

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Rainaldo Rey
Name

(2) 560 NW 111 Ave Apt 101
Address (number and street)

Sweetwater, FL 33172
City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: Group 7

OFFICE USE ONLY

RECEIVED
04/10/23

APR 11 2023

(4) Check appropriate box(es):

☒ Candidate Office Sought: Commissioner Group 7

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 03 / 01 / 2023 To 03 / 31 / 2023 Report Type: MO3-2023

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ 7,550.00

Loans \$ 0.00

Total Monetary \$ 7,550.00

In-Kind \$ 0.00

(7) Expenditures This Report

Monetary Expenditures \$ 1,182.49

Transfers to Office Account \$ 0.00

Total Monetary \$ 1,182.49

(8) Other Distributions

\$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 10,750.00

(10) TOTAL Monetary Expenditures To Date

\$ 1,382.49

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Rainaldo Rey
☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X

Signature

(Type name) Rainaldo Rey
☒ Candidate ☐ Chairperson (only for PC and PTY)

X

Signature

RECEIVED
04/10/23

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Reina Ido Rey

(2) I.D. Number Group 7 *CVJ*

(3) Cover Period 03 / 01 / 2023 through 03 / 31 / 2023

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) 11 :16A Amount
(6) Sequence Number					
03/02/2023	33.3 MEDIX 1430 SW 152 PL Miami, FL 33194	Promotion Items.	CAN		\$1,182.49
1					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

RECEIVED
04/10/23

(1) Name Reinaldo Rey

(2) I.D. Number Group 7

(3) Cover Period 03 / 01 / 2023 through 03 / 31 / 2023 (4) Page 1 of 2

APR 11:17 AM

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number						
03 / 01 / 2023	GOMEZ & SON FENCE PO Box 226915 Miami, FL 33222	B Business owner	CHE			\$1,000.00
1						
03 / 08 / 2023	Fighting for Florida's Families PC 2600 S Douglas Rd. Coral Gables, FL 33134	F PAC	CHE			\$1,000.00
2						
03 / 03 / 2023	NATIONAL HEALTH Transport INC. 29150 NW 7th AVE Miami, FL 33187	B Business owner	CHE			\$1,000.00
3						
03 / 06 / 2023	AVIATION MEDICAL EXAMS OF AMERICA LLC 10860 SW 88 St Miami, FL 33176	B Business owner	CHE			\$1,600.00
4						
03 / 06 / 2023	Ralph Ventura, PA 2355 SALZEDO ST. Coral Gables, FL 33134	I Attorney	CHE			\$1,000.00
5						
03 / 07 / 2023	CARIBE RESTAURANT Hialeah Inc. Operating Acct. 1750 W 68 St. Hialeah, FL 33612	B Business owner	CHE			\$1,000.00
6						
3 / 18 / 2023	R & R SOLUTIONS USA LLC 5300 SW 92 AVE Miami, FL 33165	B Business owner	CHE			\$500.00
7						

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

RECEIVED
04/10/23
APR 11:17A

(1) Name Reinaldo Rey (2) I.D. Number Group 7
(3) Cover Period 03 / 01 / 2023 through 03 / 31 / 2023 (4) Page 2 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description	Amount
3 / 22 / 2023	Harry Hoffman	I	MDC	CHE		\$50.00
8	13950 SW 106 St Miami, FL 33186					
3 / 22 / 2023	USA Dental Inc.	B	Business owner	CHE		\$250.00
9	1460 NW 107 Ave Ste 97 Miami, FL 33172					
3 / 22 / 2023	1460 Holdings LLC	B	Business owner	CHE		\$250.00
10	1460 NW 107 Ave Bldg 1 Doral, FL 33172					
3 / 23 / 2023	The Truck Depot LLC	B	Business owner	CHE		\$100.00
11	10805 NW 23 St Miami, FL 33172					
3 / 23 / 2023	Shipside International Corp	B	Business owner	CHE		\$200.00
12	1301 NW Neosport Center Drive Deerfield Beach, FL 33442					
3 / 23 / 2023	MVC Transportation	B	Business owner	CHE		\$200.00
13	10805 NW 23 St Miami, FL 33172					
1						

REMEMBER TO SUBMIT A SIGNED ELECTRONIC COPY TO
ELECTIONS VIA EMAIL AT CAMPAIGNS@MIAMIDADE.GOV.

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN VOTE BY MAIL BALLOT ACTIVITIES SUMMARY



Name

Reinaldo Rey

I.D. Number

Group 7

Address (number and street)

5600 NW 114 AVE Apt. 101

City, State, Zip Code

Miami, FL 33172

☐ CHECK IF ADDRESS HAS CHANGED

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04/10/23

APR 11:17A

Candidate for:

☐ Mayor

☒ Commissioner, District

Group 7

☐ Property Appraiser

☐ Clerk of the Circuit Courts

☐ Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name

MO3/2023

Cover Period

03/1/2023

through

03/31/2023

Report Type

☒ Original

☐ Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

Reinaldo Rey

(Type name)

☒ Treasurer

☐ Deputy Treasurer

X

Signature

I certify that I have examined this report and it is true, correct, and complete.

Reinaldo Rey

(Type name)

☒ Candidate

X

Signature

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Renaldi Ry

(5) Report Type ☒ Original ☐ Amendment (6) Page _____ of _____

A graph of a linear function on a coordinate plane. The line passes through the points (0, 4) and (4, 0). The equation of the line is $y = -x + 4$.

