

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

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

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

NOV 13 PM 2:53

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

☒ Initial Filing of Form Re-filing to Change: ☐ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party

2. Name of Candidate (in this order: First, Middle, Last)

Ruben A. Bravo

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

9057 Abbott Avenue
Surfside, FL 33154

4. Telephone

(305) 202-4767

5. E-mail address

RubenForSurfside@yahoo.com

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

Commissioner

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

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

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

☐ Write-In ☐ No Party Affiliation ☐ _____ Party candidate.

9. I have appointed the following person to act as my ☒ Campaign Treasurer ☐ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Ruben A. Bravo

11. Mailing Address

9057 Abbott Avenue

12. Telephone

(305) 202-4767

13. City

Surfside

14. County

Miami-Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

RubenForSurfside@yahoo.com

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

19. Name of Bank

20. Address

21. City

22. County

23. State

24. Zip Code

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

Nov. 13. 2023

26. Signature of Candidate

X

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

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

(Please Print or Type Name)

designated above as:



Campaign Treasurer



Deputy Treasurer.

Nov. 13. 2023

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

NOV 13 PM 2:53

I, Ruben A. Bravo,

candidate for the office of Commissioner;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X

Signature of Candidate

Nov. 13. 2023

Date

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

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

NOV 13 PM 4:18

NOV 13 PM 2:53

I, Ruben A. Bravo,

candidate for the office of Commissioner;

have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X

Signature of Candidate

Nov. 13. 2023

Date

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

NOV 13 PM 4:18 *SPK*

NOV 13 PM 2:53

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

☒ Initial Filing of Form Re-filing to Change: ☐ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party

2. Name of Candidate (in this order: First, Middle, Last)

Ruben A. Bravo

3. Address (include post office box or street, city, state, zip code)9057 Abbott Avenue
Surfside, FL 33154**4. Telephone**

(305) 202-4767

5. E-mail address

RubenForSurfside@yahoo.com

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

Commissioner

7. If a candidate for a nonpartisan office, check if applicable:☐ My intent is to run as a Write-In candidate.**8. If a candidate for a partisan office, check block and fill in name of party as applicable:** My intent is to run as a

☐ Write-In ☐ No Party Affiliation ☐ _____ Party candidate.

9. I have appointed the following person to act as my ☒ Campaign Treasurer ☐ Deputy Treasurer**10. Name of Treasurer or Deputy Treasurer**

Ruben A. Bravo

11. Mailing Address

9057 Abbott Avenue

12. Telephone

(305) 202-4767

13. City

Surfside

14. County

Miami-Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

RubenForSurfside@yahoo.com

18. I have designated the following bank as my ☒ Primary Depository ☐ Secondary Depository**19. Name of Bank**

CITY NATIONAL BANK

20. Address300 71ST STREET**21. City**

MIAMI BEACH

22. County

MIAMI-DADE

23. State

FL

24. Zip Code

33141

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

Nov. 13. 2023

26. Signature of Candidate

X

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

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

(Please Print or Type Name)

designated above as:



Campaign Treasurer



Deputy Treasurer.

Nov. 13. 2023

X

Date

Signature of Campaign Treasurer or Deputy Treasurer



Town of Surfside

9293 Harding Avenue
Surfside, FL 33154

2024 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of Candidate RUBEN A. BRAVO

Office Sought COMMISSIONER

Phone No.: 305.202.4767 Cell Phone No: 305.202.4767

E-Mail Address: RUBEN.FORSURFSIDE@YAHOO.COM

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

& Voter Registration

2. Important Dates to Remember
3. Campaign Activities Memorandum

<u>11/13/2023</u>	<u>RB</u>
<u>11/13/2023</u>	<u>RB</u>

Candidate's Signature

Date



TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 19, 2024

RECEIPT OF DOCUMENTS

Candidate:

