CAMPAIGN TREASURER'S REPORT SUMMARY

(1) ISIDRO C RUIZ
Name

(2) 11331 SW 5TH ST
Address (number and street)

MIAMI, FL 33174
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

ENTERED 5/4/23 MY 5:04P

(3) ID Number: GROUP 5

(4) Check appropriate box(es):

☑ Candidate Office Sought: COMMISSIONER GROUP 5
☐ 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 / 22 / 23 To 5 / 4 / 23 Report Type: G3-2023

☑ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

		IR
Cash & Checks	$	5,200.00
Loans	$	0
Total Monetary	$	5,200.00
In-Kind	$	0

(7) Expenditures This Report

Monetary Expenditures	$	3,199.29
Transfers to Office Account	$	0
Total Monetary	$	3,199.29

(8) Other Distributions
$ ____ , ____ , ____ . ____

(9) TOTAL Monetary Contributions To Date
$ ____ , 13,800.00

(10) TOTAL Monetary Expenditures To Date
$ ____ , 6,474.29

(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) ISIDRO C RUIZ
☐ Individual (only for IE or electioneering comm.) ☑ Treasurer ☐ Deputy Treasurer
X
Signature

(Type name) ISIDRO C RUIZ
☑ Candidate ☐ Chairperson (only for PC and PTY)
X
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

ENTERED 5/4/23

(1) Name ISIDRO CRUZ (2) I.D. Number GROUP 5

(3) Cover Period 4 / 22 / 23 through 5 / 4 / 23 (4) Page 1 of 1

MY 5:04P

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
4 / 29 / 23 — 1	CARLOS LANZA 8531 SW 167TR MIAMI, FL 33157	I	CONTRACTOR	CHE			200.00
4 / 29 / 23 — 2	AA CAPITAL HOLDINGS 7090 NW 109TH MIAMI, FL 33178	B	REAL ESTATE	CHE			1000.00
4 / 29 / 23 — 3	ADDWELL CONCRETE CORP 242 NW LEJEUNE RD MIA, FL 33126	B	CONSTRUCTION	CHE			500.00
5 / 1 / 23 — 4	HUGO PARRA 8920 SW 102TR MIAMI, FL 33176	I	ATTORNEY	CHE			500.00
5 / 1 / 23 — 5	NAT HEALTH TRANS 2950 NW 7AVE MIAMI, FL 33127	B	TRANSPORTATION	CHE			1000.00
5 / 1 / 23 — 6	CREI HOLDINGS LLC 11239 NW 4TH TR	B	HOUSING	CHE			1000.00
5 / 1 / 23 — 7	LUAR INVESTMENT LLC 2290 NW 110AVE MIAMI, FL 33172	B	CONSTRUCTION	CHE			1000.00

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

ENTERED 5/4/23 MAY 4 5:04

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name ISIDRO C RUIZ (2) I.D. Number GROUP

(3) Cover Period 04 / 22 / 23 through 5 / 4 / 23 (4) Page 1 of 1

(5) Date / (6) Sequence Number	(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
4/24/23 1	RIGEL PEREZ 17133 SW 142 CT MIAMI, FL 33177	CAMPAIGN WORKER	~~CHE~~ IR MON		300.00
4/24/23 2	CARLOS CASTIÑEIRA 10812 SW 45ST #3 MIAMI, FL 33174	CAMPAIGN HELPER	~~CHE~~ IR MON		100.00
4/25/23 3	12K DIGITAL SOLUTION 7884 NW 64ST MIA, FL	SIGNS	~~CHE~~ IR MON		1999.29
5/2/23 4	CAMILA FERNANDEZ 315 SW 104 CT SWEETWATER, FL 33174	CAMPAIGN HELPER/WALKER	~~CHE~~ IR MON		250.00
5/2/23 5	SANTIAGO DIAZ 315 SW 104 CT SWEETWATER, FL 33174	CAMPAIGN HELPER/WALKER	~~CHE~~ IR MON		250.00
5/3/23 6	MIRTHA DIAZ 15 SW 116 AVE SWEETWATER, FL 33174	PHONE BANKING	~~CHE~~ IR MON		300.00
/ /					
/ /					

DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

MIAMI-DADE COUNTY

Name ISIDRO C RUIZ

I.D. Number GROUP 5

Address (number and street) 11331 SW 5TH ST

City, State, Zip Code SWEETWATER FL 33174

☐ **CHECK IF ADDRESS HAS CHANGED**

OFFICE USE ONLY

ENTERED 5/4/23 MY 5:04P

Candidate for:

☐ Mayor
☑ Commissioner, District GROUP 5
☐ Property Appraiser
☐ Clerk of the Circuit Courts
☐ Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name G3-2023 **Cover Period** 4/22/23 **through** 5/4/23

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.

ISIDRO C RUIZ
(Type name) ☑ Treasurer ☐ Deputy Treasurer

X
Signature

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

ISIDRO C RUIZ
(Type name) ☑ Candidate

X
Signature

MD-ED 26 (Rev. 10/17)

PAID CAMPAIGN WORKERS PARTICIPATING IN VOTE BY MAIL BALLOT ACTIVITIES

ENTERED 5/4/23 MIAM-DADE COUNTY MY 5:04PM

This report must be filed by applicable candidates running for Miami-Dade County Charter positions: Mayor, Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Community Council

(1) Name ISIDRO CRUIZ (2) I.D. Number GROUPS

(3) Report Name G3-2023 (4) Cover Period 4/22/23 through 5/4/23

(5) Report Type ☒ Original ☐ Amendment (6) Page 1 of 1

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

MD-ED 26 (Rev. 10/17)

ENTERED 4/11/23

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) ISIDRO C RUIZ
Name

(2) 11331 SW 5TH ST
Address (number and street)