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Reinaldo Rey

Name

(2) 560 NW 114 AVE Apt 101

Address (number and street)

Miami, FL 33172

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: Group 7

(4) Check appropriate box(es):

☒ Candidate Office Sought: Commissioner Group 7.

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 4 / 1 / 2023 To 4 / 7 / 2023 Report Type: G-1

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$, 3 , 500 . 00

Loans \$, , 0 .

Total Monetary \$, 3 , 500 . 00

In-Kind \$, , 0 .

(7) Expenditures This Report

Monetary Expenditures \$, , 400 . 00

Transfers to Office Account \$, , 0 .

Total Monetary \$, , 400 . 00

(8) Other Distributions

\$, , 0 .

(9) TOTAL Monetary Contributions To Date

\$, 14 , 250 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 1 , 782 . 49

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Reinaldo Rey

☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X [Signature]
Signature

(Type name) Reinaldo Rey

☒ Candidate ☐ Chairperson (only for PC and PTY)

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

RECEIVED
04/10/23
awf

(1) Name

Rinaldo Ruy

(2) I.D. Number

Group 7 7211354

(3) Cover Period

04 / 01 / 2023 through 04 / 07 / 2023

(4) Page

1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Occupation				
04 / 06 / 2023	DADE County Police Benevolent Assoc Inc 10000 NW 25 St. Miami, FL 33172.	F	PAC.	CHE		\$500.00
1						
04 / 07 / 2023	Orion Merchant Solutions Inc. 5200 NW 77 Ct. Doral, FL 33166	B	Business Owner	CHE		\$1,000.00
2						
04 / 07 / 2023	Orion Flagler 114 5200 NW 77 Ct Doral, FL 33166	B	Business Owner	CHE		\$1,000.00
3						
04 / 07 / 2023	Orion 109 LLC 10900 W Flagler St. Miami, FL 33174	B	Business Owner	CHE		\$1,000.00
4						
1 / 1						
1 / 1						
1 / 1						

REMEMBER TO SUBMIT A SIGNED ELECTRONIC COPY TO
ELECTIONS VIA EMAIL AT CAMPAIGNS@MIAMIDADE.GOV.

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN VOTE BY MAIL BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

RECEIVED
04/10/23

APR 11 37A

Name Reinaldo Rey

I.D. Number Group 7

Address (number and street) 560 NW 114 AVE Apt 101

City, State, Zip Code MIAMI, FL 33172

☐ CHECK IF ADDRESS HAS CHANGED

Candidate for:

☐ Mayor

☒ Commissioner, District Group 7

☐ Property Appraiser

☐ Clerk of the Circuit Courts

☐ Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name G-1 2023 Cover Period 04/01/2023 through 04/07/2023

Report Type ☒ Original ☐ Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

Reinaldo Rey
(Type name) ☒ Treasurer ☐ Deputy Treasurer

X

Signature

I certify that I have examined this report and it is true, correct, and complete.

Reinaldo Rey
(Type name) ☒ Candidate

X

Signature

RECEIVED
PATENTING 04/10/23
TIES
MIAMI-DADE
COUNTY

100-443727

[illegible]

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Reinaldo Rey
Name

(2) 5600 NW 114 AVE Apt 101
Address (number and street)

Miami, FL 33172
City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: Group 7

(4) Check appropriate box(es):

☒ Candidate Office Sought: Commissioner Group 7

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 04 / 08 / 2023 To 04 / 31 / 2023 Report Type: G-2/2023

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ 6,000.00

Loans \$ 0.00

Total Monetary \$ 6,000.00

In-Kind \$ 0.00

(7) Expenditures This Report

Monetary Expenditures \$ 7,065.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 7,065.00

(8) Other Distributions

\$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 20,250.00

(10) TOTAL Monetary Expenditures To Date

\$ 8,847.49

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name)

Reinaldo Rey

☐ Individual (only for IE or electioneering comm.)

☒ Treasurer

☐ Deputy Treasurer

X

Signature

(Type name)

Reinaldo Rey

☒ Candidate

☐ Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

ENTERED
 4/27/23
 7100P 7

(1) Name

Reinaldo Rey

(2) I.D. Number

7100P 7

(3) Cover Period

04 / 08 / 2023 through

04 / 21 / 2023

(4) Page

1 of 1

APR 27 2023

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
04 / 10 / 2023	Global RER Workforce LLC 801 BRICKELL AVE STE 2360 MIAMI, FL 33131		CHE			\$1,000.00
1						
04 / 10 / 2023	University Bridge GP LLC 801 BRICKELL AVE STE 2360 MIAMI, FL 33131		CHE			\$1,000.00
2						
04 / 10 / 2023	Collegiate City II, LLC 801 BRICKELL AVE STE 2360 MIAMI, FL 33131		CHE			\$1,000.00
3						
04 / 10 / 2023	GCD Enviro Cypress, LLC 801 BRICKELL AVE STE 2360 MIAMI, FL 33131		CHE			\$1,000.00
4						
04 / 10 / 2023	Global City Development LLC 801 BRICKELL AVE STE 2360 MIAMI, FL 33131		CHE			\$1,000.00
5						
4 / 17 / 2023	MIAMI REALTORS 700 S. ROYAL POINCIANA BLVD SUITE 400 MIAMI, FL 33160	Realtors	CHE			\$1,000.00
6						
1 / 1						



