

**CANDIDATE OATH -
STATE AND LOCAL PARTISAN OFFICE**

Check applicable one:

- Candidate with party affiliation
- Candidate with no party affiliation
- Write-in candidate

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2020 JUN -2 PM 1:34

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

OFFICE USE ONLY

Candidate Oath

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

I, Harvey Ruvin
(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 office of Clerk of Circuit Court, —, 11th
(Office) (District #) (Circuit #)

—; I am a qualified elector of Miami Dade 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.

Statement of Party

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

(Complete Statement of Party only if you are seeking to qualify for nomination as a party candidate.)

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.

✓ **Candidate's Florida Voter Registration Number** (located on your voter information card): 109827306

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.]*

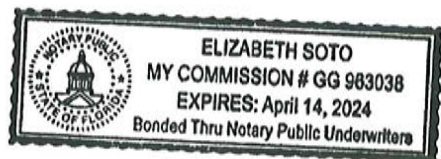
Harvey Ruvin

X Harvey Ruvin (305) 9727100 hr10109000@ad.com
Signature of Candidate Telephone Number Email Address

915 N Shore Dr M.B. FLA 33141
Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF Miami-Dade

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



Sworn to (or affirmed) and subscribed before me by physical or online presence this 1st day of June, 2020

Personally Known: or Produced Identification:

Type of Identification Produced: _____

OF FINANCIAL INTERESTS

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

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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 of the Circuit Court

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Miami-Dade County Clerk of the Circuit Court

CHECK IF THIS IS A FILING BY A CANDIDATE

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ELECTIONS DEPARTMENT

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2019 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 31st, 20 19 was \$ 2,676,016.59.

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)	\$ 56,016.59
IRA Deferred Compensation Accounts/FRS Investments	\$ 600,000.00
Personal Residence	\$2,400,000.00
	\$3,056,016.59

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 200 S. Biscayne Blvd Miami, FL 33131	\$375,000.00
Miscellaneous Credit Card	\$ 5,000.00
	\$380,000.00

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 2019 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 2019 federal income tax return and all W2's, schedules, and attachments.
 (If you check this box and attach a copy of your 2019 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 St., #242, Miami, FL 33190	248,635.25
Social Security Administration	2100 M. St., NW, Washington, DC 20037	34,843.00

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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 ELECTIONS DEPARTMENT

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 by means of
 physical presence or online notarization, this _____ day of

June, 2020 by Harvey Ruvin

Elizabeth Soto
 (Signature of Notary Public--State of Florida)

Elizabeth Soto
 (Print, Type, or Stamp Commissioned Notary Public)

Personally Known OR Produced Identification

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, he or she must complete the following statement:

I, Harvey Ruvin, 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.

Harvey Ruvin
 Signature

July 1, 2020
 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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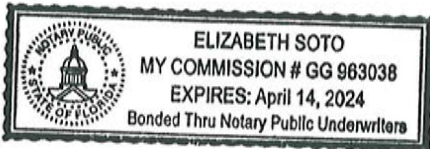
FORM 6 (2019)

STOCKS, BONDS, MUTUAL FUNDS, MONEY MARKET

Walgreens.....	\$ 53,064.00
Ballard.....	\$ 2,154.00
MedmenE, Inc.....	\$ 53.30
Bitcoin International.....	\$ 745.29
TOTAL	_____
	\$ 56,016.59

Signature of Official Candidate: *Janet R...*

Date: 6/1/20





OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 7900481

RECEIVED FROM Harvey Ruvin

DATE 6 / 2 / 2020
MONTH DAY YEAR

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

CASH \$ _____
CHECKS \$ 11,665.32
TOTAL \$ 11,665.32

AMOUNT OF: Eleven Thousand Six Hundred Sixty Five DOLLARS, AND Thirty Two CENTS

FOR PAYMENT OF: Qualifying Fee - Clerk of Courts

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

DEPT.: Elections

By: A. Vanessa Amourant

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TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

HARVEY RUVIN CAMPAIGN ACCOUNT 1026
DATE 6-2-2020
PAY TO THE ORDER OF MIAMI-DADE COUNTY \$ 11,665.32
ELEVEN THOUSAND SIX HUNDRED SIXTY FIVE DOLLARS Photo Safe Deposit Data on back

REGIONS
FOR Filing fee
Harland Clarke CLERK OF COURT

Harvey Ruvin

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