address:	
Signature: Cerelia M. Excolor	Date: 11-15-2023 D.O.B	
Print Name: Cesilia Escobar	Address:	
Signature:	Date: 4-16-23 D.O.B	
Print Name: Frank & Mee Bride Jr.	Address:	
Signature: MOCIO	Date: 11-15-23 D.O.B	- (
Print Name: ROCIO, AlVAREZ	Address:	
Signature: Willallan	Date: 11/16/23_D.O.B	
Print Name: MARIA JOURDES VILLANA	Address:	
Signature:	Date: $\frac{h}{l_{k}} \frac{23}{2}$ D.O.B	
Print Name: Condy Fitelsn	Address:	
Signature:	Date:D.O.E	
Print Name:	Address:	
Signature: mAcaul	Date: 11/16/23 D.O.E	
Print Name: MARIA ISIAGE CARRI	Address:	
Finit Name. The first and a state of the sta	Date: 1/16/2023 D.O.E	
Signature: <u>Halbelan</u> Print Name: <u>Paul Baldar</u>	Address:	1
Fille Name		

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper 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:	
Address of Circulator: 886/ Byron Ave	
Email address of Circulator: RC070 @ 401- Com	
ACCEPTANCE OF NOMINATION	
I hereby accept the nomination of <u>Commissioner</u>	_ (Mayor or Commissioner) and agree to
serve if elected.	Date: 11-17-23
Signature of Candidate:	Date:

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate $\frac{RUBENCOTO}{COMMISSIONER}$ (Mayor or Commissioner) at an election to be held on March

NOV 17 PH 1:42

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

2	
Signature: Juisa Marnor	Date: ///15/ 73 DOB
Print Name: KUISA M, RAMOS	Address:
Signature: Mart Mart	Date: 11/15/23 D.O.B.
Print Name: RAUI RAMOS	Address:
Signature: Maria @ Benetes	Date: 1/16/23 DOB
Print Name: Maria R Benitez	Address:
Signature: MWWARL Willer	Date: 11/16/23 DOB
Print Name: MUNSabel Waller	Address
Signature: Melenka Motoraic	Date://- 10:23 DOB C
Print Name: NEVENKA MATORCEVIC	Address:
Signature:	Date: 11-16-251 D.O.B
Print Name: MARCO Wher	Address:
Signature: Cynthe Cullure	Date: <u>71/1/23</u> DOB
Print Name: Cynthia Call Guoay	Address:
Signature: Kard Profil	Date: 11/16/2023 DOB (
Print Name: RANDI F. MACBRIDE	Address:
Signature: A Suite	Date: 11(16/2023 D.O.B.
Print Name: ANDRE SCHOLOFF MIRAUZA	Address:
Signature: Darright famala	Date: 04-16-65.0 B-H
Print Name: Harrell Arnold	Address:
Signature: Jamel and	Date: _/////23 D.O.B (
Print Name: Darrell Arnold	Address:
Signature:	Date: 11-16-2,3D.O.B.
Print Name: Xa and Holcon	Address:
Signature:	Date: MIERTD.O.B.
Print Name: Ciney Fitelan	Address:
STATEMENT	OF CIRCULATOR
C I / C I has I VI ha	

The undersigned is the circulator of the foregoing paper containing <u>12</u> signatures. Each signature appended
thereto was made in my presence and is the genuine signature of the person whose name it purports to be.
and the person whose name it purports to be.
Signature of Circulator:
Address of Circulator: <u>8867 Byron Ase Surfside</u> , FC 33154 Email address of Circulator: <u>RCoto @ Aol. Com</u>
Email address of Circulator: RCOTO @ AOL. COM
ACCEPTANCE OF NOMINATION
I hereby accept the nomination of COMMIC SI ONPC
serve if elected.
Signature of Candidate:

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 17 PM 1:42 Ruhen Coto

We the undersigned electors of the Town of Surfside, Florida, hereby nominate _ for the office of $OOMMISSIONCC$ (Mayor or Commissioner)	Ruben	Coto
for the office of Commissioner (Mayor or Commissioner)	at an election to be	e 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).

A		
Farbare Wall	Date:	: <u>//-/3-23</u> D.O.B.
Barbara yall	Address:	
Ann > pen	Date:	<u>, 11/13/гз</u> д.О.В.
APHLENE AVACIN	Address:	
Juspe	Date:	11.13.23 0.08.
Ting Paul	Address:	
Alteraters	Date:	: 11.13.23 D.O.B.
VTUDIS CIUZ CACERES	Address:	**
Farandeliefe	Date:	1/13/23 D.O.B.
Fernanda Matach	Address:	
	Date:	: D.O.B
	Address:	
	Date:	: D.O.B
	Address:	
	Date:	: D.O.B
	Address:	
	Date:	: D.O.B
	Address:	
	Date:	: D.O.B
	Address:	
	Date:	: D.O.B
	Address:	
	Date:	: D.O.B
	Address:	
	Date:	: D.O.B
	Address:	
	Barbara Upli Alm ? Aim ARHIENE AVACIN The HIENE AVACIN The factor Took Croz Aczes Fernanda Matach	Barbare (fall Address AM AM A & & WA Address A & & WA Address A & & MA Address A & & Matach Address Bate Address A & & Matach Address Bate Address </td

The undersigned is the circulator of the foregoing paper 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.
- Unit to
Signature of Circulator:
Address of Circulator: 3867 Byron Ave Surfside F(33154
Email address of Circulator: RCOTO @ AO IO COM
ACCEPTANCE OF NOMINATION
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 PM 1:42