(4) Page 1 of 1

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN VOTE BY MAIL BALLOT ACTIVITIES SUMMARY



Name

Reinaldo Rey

I.D. Number

Group 7

Address (number and street)

560 NW 114 Ave Apt 101

City, State, Zip Code

Miami, FL 33172

☐ CHECK IF ADDRESS HAS CHANGED

OFFICE USE ONLY



APR 27 2023

aus

Candidate for:

☐ Mayor

☒ Commissioner, District Group 7

☐ Property Appraiser

☐ Clerk of the Circuit Courts

☐ Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name G-3 / 2023 Cover Period 04/22/2023 through 05/04/2023

Report Type ☒ Original ☐ Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

Reinaldo Rey
(Type name) ☒ Treasurer ☐ Deputy Treasurer

X

Signature

I certify that I have examined this report and it is true, correct, and complete.

Reinaldo Rey
(Type name) ☒ Candidate

X

Signature

MIAMI-DADE
COUNTY

APR 2:25P

[illegible]

**CANDIDATE OATH
NONPARTISAN OFFICE**

RECEIVED MAR 15 2023

MR'S 1:34PM
aw

(Do not use this form if a Judicial or School Board Candidate)

Check box **only** if you are seeking to qualify as a write-in candidate:

☐ Write-in candidate

OFFICE USE ONLY

Candidate Oath

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

I, Reinaldo Ray,
(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 nonpartisan office of Commissioner,
(Office) (District #)

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

I am qualified 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): 116375287

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.]

RAY-nal-doe RAY

X RR
Signature of Candidate

(786) 897-5165
Telephone Number

reyrayjr@gmail.com
Email Address

560 NW 114 Ave Apt 101
Address

Sweetwater
City

FL
State

33172
ZIP Code

STATE OF FLORIDA

COUNTY OF Miami-Dade

[Signature]
Signature of Notary Public

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

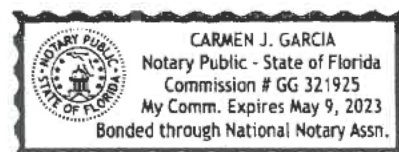
Sworn to (or affirmed) and subscribed before me by means of

online notarization ☐ OR physical presence ☒

this 15th day of MARCH, 2023

Personally Known ☒ OR Produced Identification ☒

Type of Identification Produced: FDC



LOYALTY OATH
FOR CANDIDATES FOR PUBLIC OFFICE
Sec. 876.05-876.10, 99.021, Florida Statutes

RECEIVED MAR 15 2023

Handwritten signature
MR 1:34PM

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

I, Reinaldo Rey Jr, a citizen of the State of Florida and of the United States of America... and a candidate for public office... do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

CANDIDATE OATH

I, Reinaldo Rey
(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 Commissioner, Group 7; that I am a qualified elector of Miami-Dade County, Florida; that I am qualified under the Constitution and the laws of Florida and the Charter of the City of Sweetwater to hold the office to which I desire to be nominated or elected; that I have taken the oath required by ss.876.05-876.10, Florida Statutes; that I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with that of the office I seek; and that I have resigned from any office from which I am required to resign pursuant to s.99.012, Florida Statutes.

Handwritten signature of candidate

660 NW 114 AVE Apt 101 (786) 897-5165 ()
Mailing Address Day Phone Fax Number
Sweetwater FL 33172
City State Zip Code
3/15/2023
Date Signed

Candidate's Voter Registration Number (located on the Voter Registration card) 116375287

*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):

Ray-nal-doe Ray

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

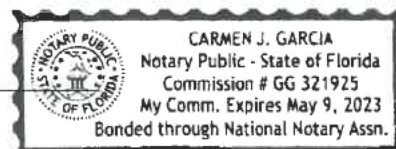
Sworn to (or affirmed) and subscribed before me this 15th day of March, 2023.

Personally known ☒ or

Produced Identification ☒

Type of Identification Produced: FDL

Handwritten signature of Notary Public
Signature of Notary Public





**AFFIDAVIT OF CANDIDATE
CITY OF SWEETWATER, FLORIDA
STATE OF FLORIDA
COUNTY OF MIAMI-DADE
CITY OF SWEETWATER**

Reinaldo Rey JR (herein after "Affiant"), being first duly sworn deposes and says:

1. My name is Reinaldo Rey JR.

2. I am offering myself as a candidate for the office of Commissioner Group 7 of the City of Sweetwater, Florida in ☒ group 7 or ☐ the office of mayor.

3. I am a duly registered voter and elector and a qualified resident of the City of Sweetwater.

4. I have continuously resided in the City of Sweetwater for since [CLERK TO INSERT APPLICABLE DATE] (hereinafter the "Residency Date").

5. I currently reside at 560 NW 114 AVE Apt 101 Sweetwater, FL 33172, which is my legal address and have resided continually at said address from June 1st, 2019 through the date hereof.

6. Prior to my current residence, I have resided at the following addresses:

11201 NW 2nd St Sweetwater, FL 33172

7. Since the Residency Date my spouse has resided at the following addresses:

560 NW 114 AVE Apt 101 Sweetwater, FL 33172

8. I am a Citizen of the United States of America.

9. I do not currently hold any elected or appointed office that would require my resignation under § 99.012, Florida Statutes or I have resigned my position as provided in said statute.