RUBEN

ALEJANDRO

BRAVO

First Name

Middle Name

Last name

COMMISSIONER

Office Sought (Mayor or Commissioner)

Phone No.:

305.202.4767

Fax No.:

Cell Phone:

305.202.4767

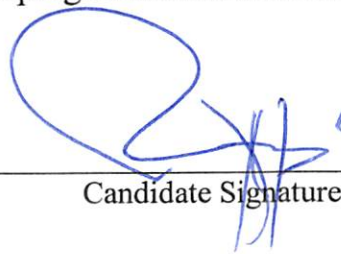
E-Mail Address:

RUBEN FOR SURFSIDE@YAHOO.COM

This is to acknowledge my receipt of the following documents:

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

Received by:


Candidate Signature

Date:

NOV. 13. 2023



TOWN OF SURFSIDE
Office of the Town Clerk

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra N. McCready, MPA, MMC,
Town Clerk

November 14, 2023

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

RE: VERIFICATION OF PETITION SIGNATURES – Ruben A. Bravo

Dear Ms. McClain:

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

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

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

Sincerely,

Sandra N. McCready, MPA, MMC
Town Clerk

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

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

NOV 14 PM 1:05

TOWN OF SURFSIDE, FLORIDA

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

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

Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>ESTEBAN CARDONNE</u>	Address: <u>[REDACTED]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/2023</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>MARIA I. CARRIL</u>	Address: <u>[REDACTED]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/2023</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Julia Carril</u>	Address: <u>[REDACTED]</u>
Signature: <u>[Signature]</u>	Date: <u> </u> D.O.B. <u> </u>
Print Name: <u> </u>	Address: <u> </u>
Signature: <u>[Signature]</u>	Date: <u>11/13/2023</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>TRICIA DIGLIODO</u>	Address: <u>[REDACTED]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/2023</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>MARCOS DIGLIODO</u>	Address: <u>[REDACTED]</u>
Signature: <u>[Signature]</u>	Date: <u>11-13-23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Bruno Lopez</u>	Address: <u>[REDACTED]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/2023</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Liliann Sanchez Andres</u>	Address: <u>[REDACTED]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Concepcion Casero</u>	Address: <u>[REDACTED]</u>
Signature: <u>[Signature]</u>	Date: <u>11-13-23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>MORMA LUCIA LEONATO</u>	Address: <u>[REDACTED]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Jeffrey Zomper</u>	Address: <u>[REDACTED]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Amy Weibel-Zomper</u>	Address: <u>[REDACTED]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>RICHARD I. STONE</u>	Address: <u>[REDACTED]</u>

STATEMENT OF CIRCULATOR

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

Signature of Circulator: [Signature]

Address of Circulator: 9051 ABBOTT AVE SURFSIDE, FL 33154

Email address of Circulator: RubenForSurfside@yahoo.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: NOV. 13. 23

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

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 14 PM 1:05

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

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

Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>PABLO CORDERA</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-13-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Martha Ganeja</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-13-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>JUAN CRUZ CACERES</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Fernanda Matach</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Ariane Sokoloff Minaud</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Victoria E. Diaz</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Victoria Eugenia Diaz</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>CHERYL E. HODOWUD</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Judy Ang Martinez Ratto</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>EMIL KAYA TE MECHAS CALABO</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>MARINA GERSHONOVICH</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>JOSE CRISPIN</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>DAVID KARCHOV</u>	Address: <u>[Redacted]</u>

STATEMENT OF CIRCULATOR

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

Signature of Circulator: [Signature]

Address of Circulator: 9057 ABBOTT AVE SURFSIDE, FL 33154

Email address of Circulator: RubenForSurfside@yahoo.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: NOV 13.23

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

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 14 PM 1:05

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

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

Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>IRUNE ARIZTOY BILBAO</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>CARILLO PINO</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>MARLENA VERONICA AGUIRRE</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>MARIA BIANCHI</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>SEBASTIAN BILLO</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>SOL COLOM</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>GRACIELA CAMPANA</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Yolanda Gonzalez Catalina</u>	Address: <u>[Redacted]</u>
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 8 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]

