

**CANDIDATE OATH
STATE AND LOCAL PARTISAN OFFICE
WITH PARTY AFFILIATION**

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2024 JUN 12 PM 12:50

OFFICE USE ONLY

Candidate Oath

Name to appear on ballot: Ruamen de Jesus DeLaRua

Check box if two last names without hyphen. ☐ (Name cannot be changed after qualifying.)

Check box if name includes nickname. ☐ (For use of a nickname, you must complete the Nickname Affidavit on reverse side.)

I swear or affirm that I am a candidate for the office of Miami Dade County Sheriff, NA (District #)

NA (Circuit #), NA (Group or Seat #); I am a qualified elector of Miami-Dade County, Florida;

I am a qualified elector 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

I swear or affirm that I am a member of the Republican Party; I have been a registered member of this political party, for which I am seeking nomination as a candidate, 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, by the executive committee of the above-stated political party.

Statement of Outstanding Fines, Fees, or Penalties

I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.).

YES, I Do _____ NO, I Do Not X

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X Arline Cabrera

Signature of Candidate

Telephone Number

Email Address

Address of Legal Residence

City

State

ZIP Code

STATE OF FLORIDA

COUNTY OF Miami Dade

Arline Cabrera
Signature of Notary Public

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

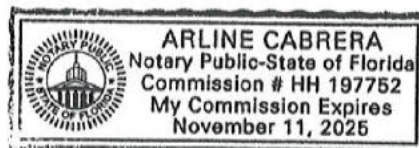
Sworn to (or affirmed) and subscribed before me by means of
online notarization ☐ OR physical presence ☒

this 10th day of June, 2024

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced:

FL Driver License



Phonetic Spelling of Name

Phonetic spelling for the audio ballot (not required for qualifying purposes): Print the 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 3 of this form):

Roo-ah-men day Hey-soos Deh-lah-roo-ah

Statement of Outstanding Fines, Fees or Penalties

Pursuant to Section 99.021(1)(d), F.S., each candidate, whether a party candidate, a candidate with no party affiliation, or a write-in candidate, shall, at the time of subscribing to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fees, or penalties that cumulatively exceed \$250 for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers and Employees under part III of chapter 112, any local ethics ordinance governing standards of conduct and disclosure requirements, or chapter 106.

Amount	Entity

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Affidavit of Nickname (Only required if using nickname for the ballot.)

My legal name is _____. I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

My nickname is _____. I am generally known by this nickname or have used it as part of my legal name. I have not created the nickname to mislead voters. My nickname does not imply I am some other person, constitute a political slogan or otherwise associate me with a cause or issue, or that is obscene or profane.

Signature of Candidate : _____

STATE OF FLORIDA

COUNTY OF _____

Signature of Notary Public

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

Sworn to (or affirmed) and subscribed before me by means

of online notarization ☐ OR physical presence ☐

this _____ day of _____, 20____.

Personally Known ☐ OR Produced Identification ☐

Type of Identification Produced: _____

2023 Form 6 - Full and Public Disclosure of Financial Interests

General Information

Name: Mr Ruamen Delarua

Address:

County:

Organization

Suborganization

Title

N/A

CANDIDATE FOR

Position	Agency Name	Position sought or held
Sheriff	Miami Dade County	Miami Dade County Sheriff

Net Worth

My Net Worth as of December 31, 2023 was \$ 1,343,626.87.

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-ELECTORAL

2023 Form 6 - Full and Public Disclosure of Financial Interests

Assets

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 effect is \$ 15,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Cash - Bank Accounts	\$ 1,175.72
Personal Residence	\$ 8,231.00
Auto - Hummer	\$ 10,000.00
Auto - Chevy Traverse	\$ 10,000.00
Retirement - Miami Police Pension	\$ 66,774.27
Retirement - Miami Police Defined Benefit Plan (Net Present Value)	\$ 663,962.70

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MIAMI-DADE
ELECTRONS

2023 Form 6 - Full and Public Disclosure of Financial Interests

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
United Police Federal Credit Union	2300 NW 14 Street Miami FL 33125	\$ 4,834.17
Goldman Sachs Bank	Lockbox 6112 PO Box 7247 Piladelphia PA 19170-6112	\$ 3,254.16
Wells Fargo Home Mortgage	PO box 14411 Des Moines IA 50306-3411	\$ 142,265.69
Wells Fargo Home Mortgage	PO box 14411 Des Moines IA 50306-3411	\$ 51,960.73
Internal Revenue Service	Internal Revenue Service Austin TX 73301-0025	\$ 43,277.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

For Quality
Purposes Only

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COUNTY
FLORIDA

2023 Form 6 - Full and Public Disclosure of Financial Interests

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 2023 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 2023 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
City of Miami	444 SW 2 Avenue 6th Floor, Finance Payroll Section Miami FL 33130	\$ 90,011.65

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A			

Interests in Specified Businesses

Business Entity # 1
N/A

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JANUARY-DADE
- FICTIMS

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form6 and that the facts stated in it are true.

Ruamen Delarua

Digitally signed: **06/11/2024**

For Qualifying
Purposes Only

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CAMPAIGN OF RUAMEN DE LA RUA FOR
MIAMI-DADE COUNTY SHERIFF
2100 SALZEDO ST STE 200
CORAL GABLES, FL 33134-4319

10004


DATE 6/10/24

PAY
TO THE
ORDER OF Miami Dade County \$ 15,300

Fifteen thousand three hundred dollars DOLLARS

 City National Bank

Quikly Fee MDC Sheriff

 Security
Features
Printed on
Buck.

MP

**OFFICIAL RECEIPT**
MIAMI-DADE COUNTY-FLORIDA

No.8251272

MIAMI-DADE COUNTY-FLORIDA

RECEIVED FROM Dezmon McLaRrea DATE 01/12/2024
ADDRESS 2100 Salzedo St. Ste 200 MONTH DAY YEAR
STREET ADDRESS
Rosal Gables CITY STATE ZIP
F.L. 33134
AMOUNT Fifteen thousand three hundred DOLLARS, AND 00/100 CENTS TOTAL \$ 15,300.00
FOR PAYMENT OF Qualifying fee - MDC Sheriff
THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.
DEPT.: Collection BY: Nelfa Robugh-Duncan
FOR OFFICE USE ONLY

[illegible]