CANDIDATE OATH -STATE AND LOCAL PARTISAN OFFICE RECEIVED Check applicable one: 2020 JUN -5 PM 12: 46 Candidate with party affiliation MIAMI-DADE COUNTY ELECTIONS DEPARTMENT Candidate with no party affiliation Write-in candidate OFFICE USE ONLY **Candidate Oath** (Section 99.021(1)(a), Florida Statutes) 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 \(\subseteq\). (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 MAMI -Dade County Clerk of (District #) (Circuit #) 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): 108927 506 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.] 1510109000 @ ADL Signature of Candidate Telephone Number **Email Address** ZIP Code STATE OF FLORIDA Signature of Notary Public COUNTY OF MICHM Print, Type, or Stamp Commissioned Name of Notary Public below: Sworn to (or affirmed) and subscribed before me by physical _ or **ELIZABETH SOTO** online _ presence this 4 day of June . 2020 MY COMMISSION # GG 963038 EXPIRES: April 14, 2024 Bonded Thru Notary Public Underwriters Personally Known: _ or Produced Identification: ___ Type of Identification Produced:

FORM 6 FULL AND PUBLIC DISCLOSURE	2019			
Please print or type your name, mailing address, agency name, and position below:	OFFICE USE ONLY:			
LAST NAME — FIRST NAME — MIDDLE NAME: Ruvin Harvey MAILING ADDRESS: 73 West Flagler Street, #242	2020 MI			
CITY: ZIP: COUNTY: Miami, FL 33130 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	RECEIVED 2020 JUN -5 PH 12: 46			
PART A NET WORTH				
Please enter the value of your net worth as of December 31, 2019 or a more current date. [Note: culated by subtracting your <i>reported</i> liabilities from your <i>reported</i> assets, so please see the instruct My net worth as of $\frac{\text{December 31st}}{\text{December 31st}}$, 20 $\frac{19}{\text{My net worth 31st}}$ was \$ $\frac{2,676,016.59}{\text{My net worth 31st}}$				
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 of following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects 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	ategory includes any of the ; household equipment and			
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			
	£280 000 00			
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:	\$380,000.00			
NAME AND ADDRESS OF CREDITOR N/A	AWOUNT OF LIABILITY			
14/11				