We the undersigned electors of the Town of Surfside, Florida, hereby nominate <u>1000-en co</u> for the office of <u>Commissioner</u> (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:	Date: //-/3-2023 D.O.B.
Print Name: MARINA SAIZADIA	Address:
Signature: May A, Sauce	Date: 11-13-23 D.O.B.
Print Name: MARY A. SANTDS	Address:
Signature:	Date: // -/3-13 D.O.B.
Print Name: Lea Coto	Address:
Signature:	Date: 1//13/2.5 D.O.B.
Print Name: Gabriel Coty	Address:
Signature: Ruchats	Date: 11-13-23 D.O.B.
Print Name: Ruben Coto	Address:
Signature: MS Wall	Date: 11/13/23 D.O.B.
Print Name: Dawl (Nall	Address:
Signature: May H	Date: 11/13/23 D.O.B.
Print Name: Mary Henderson	Address:
Signature: mckarl	Date: 11/13/23 D.O.B.
Print Name: MGICY CHAIT	Address:
Signature:	Date: 111322520.B.
Print Name: Thotorie R Saite	Address:
Signature: _uning	Date: 11-13-2-2 D.O.B.
Print Name: Justin Simon	Address:
Signature:	Date: <u>11-13-23</u> D.O.B.
Print Name: Doiros D'imitropoulos	Address:
Signature:	Date: (1/12/2-) DOB
Print Name: Charles Runkett	Address:
Signature:	Date: <u> /3/2</u> D.O.B.
Print Name: Walky Valuegoes	Address:

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

Signature of Circulator: <u>Stable Dyron</u> Ave Sov- Address of Circulator: <u>Restored Actorem</u>	FSide, FC 33 154
ACCEPTANCE OF NOMINATIO	N
I hereby accept the nomination of <u>Commissforer</u>	(Mayor or Commissioner) and agree to
serve if elected.	11 17 77
Signature of Candidate:	Date: //-//- 23

RUBEN ANTONIO COTO CAMPAIGN RUBEN ANTONIO COTO 8867 BYRON AVE SURSIDE, FL 33154	1001 63-0436//0660 DATE
PAY TO THE ORDER OF TOWN OF Surfside twenty five -	\$ 25 %
City National Bank BCI FINANCIAL GROUP	Rubiko .
_	

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Office of the Town Clerk

MUNICIPAL BUILDING 9293 HARDING AVENUE SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra N. McCready, MPA, MMC, Town Clerk

November 22, 2023

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

Dear Mr.Coto:

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

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

Very truly yours Sandra cCready, MPA, MMC Town (

CAMPAIGN TREASURER'S REPORT SUMMARY				
(1) Ruben Antonio Cot	OFFICE USE ONLY			
(2) 8867 Byron Aue				
Address (number and street)	TOWN OF SURFSIDE			
Surfside				
City, State, Zip Code	JAN9 '24 1:23PM			
Check here if address has changed	(3) ID Number:			
(4) Check appropriate box(es):				
Candidate Office Sought:				
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 <u>/0</u> / <u>01</u> / <u>2023</u> To	12/31 / 2023 Report Type: 2023 Q4			
	ecial Election Report			
(6) Contributions This Report	(7) Expenditures This Report			
	Monetary Expenditures \$, , 25.			
Cash & Checks \$,,,	Expenditures \$,, 25			
Loans \$,, <u>100</u> . <u>00</u>	Transfers to			
	Office Account \$,,,			
Total Monetary \$,,,	Total Monetary \$. 25.00			
In-Kind \$, , /00.	Total Monetary \$,, 25			
, <u>, , , , , , , , , , , , , , , , , , </u>	(8) Other Distributions			
	\$,			
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date			
\$,, 100 . 00	\$, 25.00			
(11) Cor	tification			
(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) Buben Coto	(Type name) Ruben A. Coto			
Individual (only for IE Treasurer Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)			
Alla	- n n n			
× Juntato	× Chubitto			
Signature	Signature			

DS-DE 12 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS

TOWN OF SURFSIDE

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS '24 1:23PM					1:23PM		
(1) Name Ruben Autorio Coto (2) I.D. Number							
(3) Cover Period	(3) Cover Period 10 / 01 / 2023 through 2 / 31 / 2023 (4) Page 1 of 1						of
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	C	(8) ontributor	(9) Contribution	(10) In-kind	(11)	(12)
Number	City, State, Zip Code Ruben A. Coto 8867 Byron A Surfside, FC33	Туре	Occupation	Туре	Description	Amendment	Amount
1 1							
I							
1 1							
1 1							
1 1							
1 1							

DS-DE 13 (Rev. 11/13)

TOWN OF SURFSIDE

JAN9 '24 1:24PM

(1) Name Ruben Antonio Coto (2) I.D. Number					
(3) Cover Period	d <u>10/0//23</u> through <u>12</u>	31,23 (4) Page	of	1
(5) Data	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
11/17/23	Town of Surfside 9293 Harding Ave Surfside, FC33By	dualifying Fec	Check		2500
//					
/ /					
/ /					
_ / _/					
_ / _/					
_ / _/					
/ /					