Affiant:

Reinaldo Rey JR.

RECEIVED MAR 15 2023

Handwritten signature

MR 1:34PM

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, by
Reinaldo Rey Jr who is

☒ Is personally known or

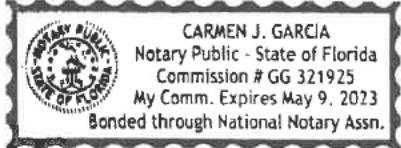
☒ Presented to me a valid identification: FDL

WITNESS my hand and official seal in the County and State last aforesaid this 15th day of March, 2023

Handwritten signature of Carmen J. Garcia

NOTARY PUBLIC,
State of Florida

My commission expires: May 9, 2023



FORM 1

STATEMENT OF
FINANCIAL INTERESTS

2022

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME:

Rey Jr, Reinaldo

MAILING ADDRESS:

560 NW 114 Ave Apt 101

CITY:

Sweetwater

ZIP:

33172

COUNTY:

Miami-Dade

NAME OF AGENCY:

City of Sweetwater

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Commissioner Group 7

CHECK ONLY IF ☒ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

RECEIVED MAR 15 2023

**** THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2022.

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

☐ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☒ DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Self-Employed	560 NW 114 Ave Apt 101 Sweetwater, FL 33172	Electrician
City of Sweetwater	560 SW 109 Ave, Sweetwater, FL 33174	Commissioner

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

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

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

N/A

You are not limited to the space on the
lines on this form. Attach additional
sheets, if necessary.FILING INSTRUCTIONS for when
and where to file this form are
located at the bottom of page 2.INSTRUCTIONS on who must file
this form and how to fill it out
begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
(If you have nothing to report, write "none" or "n/a")

RECEIVED MAR 15 2023

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

N/A

MR2 1:34 PM

PART E — LIABILITIES [Major debts - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR

ADDRESS OF CREDITOR

N/A

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
(If you have nothing to report, write "none" or "n/a")

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

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

PART G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.



I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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

SIGNATURE OF FILER:

Signature:

Date Signed:

3/15/2023

CPA or ATTORNEY SIGNATURE ONLY

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, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics. It will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

WHEN TO FILE: Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2022.

**DECLARATION AND FIRST AMENDMENT WAIVER
FOR CANDIDATES WHO AGREE TO COMPLY WITH
THE *VOLUNTARY* STATEMENT OF FAIR CAMPAIGN PRACTICES**

MR 1:34PM

VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES

As a candidate for public office in Miami-Dade County, I believe that political issues can be freely debated without appealing to racial, ethnic, religious, sexual, or other prejudices. I recognize that such negative appeals serve only to divide this community and create long-term moral, social, and economic problems. Therefore,

1. I shall not make my race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
2. I shall not make my opponent's race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
3. I will condemn any appeal to prejudice based on race, creed, national origin, religion, gender, physical disability, or sexual orientation.
4. I shall not, without just cause, attack or question my opponent's patriotism.
5. I shall not publish, display, or circulate any anonymous campaign literature or political advertisement.
6. I shall not tolerate my supporters engaging in these activities that I condemn, nor shall I accept their continued support if they engage in such activities. I will not permit any member of my campaign organization to engage in these activities and will immediately and publicly repudiate the support of any other individual or group that resorts to the methods and tactics I condemn.
7. I shall run a positive campaign emphasizing my qualifications for office and positions on issues of public concern.
8. I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions.
9. I will neither use nor permit the use of malicious untruths or innuendoes about an opponent's personal life, nor will I make or condone unfounded accusations discrediting that person's credibility.
10. I will take personal responsibility for approving or disavowing the substance of attacks on my opponent that may come from third parties supporting my candidacy.
11. I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

BY SIGNING THIS DECLARATION AND FIRST AMENDMENT WAIVER, I AGREE TO

- **ABIDE BY THE *VOLUNTARY* STATEMENT OF FAIR CAMPAIGN PRACTICES,**
- **SUBMIT TO THE COMPULSORY JURISDICTION OF THE ETHICS COMMISSION, AND**
- **WAIVE MY FIRST AMENDMENT RIGHTS.**

I, Reinaldo Rey Jr, a candidate for the office of
please print your name
Commissioner Group 7 in Miami Dade
elective office sought city, municipality, or other jurisdiction

agree to abide by the *voluntary* Statement of Fair Campaign Practices as provided in Section 2-11.1.1(D)(1) of the Code of Miami-Dade County, Florida, and to recognize as compulsory the jurisdiction of the Ethics Commission. I further agree that the Ethics Commission will have the authority to decide whether I have violated the *voluntary* Statement of Fair Campaign Practices and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any, which may include an admonition or public reprimand. I recognize that I have the right before signing this DECLARATION AND FIRST AMENDMENT WAIVER to consult my own legal counsel and to request and receive from the Ethics Commission an advisory opinion as to whether my planned campaign activities are likely to violate the *voluntary* Statement of Fair Campaign Practices. I also recognize that after signing this agreement, I will continue to have the right to request and receive from the Ethics Commission an advisory opinion regarding any future campaign activities that I may be considering. I hereby proclaim (1) that my agreement to abide by the Statement of Fair Campaign Practices is *voluntary*, knowing, and intelligent; (2) that I have not been forced, pressured, or otherwise coerced into making this agreement; and (3) that I am aware of the *voluntary* nature of this agreement. I recognize that there is no penalty for refusing to agree to abide by the *voluntary* Statement of Fair Campaign Practices. I also recognize that in signing this agreement, I will be forfeiting rights to which I would otherwise be entitled under the First Amendment to the U.S. Constitution and Article I, Section 4, of the Constitution of the State of Florida. Once the DECLARATION AND FIRST AMENDMENT WAIVER is signed, it is deemed irrevocable for the duration of the campaign.

