

RECEIVED

2012 JUN -5 PM 12: 01

MIAMI-DADE ELECTIONS

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) Harvey Ruvin

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

915 North Shore Drive Miami Beach, Florida 33141

4. Telephone (305) 864-9595

5. E-mail address ruvin2012@aol.com

6. Office sought (include district, circuit, group number) Clerk of the Circuit and County Court;s, 11th Judicial Circuit

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 Democratic Party candidate.

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

10. Name of Treasurer or Deputy Treasurer Harvey Ruvin

11. Mailing Address 915 North Shore Drive

12. Telephone (305) 864-9594

13. City Miami Beach

14. County Miami-Dade

15. State FL

16. Zip Code 33141

17. E-mail address ruvin2012@aol.com

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

19. Name of Bank Sun Trust Bank

20. Address 1 SE Third Avenue

21. City Miami

22. County Miami-Dade

23. State FL

24. Zip Code 33131

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

6/5/12

26. Signature of Candidate

X Harvey Ruvin

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

I, Harvey Ruvin, do hereby accept the appointment (Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer

6/5/12 Date

X Harvey Ruvin Signature of Campaign Treasurer or Deputy Treasurer

RECEIVED

2012 JUN -5 PM 12: 01

MIAMI-DADE
ELECTIONS

OFFICE USE ONLY

**CANDIDATE OATH -
CANDIDATE WITH PARTY AFFILIATION**

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Harvey Ruvin
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)
am a candidate for the office of Clerk of Courts Clerk of Circuit Court (office) 11th Judicial (district #) (circuit #)
; I am a qualified elector of Miami-Dade County County, Florida; I am qualified
(group or seat #)

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): 108927306

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic Party; I have not been a registered member of any other political party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.

Harvey Ruvin (305) 864-9594 ruvin2012@aol.com
Signature of Candidate Telephone Number Email Address
915 North Shore Drive Miami Beach Florida 33141
Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 5th day of June, 2012.

Personally Known: X or
Produced Identification: _____

Type of Identification Produced:

Elizabeth Soto
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public



FORM 6 FULL AND PUBLIC DISCLOSURE OF

2011

Please print or type your name, mailing address, agency name, and position below:

FINANCIAL INTERESTS

LAST NAME — FIRST NAME — MIDDLE NAME:

RUVIN HARVEY

MAILING ADDRESS:

~~CLERK OF COURTS~~ Clerk of Circuit Court D/12

73 WEST FLAGER STREET, ROOM 242

CITY: MIAMI, FLORIDA ZIP: 33130 COUNTY: MIAMI-DADE

NAME OF AGENCY: MIAMI-DADE COUNTY CLERK'S OFFICE

NAME OF OFFICE OR POSITION HELD OR SOUGHT: CLERK OF COURTS

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

RECEIVED
 2012 JUN -5 PM 12:02
 MIAMI-DADE
 ELECTIONS

CHECK IF THIS IS A FILING BY A CANDIDATE

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2011, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of DECEMBER 31, 20 11 was \$ 1,567,788.00

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 175,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
SECURITY INVESTMENT ACCOUNTS (SEE ATTACHED LIST)	47,788
IRA DEFERRED COMPENSATION ACCOUNTS	265,000
PERSONAL RESIDENCE	1,500,000
	1,812,788

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See Instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
WELLS FARGO MORTGAGE	315,000
MISCELLANEOUS CREDIT CARDS	5,000
BANK OF AMERICA	100,000
	420,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2011 federal income tax return, including all W2's, schedules, and attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2011 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2011 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
MIAMI-DADE CLERK'S OFFICE	MIAMI, FLORIDA	\$171,413.06
SOCIAL SECURITY	MIAMI, FLORIDA	\$26,986.00

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 5]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

RECEIVED
 2012 JUN -5 PM
 MIAMI-DADE ELECTIONS

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

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
 COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 5th day of

June, 2012, by Harvey Ruvin
Elizabeth Soto
 (Signature of Notary Public--State of Florida)

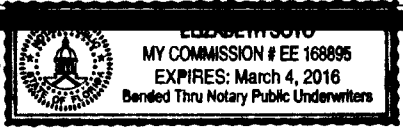
Harvey Ruvin
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

ELIZABETH SOTO
 (Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known X OR Produced Identification _____

Type of Identification Produced _____

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3. OTHER FORMS you may need to file are described on page 6.



ATTACHED LIST (FORM 6 – 2011)

<u>STOCKS, BONDS, MUTUAL FUNDS, MONEY MARKET</u>	<u>VALUE</u>
DPRS	\$ 498.00
BALLARD POWER SYSTEMS	\$ 324.00
WALGREEN	\$ 33,060.00
BANK DEPOSIT PROGRAMS	<u>\$ 13,906.00</u>
TOTAL	<u>\$ 47,788.00</u>

RECEIVED

2012 JUN -5 PM 12:02

MIAMI-DADE
ELECTIONS



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 6741236

RECEIVED FROM Harvey Ruvin

DATE: 6, 5, 12
MONTH DAY YEAR

ADDRESS 915 North Shore Drive
STREET ADDRESS
Miami Beach CITY FL STATE 33141 ZIP

CASH \$ _____
CHECKS \$ 10,404 .30
TOTAL \$ 10,404 .30

AMOUNT OF: ten thousand four hundred and thirty DOLLARS, AND thirty CENTS

FOR PAYMENT OF: Clerk of Circuit Court

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.

DEPT.: Elections BY: Christene White

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04



HARVEY RUVIN CAMPAIGN ACCOUNT 63-215/631 1000143111556 1018

Date 6/4/12

Pay to the order of BOARD OF COUNTY COMMISSIONERS \$ 10,404.30

TEN THOUSANDS, FOUR HUNDRED, FOUR & 30/100 Dollars

SUNTRUST ACH RT 061000104
Memo Qualifying check



RECEIVED
MIAMI-DADE ELECTIONS
2012 JUN -5 PM 12: 02