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES SUMMARY				
Name Ruben Antonio Coto I.D. Number Address (number and street)	OFFICE USE ONLY			
City, State, Zip Code Surfside, FC 33154 CHECK IF ADDRESS HAS CHANGED	JAN9 '24 1:24PM			
Candidate for: Mayor Commissioner, District <u>Sorfside</u> Property Appraiser Clerk of the Circuit Courts Community Council, Area, Sub				
REPORT IDENTIFIERS				
Report Name 2023 Q4 Cover Period <u>10/01/23</u> through <u>12/31/23</u> Report Type Original Amendment				
CERTIFI It is a first degree misdemeanor for any perso				
I certify that I have examined this report and it is true, correct, and complete. <u>RubertA.Coto</u> (Type name) Treasurer Deputy Treasurer <u>X</u> Dubbbbb Signature	I certify that I have examined this report and it is true, correct, and complete. (Type name) Coto (Type name) Candidate X Dubert A. Coto Signature			

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



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

(1) Name	Ruben A.Cotc)	(2) I.D. Number	
(3) Report	Name 2023 Q4	(4) Cover Period	(2) I.D. Number 	131/23
	Type 🎾 Original 🛛 Amendment	(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
1 - 1				
		_		

CAMPAIGN TREASURE	R'S REPORT SUMMARY			
(1) Ruben Antonio Cot	O OFFICE USE ONLY			
Name	TOWN OF SURFSIDE			
(2) 8867 Byron Auc Address (number and street)	JAN19 '24 10:39AM			
Surfside FC 33154	Cinda			
City, State, Zip Code	- Mile			
Check here if address has changed	(3) ID Number:			
(4) Check appropriate box(es):				
Candidate Office Sought: Commits individual making electioneering communications) Candidate Office Sought: Commits individual making electioneering communications				
(5) Report	Identifiers			
Cover Period: From 10 / 01 / 2023 To	12 131 1 2023 Report Type: 2023 Q 4			
Original	ecial Election Report			
(6) Contributions This Report	(7) Expenditures This Report			
Cash & Checks \$, , ,	Monetary Expenditures \$,,,			
Loans \$,, 100. 00	Transfers to Office Account \$, , .			
Total Monetary \$,, 100	Total Monetary \$, , 25.			
In-Kind \$,,				
	(8) Other Distributions \$,,,			
(9) TOTAL Monetary Contributions To Date \$,, <u>100</u> .	(10) TOTAL Monetary Expenditures To Date \$,, _25			
(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)				
I certify that I have examined this report and it is true, cor				
(Type name) Individual (only for IE Treasurer Deputy Treasurer or electioneering comm.)	(Type name) Kuben A. Coto Candidate Chairperson (only for PC and PTY)			
× Quebetato	x Dubekk			
Signature	Signature			

DS-DE 12 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT SUMMARY				
(1) Ruben Antonio Coto Name	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				
Check here if address has changed	(3) ID Number:			
 (4) Check appropriate box(es): Commission Commission Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) 				
	Identifiers 2024			
	01 / 12 / 24 Report Type: 60 DP			
✓ Original □ Amendment □ Spending	ecial Election Report			
(6) Contributions This Report	(7) Expenditures This Report			
Cash & Checks \$,, 1025	Monetary Expenditures \$,, 054_00			
Loans \$,, <i>800</i>	Transfers to Office Account \$, , .			
Total Monetary \$,, <u>1</u> , <u>825</u> <u>30</u>	Total Monetary \$,,,,			
In-Kind \$,,				
	(8) Other Distributions \$,,			
(9) TOTAL Monetary Contributions To Date \$,, 925. 00	(10) TOTAL Monetary Expenditures To Date \$,, 079.56			
(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)				
I certify that I have examined this report and it is true, corr	rect, and complete:			
(Type name) Ruben Antonio Coto Individual (only for IE or electioneering comm.)	(Type name) Ruben Autonio Coto Candidate Chairperson (only for PC and PTY)			
x Juliante	x Rubble Signature			

DS-DE 12 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS JAN19 '24 10:31AM (1) Name Ruben Antonio Coto (2) I.D. Number (3) Cover Period 01 /01 /24 through 61 /12 / 24 (4) Page 1 of 1 (5)(8) (7)(9) (10)(11)(12)Date Full Name (6)(Last, Suffix, First, Middle) Street Address & Sequence Contributor Contribution In-kind Number City, State, Zip Code Type Occupation Туре Description Amendment Amount 01,02,24 Ruben A Coto Insurance 50000 8867 Byron Au S Agent CHE Surfside, FL 33154 002 01,04,24 Ruben 4. Coto 30000 Insurance Ruben 4. Coto 8867 Byron Aut S Agent CHE surfside, Fl 003 33154 01,04,24 Edila Lumener 2500 I Realtor CHE 9025 Byron Ave 004 Sorfside FL 33154 01,08,24 Donald Lewin Retired CHE 100000 9225 Collins AV I # 702 Surfside, FL33154 005

DS-DE 13 (Rev. 11/13)

TOWN OF SURFSIDE

JAN19 24 10:31AM

(1) Name RUDEN ANTONIO COTO (2) I.D. Number 2024 60 DP						
(3) Cover Period	d <u>01 / 01 / 24</u> through <u>01 /</u>	12/24 14	4) Page (of	<u>t</u>	
(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	
01/05/24 #002	729 NW 170. Terr. P. Pines, FL 33027	Signs, Stands + Art set up	CAN		\$712.16	
01712/24 #003	Rainbowdesign + Printing 729 NW 170 Terr P. Pines, FC 33028	Flyers Printing color	CAN	2	\$342.40	
_ / _/						
_ / _/						
_ / _/						