x

Signature

Date

DECLARATION FOR CANDIDATES NOT AUTOMATICALLY COVERED

by the **Mandatory Provisions** of the
Miami-Dade Ethical Campaign Practices Ordinance
 Miami-Dade County Code at 2-11.1.1(C) (1)

MR 1:35 PM

The Mandatory Fair Campaign Practices Ordinance at Sec. 2-11.1.1(C) of the Miami-Dade County Code extends to—

- Candidates, and their respective campaign staffs, for Miami-Dade Co. Commissioners or Mayor;
- Candidates, and their respective campaign staffs, for Miami-Dade Co. Community Councils;
- Candidates, and their respective campaign staffs, for any municipal elective office within Miami-Dade County;
- Candidates, and their respective campaign staffs, for the Co. Property Appraiser.

Other candidates for elective office with a constituency in whole or in part in Miami-Dade Co. who are *not* required to comply with the Mandatory Fair Campaign Practices Ordinance *may* at any time declare that they agree to abide by the Mandatory Fair Campaign Practices Ordinance.


The Mandatory Fair Campaign Practices Ordinance states that a candidate shall not—

- With actual malice make or cause to be made any untrue oral statement about another candidate or a member of his or her family or staff that exposes the person to hatred, contempt, or ridicule or causes the person to be shunned or avoided or injured in his or her business or occupation;
- With actual malice publish, or cause to be published, by writing, printing, picture, effigy, sign, or otherwise than by mere speech any untrue statement about another candidate or a member of his or her family or staff that exposes the person to hatred, contempt, or ridicule or causes the person to be shunned or avoided or injured in his or her business or occupation;
- Willfully injure, deface, or damage or cause to be injured, defaced, or damaged, by any means, any campaign poster, sign, leaflet, handbill, literature, or other campaign material of another candidate;
- Knowingly obtain, or cause to be obtained, the campaign property of another candidate with the intent to temporarily or permanently deprive the candidate of a right to the property or its benefit; *or*
- Knowingly file with the Ethics Commission a groundless or frivolous complaint against another candidate.

If you are not automatically covered by the Mandatory Fair Campaign Practices Ordinance, but you have a constituency in whole or in part in Miami-Dade County and you would like to abide by the Mandatory Fair Campaign Practices Ordinance, please sign and date below. Once signed, the Declaration is deemed irrevocable for the duration of the campaign.

I, Renaudo Rey JR, a candidate for the office of
please print your name
Commissioner Group 7 in Miami, Dade
elective office sought City of Sweetwater
county, municipality, or other jurisdiction

understand that I am not automatically bound by the Mandatory Fair Campaign Practices Ordinance of Miami-Dade Co. Nevertheless, I choose to abide by the Mandatory Fair Campaign Practices Ordinance and recognize the compulsory jurisdiction of the Ethics Commission and its authority to decide whether I have violated the ordinance at Sec. 2-11.1.1(C) of the County Code. I further understand that if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any.

x 
 Signature

3/15/2023
 Date

RECEIVED MAR 15 2023

MR 1:35 PM

Florida DRIVER LICENSE

R000-720-89-256-0

1 REY
2 REINALDO, JR
3 6560 NW 114TH AVE APT 101
4 MIAMI, FL 33172
5 DOB 07/16/1989 SEX M
6 EXP 07/16/2023 HGT 5'-05"
7 REST A END NONE

DATE OF BIRTH 06/21/2019
5071906210121

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

RECEIVED MAR 15 2023

cel

MR 1:35PM

We the People

*Of the United States,
in Order to form a more perfect Union,
establish justice, insure domestic Tranquillity,
provide for the common defence,
promote the general Welfare, and secure
the Blessings of Liberty to ourselves and
our Posterity, do ordain and establish this
Constitution for the United States of America.*



SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT
PASSEPORT
PASAPORTE





UNITED STATES OF AMERICA

Type / Type / Tipo: P Code / Code / Código: USA Passport No. / No. du Passeport / No. de Pasaporte: [REDACTED]

Surname / Nom / Apellido: REY JR

Given Names / Prénoms / Nombres: REINALDO

Nationality / Nationalité / Nacionalidad: UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento: 16 Jul 1989

Place of birth / Lieu de naissance / Lugar de nacimiento: FLORIDA, U.S.A.

Date of issue / Date de délivrance / Fecha de expedición: 01 Sep 2010

Date of expiration / Date d'expiration / Fecha de caducidad: 31 Aug 2020

Endorsements / Mentions Spéciales / Anotaciones: SEE PAGE 27

Sex / Sexe / Sexo: M

Authority / Autorité / Autoridad: United States Department of State



[REDACTED]

RECEIVED MAR 15 2023

and

MAR 15 1:35 PM

CONCEALED WEAPON OR FIREARM LICENSE
STATE OF FLORIDA



[REDACTED]
REY, REYNALDO JR
BIRTH DATE 07/16/1989 SEX M RACE W
EXPIRES 12/21/2026

The above named individual is licensed by the Department of Agriculture and Consumer Services, Division of Licensing in accordance with Section 750.04, Florida Statutes.