		PART D INCOME					
	tax return, including all W2	s, schedules, a	O during the year, including secondary and attachments. Please redact any so le Commission's website.				
			2's, schedules, and attachments. I need not complete the remainder of	Part D.]			
PRIMARY SOURCES OF INCOM	IE (See instructions on pa	ge 5):					
NAME OF SOURCE OF INCO	ME EXCEEDING \$1,000		ADDRESS OF SOURCE OF INCOM	1E	AMOUNT		
Miami-Dade Clerk's Offic	e	73 West F	lagler St., #242, Miami, FL	33130	\$248,635.25		
Social Security Administr	ation	2100 M. S	St., NW, Washington, DC 20	0037	\$ 34,843.00		
SECONDARY SOURCES OF INC			usinesses owned by reporting person-				
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS		ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
N/A							
PA	RT E INTERESTS II	N SPECIFIE	D BUSINESSES [Instructions of	n page 6]			
	BUSINESS ENTITY	#1	BUSINESS ENTITY # 2	BUSII	NESS ENTITY # 3		
NAME OF BUSINESS ENTITY	N/A						
ADDRESS OF BUSINESS ENTITY					Lid.		
PRINCIPAL BUSINESS ACTIVITY				,	2020 MIL EC		
POSITION HELD	7				7 (3		
I OWN MORE THAN A 5%				3	S M		
INTEREST IN THE BUSINESS NATURE OF MY					0 4 11		
OWNERSHIP INTEREST				A	0 0		
		PART F -	TRAINING	M	S S III		
For officers required to complete annual ethics training pursuant to section 112.3142, F.S.							
			ics training pursuant to section PLETED THE REQUIRED				
	CERTIFY THAT I H	AVE COM	OF FLORIDA M				
☑ I	CERTIFY THAT I H	AVE COM STATE COUN	PLETED THE REQUIRED	TRAINING	g. <u></u>		
OA	CERTIFY THAT I H TH ars at the	STATE COUN SWORN	OF FLORIDA MUTTURED	TRAINING	g. <u></u>		
OA I, the person whose name appe	TH ars at the se on oath or affirmation	STATE COUN SWORN	E OF FLORIDA TY OF to (or affirmed) and subscribed before	TRAINING	G.		
I, the person whose name apper beginning of this form, do depose and say that the information discussed and any attachments hereto is the second seco	TH ars at the e on oath or affirmation closed on this form	STATE COUN SWORN	E OF FLORIDA TY OF to (or affirmed) and subscribed before	TRAINING	G.		
I, the person whose name apper beginning of this form, do depose and say that the information disc	TH ars at the e on oath or affirmation closed on this form	STATE COUN Sworn phy (Signa	TY OF to (or affirmed) and subscribed before ysical presence or online notarization. 2020 by ture of Notary PublicState of Florida	e me by mear tion, this	day of		
I, the person whose name apper beginning of this form, do depose and say that the information discussed and any attachments hereto is the second seco	TH ars at the e on oath or affirmation closed on this form	STATE COUN Sworn phy (Signa	TY OF to (or affirmed) and subscribed before ysical presence or online notarizative of Notary PublicState of Floridative of Notary Public	e me by mean tion, this	day of		
I, the person whose name apper beginning of this form, do depose and say that the information discussed and any attachments hereto is the second seco	TH ars at the e on oath or affirmation closed on this form	STATE COUN Sworn phy (Signa	TY OF to (or affirmed) and subscribed before ysical presence or online notarizative of Notary PublicState of Floridative of Notary Public	e me by mear tion, this	day of da		
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I, the person whose name apper beginning of this form, do depose and say that the information disc and any attachments hereto is to and complete. SIGNATURE OF REPORTING	TH ars at the te on oath or affirmation closed on this form rue, accurate, DEFICIAL OR CANDIDATE icensed under Chapter 47	STATE COUN Sworn Phy (Signa (Print, Person	Type, or Stamp Commissioned Name	e me by mear tion, this	day of		
I, the person whose name apper beginning of this form, do depose and say that the information disc and any attachments hereto is transformed and complete. SIGNATURE OF REPORTING OF THE PORTING OF THE	TH ars at the e on oath or affirmation closed on this form rue, accurate, DEFICIAL OR CANDIDATE icensed under Chapter 47 g statement:	STATE COUN Sworn Phy (Signa (Print, Person Type c	TY OF to (or affirmed) and subscribed before ysical presence or online notarization of Notary Public-State of Floridation Produced or in good standing with the Floridation Produced or in good sta	e me by mear tion, this	day of		
I, the person whose name apper beginning of this form, do depose and say that the information disc and any attachments hereto is to and complete. SIGNATURE OF REPORTING OF R	CERTIFY THAT I H TH ars at the se on oath or affirmation closed on this form rue, accurate, DEFICIAL OR CANDIDATE sicensed under Chapter 47 g Statement:	STATE COUN Sworn Phy (Signa (Print, Person Type c	TY OF	e me by mear tion, this	day of da		
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I, the person whose name apper beginning of this form, do depose and say that the information disc and any attachments hereto is to and complete. SIGNATURE OF REPORTING of the following section 112.3144, Florida Statuand correct.	TH ars at the te on oath or affirmation closed on this form rue, accurate, DEFICIAL OR CANDIDATE icensed under Chapter 47 g statement: utes, and the instructions to	STATE COUN Sworn Phy (Signa (Print, Person Type of 73, or attorney , prepared o the form. U	TY OF	TRAINING e me by mean tion, this SOTO Bord Bar prepared Art. II, Sec. 8 belief, the di Date	day of day of		

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2020 JUN -5 PM 12: 46 2000 JUN -5

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

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
	OTAL	
	-	\$ 56.016.59

Signature of Official Candidate:

Date:

Janey Sus

ELIZABETH SOTO
MY COMMISSION # GG 963038
EXPIRES: April 14, 2024
Bonded Thru Notary Public Underwritere



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

miamidade.gov

2020 JUN -5 PM 12: 46

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

Logic and Accuracy Tests for 2020 Primary and General Elections

Dear Candidate:

Per F.S. 101.5612 the Miami-Dade County Elections Department is hereby giving you notice that the Logic and Accuracy Test (L&A Test) for the August 18, 2020 Primary Election is scheduled for Wednesday, July 29, 2020 starting at 10:00 a.m. The L&A Test for the November 3, 2020 General Election is scheduled for Wednesday, October 14, 2020 starting at 10:00 a.m. These tests will be conducted at the Elections Department located at 2700 NW 87th Avenue, Miami, FL 33172 and all proceedings will be open to the public.

We encourage you to visit our website or contact our Candidates Services Unit at 305-499-8410 should you require additional information.

Sincerely,

Christina White

Supervisor of Elections

Miami-Dade Elections

Received by

(PRINTED NAME)

Received by

(SIGNATURE)

NOTE: Due to the current state of emergency, if there are any changes to the schedule of the Logic and Accuracy Tests, we will notify you via email.