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES SUMMARY						
News	OFFICE USE ONLY					
Name Ruben Antonio Coto						
I.D. Number						
Address (number and street) 8867 By rom Av C	TOWN OF SURFSIDE					
	JAN19 '24 10:31AM					
City, State, Zip Code SUTESIde, FC. 33154						
CHECK IF ADDRESS HAS CHANGED	Sme					
Candidate for:						
□ Mayor ☑ Commissioner, District <u>Surfside</u>						
Property Appraiser	_					
Clerk of the Circuit Courts						
Community Council, Area, Sul	b-Area					
REPORT IDEI	NTIFIERS					
	Report Name $202460DP$ Cover Period $01/01/24$ through $01/12/24$					
Report Type 🕅 Original 🛛 Amendment	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,	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.	correct, and complete.					
Ruben A. Coto	Ruben A. Coto					
(Type name) Treasurer Deputy Treasurer	(Type name) Candidate					
X Dubble Signature	X Subbo					

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



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

(1) Name	Ruben A.Co	to		160249
(3) Report	Name 2024 60 DP	(4) Cover Period	01/01/24 through 01	112/24
(5) Report	Type 🗳 Original 🗖 Amendment	(6) Page	(2) I.D. Number <u>01/01/24</u> through <u>01/</u> 1 of 1	
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
-				
		P		

CAMPAIGN TREASURER'S REPORT SUMMARY					
(1) Ruben Antonio Coto	OFFICE USE ONLY				
(2) 8867 Byron Aue	TOWN OF SURFSIDE				
Address (number and street)	FEB1 '24 8:598M				
Surfside, FC 33154 City, State, Zip Code					
Check here if address has changed	(3) ID Number: 2024 B1				
(4) Check appropriate box(es):	Cimar				
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 <u>01</u> / <u>13</u> / <u>2024</u> To	01 / 26 / 2024 Report Type: 2024 B1				
	ecial Election Report				
(6) Contributions This Report	(7) Expenditures This Report				
Cash & Checks \$,, <u>370</u> . <u>° 6</u>	Monetary Expenditures \$,, 395. 2 *				
Loans \$,,	Transfers to				
Total Monetary \$,, 370	Office Account \$,,				
	Total Monetary \$, ,395. °°				
In-Kind \$,,					
	(8) Other Distributions \$, , , ,				
	Φ,,				
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date				
\$,,	\$,, 474.56				
(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)					
I certify that I have examined this report and it is true, correct, and complete:					
	(Type Presben Antonio coto				
(Type nema) ben Antonia Coto ☐ Individual (only for IE or electioneering comm.) ☐ Deputy Treasurer ☐ Deputy Treasurer ☐ Candidate ☐ Chairperson (only for PC and PTY)					
× Rubito					
Signature	Signature				

DS-DE 12 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS

	FEB1	24	8:59AM
CAMPAIGN TREASURER'S REPORT – ITEM	IZED CONTRIBUTIONS		

(1) Name

Ruben A Coto

(2) I.D. Number

(3) Cover Period <u>01</u> / <u>13</u> / <u>202</u> 4 through <u>01</u> / <u>26</u> / <u>202</u> 4 (4) Page <u>1</u> of <u>1</u>

(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6)	(Last, Suffix, First, Middle)	Со Туре	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
01, 24,24	City, State, Zip Code City, State, Zip Code City er Sanchez 9140 EM-erson Av Surfside, FC33154	I	Artist Self				20°®
01,26,24	Rathy Imbernian 9149 Abbott Ave Surfside, FL	I	Busines our nords upwards	CHE			100**
01,25,24 008	Magaly Chait 8858 Byrom Ave	I	NUTEL Fabrics BUSMER OWNER	CHE			20000
01,24,24	SUFFSICE 33154 Cxnthreway Calloway Dickeus A 9232 Dickeus A 9232 Dickeus A Suffsider 53154	vc T	Sales	CHE			5000
1 1							
1 1	и						
1 1							2
DS-DE 13 (Rev. 11/				INSTRUCTIONS	AND CODE VA	LUES	

DS-DE 13 (Rev. 11/13)

FEB1 '24 9:00AM Buben Autonio Coto (2) I.D. Number 20 (2) I.D. Number 2024 B1 (1) Name (3) Cover Period 01 13 12024 through 01 126 2024 (4) Page of (7) (8) (9) (10) (11) (5) Date **Full Name** Purpose (Last, Suffix, First, Middle) (add office sought if (6) Expenditure Street Address & contribution to a Sequence Type City, State, Zip Code Amount candidate) Amendment Number Rainbow Design+ 25 Signs Printing 729 NW 170 Terr & STANDS CAN Pembroke Pines, FI 33027 01/17/2024 \$395

TOWN OF SURFSIDE

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT PAID CAMPAIGN WORKERS PARTICIPATING MIAMIDADE IN ABSENTEE BALLOT ACTIVITIES SUMMARY				
	OFFICE USE ONLY			
Name Ruben Antonio Coto	_			
I.D. Number				
	TOWN OF SURFSIDE			
Address (number and street) 8867 Byron Aue				
City, State, Zip Code SUTFSIDE, FC 33154	FEB1 '24 9:00AM			
CHECK IF ADDRESS HAS CHANGED				
Candidate for:				
☐ Mayor				
Denmissioner, District Surfside				
Property Appraiser	-			
Clerk of the Circuit Courts				
	A 100			
Community Council, Area, Sub	-Alea			
REPORT IDEN	ITIFIERS			
Report Name 2024 B1 Cover Period	01/13/2024 through 01/26/2024			
Report Type 🛛 Original 🛛 Amendment				
CERTIFI	CATION			
It is a first degree misdemeanor for any perso				
	I certify that I have examined this report and it is true,			
	correct, and complete.			
Ruben A. Coto	Ruben A. Coto			
(Type name) Treasurer Deputy Treasurer	(Type name) Candidate			
X Jubileto Signature	X Durbello Signature			



