

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

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

(PLEASE PRINT OR TYPE)

TOWN OF SURFSIDE

NOV13 '23 11:03AM

*SMC*

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

OFFICE USE ONLY

**1. CHECK APPROPRIATE BOX(ES):**

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

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

*Ruben Antonio Coto*

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

*8867 Byron Ave  
Surfside, FL 33154*

**4. Telephone**

*(786) 229-7634*

**5. E-mail address**

*RCoto@aol.com*

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

*Commissioner*

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

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

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

☐ Write-In    ☒ No Party Affiliation    ☐ \_\_\_\_\_ Party candidate.

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

**10. Name of Treasurer or Deputy Treasurer**

*Ruben Coto*

**11. Mailing Address**

*8867 Byron Ave*

**12. Telephone**

*(786) 229-7634*

**13. City**

*Surfside*

**14. County**

*Miami Dade*

**15. State**

*FL*

**16. Zip Code**

*33154*

**17. E-mail address**

*RCoto@aol.com*

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

**19. Name of Bank**

**20. Address**

**21. City**

**22. County**

**23. State**

**24. Zip Code**

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

**25. Date**

*11-13-2023*

**26. Signature of Candidate**

☒ *Ruben Coto*

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

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

designated above as: ☒ Campaign Treasurer    ☐ Deputy Treasurer.

*11-13-2023*

Date

☒

*Ruben Coto*  
Signature of Campaign Treasurer or Deputy Treasurer

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

TOWN OF SURFSIDE

NOV13 '23 11:03AM

SMC

I, Ruben Coto,

candidate for the office of commissioner;

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

X



Signature of Candidate

11-13-2023

Date

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



**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 2:28 SMC

TOWN OF SURFSIDE

NOV13 '23 11:03AM SMC

**OFFICE USE ONLY**

**1. CHECK APPROPRIATE BOX(ES):**

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

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

Ruben Antonio Coto

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

8867 Byron Ave  
Surfside, FL 33154

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(786) 229-7634

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RCoto@aol.com

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Commissioner

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☐ Write-In ☒ No Party Affiliation ☐ \_\_\_\_\_ Party candidate.

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**10. Name of Treasurer or Deputy Treasurer**

Ruben Coto

**11. Mailing Address**

8867 Byron Ave

**12. Telephone**

(786) 229-7634

**13. City**

Surfside

**14. County**

Miami Dade

**15. State**

FL

**16. Zip Code**

33154

**17. E-mail address**

RCoto@aol.com

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

**19. Name of Bank**

City National Bank

**20. Address**

300 71<sup>ST</sup> ST

**21. City**

Miami Beach

**22. County**

Miami Dade

**23. State**

FL

**24. Zip Code**

33141

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

**25. Date**

11-13-2023

**26. Signature of Candidate**

X

Ruben Coto

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

I, Ruben Antonio Coto, do hereby accept the appointment

(Please Print or Type Name)

designated above as:

☒ Campaign Treasurer

☐ Deputy Treasurer.

11-13-2023

Date

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 2:28

TOWN OF SURFSIDE

NOV 13 '23 11:03AM

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candidate for the office of Commissioner;

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

X   
Signature of Candidate

11-13-2023  
Date

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## TOWN OF SURFSIDE

MUNICIPAL BUILDING  
9293 HARDING AVENUE  
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 19, 2024

### RECEIPT OF DOCUMENTS

Candidate:

Ruben

First Name

Middle Name

Coto

Last name

Commission

Office Sought (Mayor or Commissioner)

Phone No.: 786-229-7634 Fax No.: \_\_\_\_\_

Cell Phone: 786-229-7634

E-Mail Address: RCoto @ AOL.com

This is to acknowledge my receipt of the following documents:

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

Received by:

[Signature]  
Candidate Signature

Date: 11-13-2023





## *Town of Surfside*

9293 Harding Avenue  
Surfside, FL 33154

### 2024 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of Candidate Ruben Coto  
Office Sought Commissioner  
Phone No.: 786-229-7634 Cell Phone No: 786-229-7634  
E-Mail Address: RCoto@Aol.Com

<u>Contents</u>	<u>Date Received</u>	<u>Initials</u>
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1. Qualifying as a candidate:

Appointment of Campaign Treasurer and Designation of Campaign Depository	<u>11/13/2023</u>	<u>RC</u>
Nominating Petition	_____	_____
Statement of Candidate	_____	_____
Sworn Statement of Qualification	_____	_____
Candidate Oath	<u>11/13/2023</u>	<u>RC</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

11/13/2023

PC

3. Campaign Activities Memorandum

11/13/2023

PC

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date