Address of Circulator: 9057 ABBOTT AVE, SURFSIDE, FL 33154

Email address of Circulator: RubenForSurfside@yahoo.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: Nov. 13. 23

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

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 14 PM 1:05

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

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

Signature: <u>Sofia Caceres</u>	Date: <u>11/13/23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Sofia Caceres</u>	Address: <u>[REDACTED]</u>
Signature: <u>Sylvio Martini</u>	Date: <u>11/13/23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Sylvio Martini</u>	Address: <u>[REDACTED]</u>
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 2 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]

Address of Circulator: 9057 ABBOTT AVE, SURFSIDE, FL 33154

Email address of Circulator: rubenforSurfside@yahoo.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: Nov. 13. 23

**CANDIDATE OATH
NONPARTISAN OFFICE**

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

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

☐ Write-in candidate

NOV 14 PM 1:17

OFFICE USE ONLY

Candidate Oath

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

I, RUBEN A. BRAVO,

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

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

,
(Circuit #) (Group or Seat #); I am a qualified elector of MIAMI-DADE County, Florida;

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Candidate's Florida Voter Registration Number (located on your voter information card): 116469569

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

X [Signature] (305) 202 4767 RubenForSurfside@yahoo.com
Signature of Candidate Telephone Number Email Address

9057 ABBOTT AVE SURFSIDE FL 33154
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Miami-Dade

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

Personally Known ☒ OR Produced Identification ☒

Type of Identification Produced: Drivers License 11/14/2023

[Signature]
Signature of Notary Public

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





TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 19, 2024

SWORN STATEMENT OF QUALIFICATION

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

STATE OF FLORIDA }

COUNTY OF MIAMI-DADE }

TOWN OF SURFSIDE }

I solemnly swear (or affirm) under oath, that my name is RUBEN A. BRAVO,
that I am a Citizen of the United States, a qualified elector of Miami Dade County and the Town of
Surfside, Florida; that my address is 9057 ABBOTT AVE, SURFSIDE, FL 33154,
my occupation is BUSINESS DEVELOPMENT DIRECTOR; that I have been
a resident of the Town of Surfside since 2011; that I will be at least twenty-one (21) years of
age by November 22, 2023 and that if elected, I will willingly serve as
COMMISSIONER (Mayor or Commissioner) of the Town of Surfside, if elected.

Signature of Candidate

Date

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

(Notary Seal)



NOTARY PUBLIC

PRINTED NAME OF NOTARY

FORM 1**STATEMENT OF
FINANCIAL INTERESTS****2022**Please print or type your name, mailing
address, agency name, and position below:**FOR OFFICE USE ONLY:**

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Bravo - Ruben - Alejandro

MAILING ADDRESS :

9057 Abbott Ave

CITY :

Surfside

ZIP :

33154

COUNTY :

Miami-Dade

NAME OF AGENCY :

Town of Surfside

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Commissioner

CHECK ONLY IF ☒ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

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****** THIS SECTION MUST BE COMPLETED ********DISCLOSURE PERIOD:**

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

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

☐ **COMPARATIVE (PERCENTAGE) THRESHOLDS** OR ☒ **DOLLAR VALUE THRESHOLDS****PART A -- PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Hensel Phelps	6557 Hazeltine Ntl Dr #01, Orlando, FL328	General Contractor
Bravo MCC	9057 Abbott Ave, Surfside, FL33154	Consulting Services

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
Bravo MCC	Browning Construction	8940 River Crossing Blvd #300, IN46240	General Contractor
Bravo MCC	AMTEC Boca Raton	31731 Northwestern Hwy #250W, MI48334	Contracting
Bravo MCC	CSA Architects	185 NE 4th Ave #101, FL33483	Architects