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

(1) Name	Ruben Antonio	Coto	FEB1 '24 9 (2) I.D. Number	
(3) Report	Name 2024 B1	(4) Cover Period _	01/13/2024 through 01/	26/2024
(5) Report	Type 🕅 Original 🛛 Amendment	(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
\backslash				
				,

CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1) <u>Ruben Antonio Cote</u> Name	OFFICE USE ONLY
(2) <u>8867 Byron Aue</u>	TOWN OF SURFSIDE
Address (number and street) Surfside FC 33(54 City, State, Zip Code	FEB16 '24 10:19AM
Check here if address has changed	(3) ID Number: 2024 B 2
 (4) Check appropriate box(es): Candidate Office Sought: Commit. Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) 	
(5) Report	t Identifiers
Cover Period: From 01 127 1 2024 To	02/09 / 2024 Report Type: 2024 B
Original Amendment D	ecial Election Report
(6) Contributions This Report	(7) Expenditures This Report
Cash & Checks \$,, 025. 50	Monetary Expenditures \$,, <u>337</u> . <u>05</u>
Loans \$,,	Transfers to Office Account \$,,,
Total Monetary \$,, <u>025</u> . <u>°°</u>	Total Monetary \$,,337.05
In-Kind	(8) Other Distributions \$,,
(9) TOTAL Monetary Contributions To Date \$,3, <u>320</u> . <u>oro</u>	(10) TOTAL Monetary Expenditures To Date \$,, 81161
	rtification son to falsify a public record (ss. 839.13, F.S.)
I certify that I have examined this report and it is true, cor	rrect, and complete:
(Type name Ruben Antonio Coto Individual (only for IE or electioneering comm.) X Signature	(Type name) Ruben Antonio Coto Candidate Chairperson (only for PC and PTY) X Subbatt Signature

TOWN OF SURFSIDE FEB16 '24 10:19AM

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS							
(1) Name	Ruber Auto	nic	Co-	<u>+</u> G(2)	I.D. Number	2024	BZ
(3) Cover Period	011271202	4 ^{throu}	gh <u>02</u> /	09 1 202	2 <u>4</u> (4) Page	1	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	Со Туре	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
02,01,24 010	Rita Ann Bennett 8925 Coilins Au # 8 D Surfside, Fi33154	E	Retired	CHE			100~~
02,01,24	Soledad Barriga 8840 Garland A Surfside, FL 33154		Journalis grad student				12500
02108124 012	Maria Lourdes Villalba 400 - 90th ST Surfside, F133154		Research phy sicco	CHE			10000
	Anthony Blate		Retured	CHE			100 -0
02,08,24 014	Paul Novack 1308 Biscaya Susfside, FL 33154	I	Lawyer	CHE			200 00
01,27,24 015	Maria I Carril 9056 Abbott Ave Surfside, Fl 33154	I	Relired	CHE			50-0
02,08,24	Maria I. Carril 9056 Abbott Surfside, FL 33154	ve T	Retirel	CHE			2500

DS-DE 13 (Rev. 11/13)

TOWN OF SURFSIDE FEB16 '24 10:19AM

CAMPAIGN	TREASURER'S	REPORT – ITEMIZED	CONTRIBUTION
CAMPAIGN	TREASURER'S	REPORT – ITEMIZED	CONTRIBUTION

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

275

(3) Cover Period 01 1 27 12024 through 021 09 12024 (4) Page 2 of 3

(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	С Туре	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
02,08,24 017	Rocio Alvarez 9324 Harding Sorfside, FL 33154	T	Housewith	CHE			30°°
02,08,24	Clara Diazleal 425 95+"ST Susfside FL	I	Bank Exec.	CHE			2500
	A	T	Scenic Artist	CHE			2500
02,07,	Andre Mirauda 9473 Bay Dr. Surfside FL 23154	-	Managing				100 00
02,08,24	Francisco Malimann 724 - 90th ST Surfside, FS3154	I	Travel Exec.	CHE			5000
02,08,124	Andrea vani 9041 Dickenst	υI		CHE			2000
02108124 023	Aleida Delgado 9341 Collins Ave # 1104 Susfside, Fl33154	I					2500
DS-DE 13 (Rev. 11/		SEE DE	VERSE FOR I	NSTRUCTIONS	AND CODE VAL	UES	

DS-DE 13 (Rev. 11/13)

	FEB16 '24 10#19AM CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS							
	(1) Name	ben Autonic		oto	(2)) I.D. Number	2024	BZ
	(3) Cover Period	<u>0 1 27 12024</u>	throu	gh <u>02</u> /	09 1202	(4) Page	3	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		ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
	02,09,24 024	City, State, Zip Code Marc Levenson 9380 Carlyle Av Suffside, FL 33154	Ī	Retired	CHE			50°
4								
	1 1							
	1 1							
	1 1							
	1 1							

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

TOWN OF SURFSIDE

TOWN OF SURFSIDE

FEB16 '24 10:19AM

(1) Name	CAMPAIGN TREASURER'S RE	PORT – ITEMIZED	2) I.D. Number	URES	4-BZ
(3) Cover Perio	d <u>01 / 27/2024</u> through <u>02</u> /	0912024 1	4) 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) Amount
01/29/24	Rainbow Designa Printing solutions Corp 729 NW 170 Ter Pembroke Pines, FL 33025	SISKES eit Stakes eit Stakes eit	CAN		\$337.05
_ / _/					