Nicole Fried
NICOLE "NIKKI" FRIED
COMMISSIONER

**Electric Bill Statement****For:** Jan 25, 2023 to Feb 23, 2023 (29 days)**Statement Date:** Feb 23, 2023**Account Number:** 07192-93599**Service Address:**560 NW 114TH AVE APT 101
MIAMI, FL 33172

MR 1:35 PM

Hello Reinaldo Rey Jr,
Here's what you owe for this billing period.

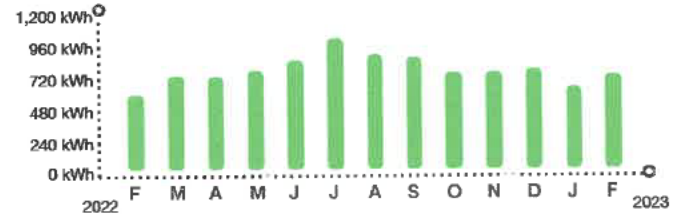
CURRENT BILL**\$120.16**

TOTAL AMOUNT YOU OWE

Mar 16, 2023

NEW CHARGES DUE BY

Stay on Budget Billing
to avoid seasonal bill
spikes. Visit
FPL.com/BBcustomer

ENERGY USAGE HISTORY**BILL SUMMARY**

Amount of your last bill	119.58
Payments received	-119.58
Balance before new charges	0.00
Total new charges	120.16
Total amount you owe	\$120.16

FPL automatic bill pay - DO NOT PAY

(See page 2 for bill details.)

KEEP IN MIND

- Payments received after March 16, 2023 are considered late; a late payment charge, the greater of \$5.00 or 1.5% of your past due balance will apply. Your account may also be billed a deposit adjustment.
- The amount due on your account will be drafted automatically on or after March 06, 2023. If a partial payment is received before this date, only the remaining balance due on your account will be drafted automatically.

New February rates are in effect. State regulators are reviewing FPL's plan for fuel and storm costs that would take effect in April.
Learn more at FPL.com/Rates.

Customer Service: (305) 442-8770
Outside Florida: 1-800-226-3545

Report Power Outages: 1-800-4OUTAGE (468-8243)
Hearing/Speech Impaired: 711 (Relay Service)

/ 3* FPL AUTOMATIC BILL PAY - DO NOT PAY *

The amount enclosed includes
the following donation:
FPL Care To Share: _____

Make check payable to FPL
in U.S. funds and mail along with
this coupon to:

REINALDO REY JR
560 NW 114TH AVE APT 101
MIAMI FL 33172-3580

FPL
GENERAL MAIL FACILITY
MIAMI FL 33188-0001

Visit FPL.com/PayBill
for ways to pay.

07192-93599

ACCOUNT NUMBER

\$120.16

TOTAL AMOUNT YOU OWE

Mar 16, 2023

NEW CHARGES DUE BY

\$ Auto pay - DO NOT PAY

AMOUNT ENCLOSED

PAYMENT DATE
03/15/2023
COLLECTION STATION
License Department
RECEIVED FROM
REINALDO REY
CAMPAIGN ACCT
DESCRIPTION
MISCELLANENOUS INCOME/ CITY QUALIFYING FEE/ CHECK 101

City of Sweetwater
500 S.W. 109th Avenue
Sweetwater, FL 33174



BATCH NO.
2023-00001188
RECEIPT NO.
2023-00008079
CASHIER
Anna Martinez

PAYMENT CODE	RECEIPT DESCRIPTION	TRANSACTION AMOUNT														
Misc Income	Miscellaneous Income MISCELLANENOUS INCOME/ CITY QUALIFYING FEE/ CHECK 101	\$75.00														
	<table><tr><td>Total Cash</td><td>\$0.00</td></tr><tr><td>Total Check</td><td>\$75.00</td></tr><tr><td>Total Charge</td><td>\$0.00</td></tr><tr><td>Total Other</td><td>\$0.00</td></tr><tr><td>Total Remitted</td><td>\$75.00</td></tr><tr><td>Change</td><td>\$0.00</td></tr><tr><td>Total Received</td><td>\$75.00</td></tr></table>	Total Cash	\$0.00	Total Check	\$75.00	Total Charge	\$0.00	Total Other	\$0.00	Total Remitted	\$75.00	Change	\$0.00	Total Received	\$75.00	
Total Cash	\$0.00															
Total Check	\$75.00															
Total Charge	\$0.00															
Total Other	\$0.00															
Total Remitted	\$75.00															
Change	\$0.00															
Total Received	\$75.00															
Total Amount:		\$75.00														