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

N/A

You are not limited to the space on the
lines on this form. Attach additional
sheets, if necessary.**FILING INSTRUCTIONS** for when
and where to file this form are
located at the bottom of page 2.**INSTRUCTIONS** on who must file
this form and how to fill it out
begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
 (If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Shares	Hensel Phelps Construction
See List Attached	

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Homepoint Financial	2211 Old Earhart Rd, Ste 250, Ann Arbor, MI 48105
BMW Financial Services	300 Chestnut Ridge Rd, Woodcliff Lake, NJ 07677

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

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

PART G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

☐ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE OF FILER:

Signature: 

Date Signed: Nov. 14. 2023

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

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

Candidates file this form together with their filing papers.

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

WHEN TO FILE: Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

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

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

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

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PART D – INTANGIBLE PERSONAL PROPERTY

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

COPY

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

1001

63-0436//0660

DATE Nov. 14. 2023

PAY
TO THE
ORDER OF

Town of Surfside
Twenty five and 00/100

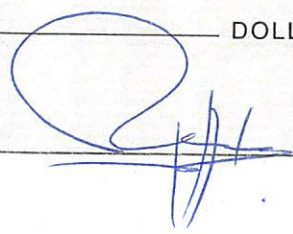
\$ 25.00

DOLLARS



Security
Features
Details on
Back.

 **City National Bank**
Bci FINANCIAL GROUP



MP

Harland Clarke



Town of Surfside

9293 Harding Avenue
Surfside, FL 33154

2024 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of Candidate RUBEN A. BRAVO

Office Sought COMMISSIONER

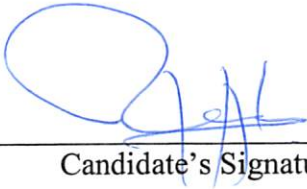
Phone No.: 305.202.4767 Cell Phone No: 305.202.4767

E-Mail Address: RUBEN.FORSURFSIDE@YAHOO.COM

<u>Contents</u>	<u>Date Received</u>	<u>Initials</u>
1. Qualifying as a candidate:		
Appointment of Campaign Treasurer and Designation of Campaign Depository	<u>11/13/2023</u>	<u>RB</u>
Nominating Petition	<u>11/14/2023</u>	<u>RB</u>
Statement of Candidate	<u>11/14/2023</u>	<u>RB</u>
Sworn Statement of Qualification	<u>11/14/2023</u>	<u>RB</u>
Candidate Oath	<u>11/13/2023</u>	<u>RB</u>
Form 1 – Statement of Financial Interest (2022)	<u>11/14/2023</u>	<u>RB</u>
Declaration and First Amendment Waiver Volunteer Statement of Fair Campaign Practice	<u> </u>	<u>RB</u>
Qualifying Fee \$25.00	<u>11/14/2023</u>	<u>RB</u>
L & A Schedule	<u>N/A</u>	<u> </u>
Proof of Residency		

& Voter Registration

2. Important Dates to Remember
3. Campaign Activities Memorandum



Candidate's Signature

11/14/2023 ^(R2) RB
11/13/2023 RB
11/13/2023 RB

Nov. 14. 2023

Date



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

miamidade.gov

November 16, 2023

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

Dear Mrs. McCready:

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

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

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

Sincerely,

A handwritten signature in blue ink, appearing to read "Christina White", with a stylized flourish at the end.

Christina White
Supervisor of Elections

Enclosure (1)



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

miamidade.gov

CERTIFICATION

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

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



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

Christina White
Supervisor of Elections

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



TOWN OF SURFSIDE
Office of the Town Clerk

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra N. McCready, MPA, MMC,
Town Clerk

November 20, 2023

Mr. Ruben Bravo
9057 Abbott Avenue
Surfside, Fl 33154

Dear Mr. Bravo:

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

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

Very truly yours,

Sandra N. McCready, MPA, MMC
Town Clerk