

CANDIDATE OATH -
CANDIDATE WITH PARTY AFFILIATION

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

OFFICE USE ONLY

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 THE CIRCUIT COURT, , 11th Judicial,
(office) (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):

Har-v Ruvin

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.

X Harvey Ruvin (305) 864-9594 Ruvin2016@aol.com
Signature of Candidate Telephone Number Email Address

915 North Shore Drive Miami Beach FL 33141
Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 16th day of June, 2016.

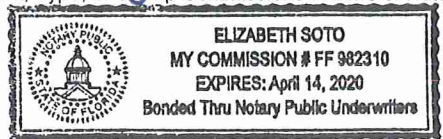
Personally Known: or

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 FINANCIAL INTERESTS**

2015

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

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

LAST NAME — FIRST NAME — MIDDLE NAME:
RUVIN, HARVEY

MAILING ADDRESS:
73 WEST FLAGLER STREET, #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 THE CIRCUIT COURT

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, 2015 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 15 was \$ \$2,128,049.00

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, whether owned or leased.

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 p.4)	VALUE OF ASSET
Security Investment Account (See attached)	\$ 86,906.00
IRA Deferred Compensation Accounts/FRS Investments Account	\$ 422,000.00
Personal Residence	\$ 1,900,000.00
TOTAL:	\$ 2,408,906.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Wells Fargo Home Mortgage, 200 S. Biscayne Blvd., Miami, Florida 33131	\$ 450,000.00
American Express Credit Card, P. O. Box 650448, Dallas, Texas 75265	\$ 5,000.00
TOTAL	\$ 455,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

PART D -- INCOME

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2015 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2015 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2015 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	73 West Flagler Street, #242, Miami, Florida 33130	\$221,564.94
Social Security	2100 M Street N.W. Washington, D.C.	\$ 29,361.00

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
	N/A		

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	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			

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PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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 16th day of

June, 2016 by Harvey Ruvin

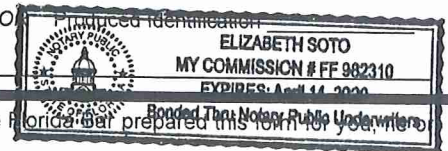
(Signature of Notary Public--State of Florida)

ELIZABETH SOTO

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

Personally Known

Type of Identification Produced



Harvey Ruvin
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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

I, _____, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

 Signature Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

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

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FORM 6, (2015)

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

STOCKS, BONDS, MUTUAL FUNDS, MONEY MARKET

Walgreens.....	\$ 54,800
Ballard.....	\$ -594.00
Cash, BDP, MMF's.....	\$ 2,000.00
Assured Guaranty Muni Holdings Inc. NT.....	\$ 12,840.00
Unit AAM High Div. Strategy 13-2Q.....	\$ 17,860.00

TOTAL: \$ 86,906.00