PAYMENT DATE
03/15/2023
COLLECTION STATION
License Department
RECEIVED FROM
REINALDO REY
CAMPAIGN ACCT

City of Sweetwater
500 S.W. 109th Avenue
Sweetwater, FL 33174

BATCH NO.
2023-00001188
RECEIPT NO.
2023-00008071
CASHIER
Anna Martinez



DESCRIPTION
MISCELLANEOUS REFUNDABLE BOND/ STATE ASSESSMENT FEE % CHECK 102

PAYMENT CODE	RECEIPT DESCRIPTION	TRANSACTION AMOUNT														
Campaing Bond	Miscellaneous Refundable Bond MISCELLANEOUS REFUNDABLE BOND/ STATE ASSESSMENT FEE % CHECK 102	\$299.03														
<table><tr><td>Total Cash</td><td>\$0.00</td></tr><tr><td>Total Check</td><td>\$299.03</td></tr><tr><td>Total Charge</td><td>\$0.00</td></tr><tr><td>Total Other</td><td>\$0.00</td></tr><tr><td>Total Remitted</td><td>\$299.03</td></tr><tr><td>Change</td><td>\$0.00</td></tr><tr><td>Total Received</td><td>\$299.03</td></tr></table>		Total Cash	\$0.00	Total Check	\$299.03	Total Charge	\$0.00	Total Other	\$0.00	Total Remitted	\$299.03	Change	\$0.00	Total Received	\$299.03	
Total Cash	\$0.00															
Total Check	\$299.03															
Total Charge	\$0.00															
Total Other	\$0.00															
Total Remitted	\$299.03															
Change	\$0.00															
Total Received	\$299.03															
Total Amount:		\$299.03														

63-8776 1 2870

REINALDO REY CAMPAIGN ACCOUNT
560 NW 114TH AVE APT 101
MIAMI, FL 33172

102

Pay to the order of City of Sweetwater \$ 299.00

Two hundred Ninety Nine 03 03

Interamerican Bank FSB
9190 CORAL WAY
MIAMI, FLORIDA 33166

ASSESSMENT FEE

015006891310102

Heat Reactive Ink

63-8776 1 2870

REINALDO REY CAMPAIGN ACCOUNT
560 NW 114TH AVE APT 101
MIAMI, FL 33172

101

Pay to the order of City of Sweetwater \$ 75.00

Seventy Five 03 03

Interamerican Bank FSB
9190 CORAL WAY
MIAMI, FLORIDA 33166

Candidate City Fee

015006891310101

Heat Reactive Ink

**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.

RECEIVED JAN 26 2023

JAN 31 2023

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)

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

4. Telephone

()

5. E-mail address

6. Office sought (include district, circuit, group number)

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 ☐ _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

11. Mailing Address

12. Telephone

()

13. City

14. County

15. State

16. Zip Code

17. E-mail address

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

19. Name of Bank

20. Address

INTERAMERICAN BANK

9190 Coral Way

21. City

22. County

23. State

24. Zip Code

MIAMI

MIAMI-DADE

FL

33165

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

1/26/2023

26. Signature of Candidate

X

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

I, Reinaldo Rey JR, do hereby accept the appointment
(Please Print or Type Name)

designated above as:

☒

Campaign Treasurer

☐

Deputy Treasurer.

1/26/2023

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

**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.

RECEIVED JAN 03 2023

JAN 3:07P

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)

Reinaldo Rey JR

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

560 NW 114 AVE Apt. 101
Sweetwater, FL 33172

4. Telephone

(786) 897-5165

5. E-mail address

reyreyjr21@gmail.com

6. Office sought (include district, circuit, group number)

Group 7

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 ☐ _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

Reinaldo Rey JR

11. Mailing Address

560 NW 114 AVE Apt 101

12. Telephone

(786) 897-5165

13. City

Sweetwater

14. County

Miami-Dade

15. State

FL

16. Zip Code

33172

17. E-mail address

reyreyjr21@gmail.com

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

19. Name of Bank

Wells Fargo

20. Address

10781 W Flagler St.

21. City

Miami

22. County

Miami-Dade

23. State

FL

24. Zip Code

33174

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

1/3/2023

26. Signature of Candidate

X [Signature]

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

I, Reinaldo Rey JR, do hereby accept the appointment
(Please Print or Type Name)

designated above as:

☒ Campaign Treasurer ☒ Deputy Treasurer.

1/3/2023

Date

X

[Signature]
Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

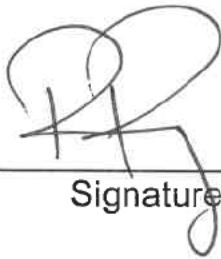
OFFICE USE ONLY

RECEIVED JAN 03 2023

JAN 3:07P

I, Rinaldo Rey JR,
candidate for the office of City of Sweetwater Commissioner Group 7;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X



Signature of Candidate

1/3/2023
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Reinaldo Rey JR
Name

(2) 560 NW 114 AVE Apt 101
Address (number and street)

Sweetwater, FL 33172
City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: Group 7

(4) Check appropriate box(es):

☒ Candidate Office Sought: City Commissioner Group 7

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 1 / 1 / 2023 To 1 / 31 / 2023 Report Type: M 61/2023

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 200 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 200 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 200 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 200 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, , 200 . 00

(10) TOTAL Monetary Expenditures To Date

\$, , 200 . 00

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Reinaldo Rey JR

☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X

Signature

(Type name) Reinaldo Rey JR

☒ Candidate ☐ Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Reinaldo Rey (2) I.D. Number Group 7

FE-10:26A

(3) Cover Period 1 / 1 / 2023 through 1 / 31 / 2023 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
1, 31, 2023	Nelson Mendez		County Bus/Transit Mechanic	CHE			\$200.00
1	3119 SW 141 Ave Miami, FL 33172	I					
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							