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES SUMMARY				
	OFFICE USE ONLY			
Name Ruben Antonio Coto				
I.D. Number				
Address (number and street) 8867 By con Au e	TOWN OF SURFSIDE			
DOBI DYTON AUX	FEB16 '24 10:20AM			
City, State, Zip Code SUTESIde, FC 33154	Gme			
CHECK IF ADDRESS HAS CHANGED	· · · · · · · · · · · · · · · · · · ·			
Candidate for:				
☐ Mayor				
Dommissioner, District Surfside				
Property Appraiser				
Clerk of the Circuit Courts				
Community Council, Area, Su	b-Area			
REPORT IDE	NTIFIERS			
Report Name <u>2024 8 2</u> Cover Period	1 01/27/2024 through 02/09/2024			
Report Type 🔎 Original 🛛 Amendment				
CERTIF	ICATION			
It is a first degree misdemeanor for any pers	oon 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) Condidate			
× Rubble	× Quebelto			
Signature	Signature			

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FEB16 '24 10:20AM

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES

	and a state of the
MIAM	DADE
COUNTY	

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

(1) Name	Ruben Antoni	o Coto	(2) I.D. Number	
(3) Report	Name_2024 BZ	(4) Cover Period	01/27/2024 through 02	109/2024
(5) Report	Type Original Amendmen	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
2				
		<u></u>		
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				<u> </u>

MD-ED 26 (Rev. 03/13)

CAMPAIGN TREASURE	CAMPAIGN TREASURER'S REPORT SUMMARY			
(1) Ruben Antonio Coto	OFFICE USE ONLY			
Name (2) <u>8867 By ron Ave</u> Address (number and street) <u>Surfside</u> , FL <u>33154</u> 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: <u>COMMISS</u> Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) 	Check here if PC or ECO has disbanded Check here if PTY has disbanded Check here if no other IE or EC reports will be filed			
(5) Report	Identifiers			
Cover Period: From 02 / 10 / 2024 To				
	cial Election Report			
(6) Contributions This Report Cash & Checks \$,, 190.000	(7) Expenditures This Report Monetary Expenditures \$,,			
Loans \$,, Total Monetary \$,, <u>i90</u> .	Transfers to Office Account \$,,,			
In-Kind \$, , .	Total Monetary \$,,			
11PKING 7 7 7 7	(8) Other Distributions \$,,			
(9) TOTAL Monetary Contributions To Date \$,3 , 510 . 00	(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, correctly that I have examined this report and it is true, correctly transmission of the second s	(Type name) Ruben Antonio Coto Image: Candidate Candidate Candidate Candidate Signature			

(CAMPAIGN TREASUR	RER'S	REPORT	- ITEMIZED	CONTRIBU	FEB23 '24	5URFSIDE
(1) Name <u>R</u>	aben Antonio (Cote)	(2)	I.D. Number		P
(3) Cover Period	071012024	f throu	gh <u>07</u> /	22/202	년 (4) Page	(of _[
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Ture	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
82,10,24 100	Liliana Carlier 8859 Byrom Ave Surfside, FL 33(54	Ţ	NUTSE	CHE			10000
101	SURFSIDE FL	I	Reattor	CHE			50°0
02,14,24 102	Cynthra Callaway 9232 Dickens Ave Surfside R 33154	I	sales Director	CHE			4000
1 1							
1 1							
1 1							
1 1							
DE DE 12 (Por 11)				NOTDUCTIONS	AND CODE VAL	LIES	

TOWN OF SURFSIDE FEB23 '24 10:28AM CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (2) I.D. Number _ 25 P (1) Name 1 (3) Cover Period 02, 10, 2024 through 02, 22, 2024 (4) Page 1 of (7) (8) (9) (10) (11) (5) Date Full Name Purpose (Last, Suffix, First, Middle) (add office sought if (6) Expenditure Street Address & contribution to a Sequence Type City, State, Zip Code candidate) Amendment Amount Number

PAID CAMPAIGN WOR	LECTIONS DEPARTMENT RKERS PARTICIPATING FACTIVITIES SUMMARY
	OFFICE USE ONLY
Name Ruben Antonio Coto	
I.D. Number	
	TOWN OF SURFSIDE
Address (number and street)	FEB23 '24 18:29AM
- 1001 1041011 110 C	- th
City, State, Zip, Code Syffside, FL 33154	
CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
Mayor	
D Mayor D Commissioner, District Surfside	
Property Appraiser	- · · · · ·
Clerk of the Circuit Courts	
☐ Community Council, Area, Su	b-Area
REPORT IDE Report Name Cover Period	NTIFIERS 1 0 2/10 2024 through 02/22 2024
Report Type Original DAmendment	
CERTIF	ICATION
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.
(Type name) Treasurer Deputy Treasurer	(Type name) Candidate
× Burbable	× Quebeb te
Signature	Signature