FE-10:26AM

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Reinaldo Rey (2) I.D. Number Group 7
(3) Cover Period 1 / 1 / 2023 through 1 / 31 / 2023 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
1 / 31 / 2023	City of Sweetwater 500 SW 109 Ave Sweetwater, FL 33174	Sign Bond	MON		\$ 200.00
1					
1 / 1					
1 / 1					
1 / 1					
1 / 1					
1 / 1					
1 / 1					
1 / 1					

PAYMENT DATE
01/31/2023
COLLECTION STATION
License Department

RECEIVED FROM
REINALDO REY
CAMPAIGN ACCT

DESCRIPTION
REINALDO REY SIGN BOND

City of Sweetwater
500 S.W. 109th Avenue
Sweetwater, FL 33174



BATCH NO.
2023-00000313
RECEIPT NO.
2023-00003083
CASHIER
Anna Martinez

PAYMENT CODE	RECEIPT DESCRIPTION	TRANSACTION AMOUNT
Campaing Bond	Miscellaneous Refundable Bond REINALDO REY SIGN BOND/ CHECK 98	\$200.00
	<div><div>Total Cash</div><div>\$0.00</div></div> <div><div>Total Check</div><div>\$200.00</div></div> <div><div>Total Charge</div><div>\$0.00</div></div> <div><div>Total Other</div><div>\$0.00</div></div> <div><div>Total Remitted</div><div>\$200.00</div></div> <div><div>Change</div><div>\$0.00</div></div> <div><div>Total Received</div><div>\$200.00</div></div>	
Total Amount:		\$200.00

Ronaldo Rey Campaign Account
560 NW 114 AVE Apt 101
Sweetwater, FL 33172

63-8776/2670

98

DATE 1/31/2023

0 EXPIRE VALUE ON DEPOSIT

PAY TO THE ORDER OF City of Sweetwater \$ 200.00
Two Hundred ⁰⁰/₁₀₀ DOLLARS

Interamerican Bank FSB
9190 CORAL WAY
MIAMI, FLORIDA 33165

MEMO Sign Bond

[Signature]

MP

⑆ 26 708 776 9 ⑆ 0 150068913 ⑆ 0098

SPEEDY T1 BLUE

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Reinaldo Rey
Name

(2) 560 NW 114 AVE Apt 101
Address (number and street)

Sweetwater, FL 33172
City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: Group 7

OFFICE USE ONLY

ENTERED
3/2/23

(4) Check appropriate box(es):

☒ Candidate Office Sought: Commissioner Group 7

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 02/01/2023 To 02/28/2023 Report Type: MOA/2023

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ 3,000.00

Loans \$ 0.00

Total Monetary \$ 3,000.00

In-Kind \$ 0.00

(7) Expenditures This Report

Monetary Expenditures \$ 0.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 0.00

(8) Other Distributions

\$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 3,000.00

(10) TOTAL Monetary Expenditures To Date

\$ 200.00

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name)

☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X
Signature

(Type name)

☒ Candidate ☐ Chairperson (only for PC and PTY)

X
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name

Reinaldo Ray

(2) I.D. Number

Group 7

(3) Cover Period

02/01/2023 through 02/28/2023

(4) Page

1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Occupation				
02/13/2023	109 Mini Market					
1	10916 W Flagler St STE 105 Miami, FL 33174	B Business owner	CHE			\$500.00
02/13/2023	Smokin Spades					
2	11180 W Flagler St Suite 706 Miami, FL 33174	B Business owner	CHE			\$500.00
02/16/2023	DADE First PC					
3	2100 Salzedo St Ste 700 Coral Gables, FL 33124	F PAC	CHE			\$1000.00
02/16/2023	A Bolder Florida PC					
4	2600 S Douglas Rd Ste 900 Coral Gables, FL 33134	F PAC	CHE			\$1000.00
1						
1						
1						
1						
1						
1						



CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Reinaldo Rey

(2) I.D. Number Group 7

(3) Cover Period 02 / 01 / 2023 through 02 / 28 / 2023

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
//					
//					
//					
//					
//					
//					
//					
//					

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY

MIAMI-DADE
COUNTY

OFFICE USE ONLY

Name

Reinaldo Rey

I.D. Number

Group 7

Address (number and street)

560 NW 114 Ave Apt 101

City, State, Zip Code

Sweetwater, FL 33172

☐ CHECK IF ADDRESS HAS CHANGED

ENTERED
3/2/23

MR - 336F

Candidate for:

☐ Mayor

☒ Commissioner, District Group 7

☐ Property Appraiser

☐ Clerk of the Circuit Courts

☐ Community Council, Area _____, Sub Area _____

REPORT IDENTIFIERS

Report Name M02/2023

Cover Period 02-01-2023 through 02-28-2023

Report Type ☒ Original ☐ Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

Reinaldo Rey

(Type name)

☒ Treasurer

☐ Deputy Treasurer

X

Signature

I certify that I have examined this report and it is true, correct, and complete.

Reinaldo Rey

(Type name)

☒ Candidate

X

Signature

ENTERED
3/2/23
MIA MI-DADE
COUNTY
Charter positions:
Community Council
NR 1 3:35

期 13:35

(1) Name Reinaldo Ruy (2) I.D. Number Group 7
(3) Report Name M02/2023 (4) Cover Period 02-01-2023 through 02-28-2023
(5) Report Type ☒ Original ☐ Amendment (6) Page 1 of 1

[illegible]

MD-ED 26 (Rev. 03/13)