TOWN OF SURFS

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

(1) Name	Ruben Antonio	Coto	(2) I.D. Number	5 P.1
(3) Report	Name25_P1	(4) Cover Period	(2) I.D. Number 02/10/2024through02/	22/2024
(5) Report	Type 🙀 Original 🛛 Amendment	(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 TREASURE	R'S REPORT SUMMARY
(1) Ruben Antonio Coto	OFFICE USE ONLY
Name	TOWN OF SURFSIDE
(2) <u>8867 Byron Ave</u> Address (number and street)	MAR7 '24 18:34AM
Surfside, FC 33154	Sm
City, State, Zip Code	7110
Check here if address has changed	(3) ID Number: <u>11 p 1</u>
(4) Check appropriate box(es):	
Candidate Office Sought: Commission	
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) Poport	Identifiers 03-07-24
Cover Period: From ()2 / 23 / 29 To	
	ecial Election Report
(6) Contributions This Report	(7) Expenditures This Report
	Monetary
Cash & Checks \$,,	Expenditures \$,,
. ¢	
Loans \$,,	Transfers to Office Account \$, , .
Total Monetary \$, ,	
	Total Monetary \$, ,
In-Kind \$,,	
	(8) Other Distributions \$
	↓,,,
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
\$, 3,510.	\$,,81161
	tification
	on to falsify a public record (ss. 839.13, F.S.)
I certify that I have examined this report and it is true, corr	
(Type name) Ruben Antonio Coto	(Type name) Ruben Antonio Coto
Individual (only for IE Treasurer Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)
* Dudukto	* Dulaleto
Signature	X Juvule 1 Signature

1) Name	Ruben Antor	10	600	(2)	I.D. Number	11	P1
3) Cover Perioc	02123124	throu	gh <u>03</u> /	07120	(4) Page	<u> </u>	f
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
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MAR7 '24 10:34AM

(1) Name	CAMPAIGN TREASURER'S RE		EXPENDIT 2) I.D. Number	URES	1
(3) Cover Perio	d 02, 23, 24 through 03,	107124 14	l) 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) Amendment	(11) Amount
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					2
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_/ /					
_ / _/					

DS-DE 14 (Rev. 11/13)

	LECTIONS DEPARTMENT KERS PARTICIPATING ACTIVITIES SUMMARY
	OFFICE USE ONLY
Name Ruben Antonio Coto	
I.D. Number	
Address (number and street) 	
City, State, Zip Code Surfside, FC 33154	MAR? '24 10:34RM
CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
□ Mayor	
District Surfside	
Property Appraiser	
Clerk of the Circuit Courts	
Community Council, Area, Sul	b-Area
REPORT IDE	NTIFIERS
Report Name I P 1 Cover Period	02/23/24 through 03/07/24
Report Type 🕅 Original 🛛 Amendment	
	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 Autonio Coto
(Type name) Treasurer Deputy Treasurer	(Type name) Candidate
× Reubilite	× Rubelto
Signature	Signature

MAR7 '24 10:34AM

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES

MIAMIDADE
terrore the second seco
COUNTY

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

(1) Name	Ruber Autonio	Coto		(2) I.D. Number	
	Namelp1		02/23/24	through <u>03</u>	107/24
(5) Report	Type Original Amendment	(6) Page	l	of	1
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	Name of Organi	(10) zation Employed By hired by campaign)	(11) Amendment Type
2					

MD-ED 26 (Rev. 03/13)

CAMPAIGN TREASURE	R'S REPORT SUMMARY				
(1) Ruben Antonio Coto	OFFICE USE ONLY				
Name (2) <u>8867 Byron Ave</u> Address (number, and street) <u>Surfside</u> FC 33(54 City, State, Zip Code	MAR14 '24 16438AM				
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) 	SIMER 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					
Cover Period: From <u>03</u> / <u>08</u> / <u>24</u> To Moriginal Amendment Spe	03 / 15 / 24 Report Type: 4P1 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 \$,, 286 · _64				
	(8) Other Distributions \$,,,				
(9) TOTAL Monetary Contributions To Date \$,3, _510	(10) TOTAL Monetary Expenditures To Date PC \$,, <u>098</u> 2098, 25				
(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)					
I certify that I have examined this report and it is true, corre	ect, and complete:				
(Type name) <u>Auben Antonio Coto</u> Individual (only for IE or electioneering comm.) X Signature	(Type name) Ruben Autonio Coto Candidate Chairperson (only for PC and PTY) X Dububb Signature				

C	CAMPAIGN TREASUR	RER'S	REPORT	– ITEMIZEC		FIONS IAR14 '24	18:38AM
(1) Name <u>R</u>	benAntonio	C	sto	(2)	I.D. Number		
(3) Cover Period	03108124	throu	gh <u>03</u> /	1512	<mark>식</mark> (4) Page	<u>t</u>	of <u>l</u>
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Ci Type	ontributor	Contribution Type	In-kind Description	Amendment	Amount
	City, State, Zip Code	Туре	Occupation	Туре	Description		Amount
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1 1							
8							
1 1							
1 1							
1 1							
DS-DE 13 (Rev. 11/1	(3)	SEE RE	VERSE FOR I	NSTRUCTIONS	AND CODE VAL	UES	

MAR14 '24 10:38AM

(1) Name <u></u>	CAMPAIGN TREASURER'S RE		EXPENDIT 2) I.D. Number		4P1
(3) Cover Perio	d 03 / 08 / 24 through 03 /	15,24 1	4) Page	of	1
(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
03/08/24	Vista Print 275 Wyman ST Waltham, MA 02451	Post Card 500	CAN		150,64
<i>03/13/24</i> 002	USPS 250 95th ST Surfside, FC 33154	STAMPS. 2 Rolls	CAN		136.00
//					
//		5			2
_/ /					
_ / _/					
_/ /					

DS-DE 14 (Rev. 11/13)

PAID CAMPAIGN WOR	LECTIONS DEPARTMENT RKERS PARTICIPATING ACTIVITIES SUMMARY
	OFFICE USE ONLY
Name Ruben Antonio Coto	
I.D. Number	
Address (number and street) 8867 Hron Ave	
City, State, Zip Code Surfside, FL 33154	Smc
CHECK IF ADDRESS HAS CHANGED	TOWN OF SURFSIDE
Candidate for:	
□ Mayor	
Commissioner, District Surfside	
<u> </u>	
Property Appraiser	
Clerk of the Circuit Courts	
Community Council, Area, Su	b-Area
REPORT IDE	NTIEIEDS
	03/08/24 through 03/15/24
Report Type 🏴 Original 🛛 Amendment	8
CERTIF	ICATION
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,	I certify that I have examined this report and it is true,
correct, and complete.	correct, and complete.
Ruben Antonio Coto	(Type name) (Type name) (Type name)
(Type name) Treasurer Deputy Treasurer	(Type name) (Type name)
× Quibibit	× Dublato
Signature	Signature



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

	01	MAR14 24 10:38AM			
(1) Name	Ruben Antonio (oto		2) I.D. Number	
(3) Report	Name 4 P 1	(4) Cover Period	03/08/24	_through <u>03</u>	15/24
	Type Original Amendment		1	_ of	
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10 Name of Organizat (if not directly hire	ion Employed By	(11) Amendment Type
8					
*				\	
				<u> </u>	

CAMPAIGN TREASURER'S REPORT SUMMARY					
(1) <u>Ruben Autonio Coto</u> Name	OFFICE USE ONLY				
(2) <u>8867 By ron Aue</u> Address (number and street) <u>Surfside</u> FC 33154 City, State, Zip Code	JUN 18 PM 4:07				
Check here if address has changed	(3) ID Number:				
 (4) Check appropriate box(es): ☑ Candidate Office Sought:COM Mission 	oner				
 Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) 	☐ 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				
	06 1 17 1 2024 Report Type: 18 TRG				
	ecial Election Report				
(6) Contributions This Report	(7) Expenditures This Report				
Cash & Checks \$,,	Monetary Expenditures \$ _ , _ 1, <u>411</u> . <u>75</u>				
Loans \$,,	Transfers to Office Account \$,,,				
Total Monetary \$	Total Monetary \$,, <u></u> , <u></u> , <u></u> , <u></u> 75				
	(8) Other Distributions \$,,				
(9) TOTAL Monetary Contributions To Date \$,3 , <u>510</u> . <u>00</u>	(10) TOTAL Monetary Expenditures To Date \$,3, <u>510</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:					
(Type name) Ruben Antonio Coto Individual (only for IE Deputy Treasurer Deputy Treasurer Deputy Treasurer Candidate Chairperson (only for PC and PTY)					
X Chulture	Signature				
DS-DE 12 (Rev. 11/13)	SEE REVERSE FOR INSTRUCTIONS				

CAMPAIGN TREASURER'S REF	ORT - ITEMIZED	CONTRIBUTIONS
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(1) Name Rubeu Autonio Coto (2) I.D. Number JUN 18 PH 4:07

(3) Cover Period 03/14/2024 through 06/17/2024 (4) Page	of _	
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(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence ⊿Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Са Туре	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
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1 1							
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(1) Name $\underline{RUDENAATOMIO}Coto$ (2) I.D. Number (3) Cover Period $\underline{O3}$ 19 1 202 (through $\underline{O6}$ 17 1 2024 (4) Page 1 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
03/18/24 001	FIVETT Inc (online) NY NY	Graphics creation online	CAN		61.58
03/18/24 00 Z	TEXTDLY HTTPSTEXTEdly CA (online)	Texting services on line	CAN		4.00
03/18/24 003	Text DLy HTTPSTexTedly CA (online)	SMS Texting services online	CAN		1500
03/18/24 004	TexT DLY HTTPS TexTedly CA (online)	SMS Texting Services Online	0		257.00
03/25/24 005	AdRoll CA Online Ads	Ad vertise on FB/only	eCAN		79.87
<u>03/30/24</u> 006	Ad Roll California Online Ads (Final)	Advertise on FB/ Online	AN		332.4
04/19/24 007	Ruben Coto 8867 Byron Ave Joan Reimburseme		C:AN		662.K
//					

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES SUMMARY				
Name Ruben Antonio Coto I.D. Number	JUN 18 PM 4:07			
Address (number and street) <u>8867 By ron</u> AJE City, State, Zip, Code <u>SUFFSIDE</u> , FL 33(54 CHECK IF ADDRESS HAS CHANGED				
Candidate for: Mayor Commissioner, District <u>Gurfside</u> Property Appraiser Clerk of the Circuit Courts Community Council, Area, Sul	– b-Area			
REPORT IDEI	NTIFIERS			
Report Name 18 TRG Cover Period 03/19/24 through 06/17/24 Report Type Ø Original Amendment				
CERTIFICATION				
It is a first degree misdemeanor for any pers I certify that I have examined this report and it is true, correct, and complete. <u>Ruben Antonio Coto</u> (Type name) Treasurer Deputy Treasurer <u>X</u> Signature	Signature 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. Ruben Antonio Coto (Type name) Signature			



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

(1) Name	- Ruben Anton 1	o Coto	(2) I.D. Number	
(3) Report	Name/ <u>BTRG</u>	(4) Cover Period	03/19/24 through 06	17/24
(5) Report	Type 🕅 Original 🔲 Amendment	(6) Page	(2) I.D. Number 03/19/24 through <u>06</u> 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
\square				
$\left - \right\rangle$				
			JIN 19	PM 4:07