SWEETWATER, FL 33174
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

(3) ID Number: GROUP 5

(4) Check appropriate box(es):

☑ Candidate Office Sought: COMMISSIONER GROUP 5
☐ 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 / 23 To 03 / 31 / 23 Report Type: M03-23

☐ Original ☑ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks $ ___ , ___ , ___ . ___

Loans $ ___ , ___ , ___ . ___

Total Monetary $ ___ , ___ , ___ . ___

In-Kind $ ___ , ___ , ___ . ___

(7) Expenditures This Report

Monetary Expenditures $ ___ , ___ , ___ . ___

Transfers to Office Account $ ___ , ___ , ___ . ___

Total Monetary $ ___ , ___ , ___ . ___

(8) Other Distributions
$ ___ , ___ , ___ . ___

(9) TOTAL Monetary Contributions To Date
$ ___ , ___ , ___ . ___

(10) TOTAL Monetary Expenditures To Date
$ ___ , ___ , ___ . ___

(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) ISIDRO C RUIZ
☐ Individual (only for IE or electioneering comm.) ☑ Treasurer ☐ Deputy Treasurer

X
Signature

(Type name) ISIDRO C RUIZ
☑ Candidate ☐ Chairperson (only for PC and PTY)

X
Signature

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

ENTERED 4/11/23 AP 9:58AM

(1) Name ISIDRO C RUIZ (2) I.D. Number M03-23

(3) Cover Period 03 / 01 / 23 through 03 / 31 / 23 (4) Page 1 of 1

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
3 / 27 / 23 4	ALB MGMT INC 8775 NW 107TH CT HIA, FL 33018	B	CONSULTING	CHE		X	1000.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

DS-DE 13 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) ISIDRO C RUIZ
Name

(2) 11331 SW 55T
Address (number and street)

SWEETWATER, FL 33174
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

RECEIVED 04/10/23

AP 6:00PM

(3) ID Number: GROUP 5

(4) Check appropriate box(es):

☑ Candidate Office Sought: COMMISSIONER GROUP 5
☐ 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 / 23 To 03 / 31 / 23 Report Type: M03-23

☑ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ 3,000.00
Loans	$ 100.00
Total Monetary	$ 3,100.00
In-Kind	$ 0

(7) Expenditures This Report

Monetary Expenditures	$ 634.00
Transfers to Office Account	$ 0
Total Monetary	$ 634.00

(8) Other Distributions
$

(9) TOTAL Monetary Contributions To Date
$ 3,100.00

(10) TOTAL Monetary Expenditures To Date
$ 634.00

(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) ISIDRO C RUIZ
☐ Individual (only for IE or electioneering comm.) ☑ Treasurer ☐ Deputy Treasurer
X
Signature

(Type name) ISIDRO C RUIZ
☑ Candidate ☐ Chairperson (only for PC and PTY)
X
Signature

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

RECEIVED 04/10/23 GROUP 5 6:00P

(1) Name ISIDRO C RUIZ (2) I.D. Number

(3) Cover Period 03/01/23 through 03/31/23 (4) Page 1 of

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
03/17/23 1	ISIDRO CRUIZ 130 SW 109TH AVE #17 MIAMI, FL 33174	I	FIRE TECH	LOAN			100.00
03/20/23 2	RALPH VENTURA PA 2355 SALZEDO ST SUITE 300 CORAL GABLES, FL 33134	B	ATTORNEY	CHE			1000.00
3/27/23 3	H&R PAVING 1955 NW 110 AVE MIAMI, FL 33172	B	PAVING	CHE			1000.00
3/27/23 4	~~ABC~~ ALB CONSULTING 17306 NW 74 AVE #201 HIALEAH, FL 33015	B		CHE			1000.00
/ /							
/ /							
/ /							

DS-DE 13 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

RECEIVED 04/10/23 6:00P

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name ISIDRO C RUIZ (2) I.D. Number GROUP 5

(3) Cover Period 03/01/23 through 03/31/23 (4) Page 1 of 1

(5) Date / (6) Sequence Number	(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
03/22/23 1	CITY OF SWEETWATER 500 SW 109 AVE SWEETWATER, FL 33174	CITY QUALIFING FEE	MON		75.00
03/22/23 2	CITY OF SWEETWATER 500 SW 109 AVE SWEETWATER, FL 33174	STATE ASSESMENT FEE	MON		299.03
03/30/23 3	CITY OF SWEETWATER 500 SW 109TH AVE SWEETWATER, FL 33174	SIGN BOND	MON		200.00
03/28/23	MIAMI DADE DPT OF ELECTION 2700 NW 87TH AVE MIAMI, FL 33172	LIST	MON		60.00
/ /					
/ /					
/ /					
/ /					

DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

MIAMI-DADE COUNTY

Name ISIDRO C RUIZ

I.D. Number GROUP 5

Address (number and street) 11331 SW 5 ST

City, State, Zip Code SWEETWATER, FL 33174

☐ **CHECK IF ADDRESS HAS CHANGED**

OFFICE USE ONLY

RECEIVED 04/10/23

APR 6 2023

Candidate for:

☐ Mayor
☒ Commissioner, District GROUP 5
☐ Property Appraiser
☐ Clerk of the Circuit Courts
☐ Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name M03 - 23 **Cover Period** 03/01/23 **through** 03/31/23

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.

ISIDRO C RUIZ

(Type name) ☒ Treasurer ☐ Deputy Treasurer

X

Signature

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

ISIDRO C RUIZ

(Type name) ☒ Candidate

X

Signature

PAID CAMPAIGN WORKERS PARTICIPATING IN VOTE BY MAIL BALLOT ACTIVITIES

RECEIVED 04/10/23 MIAMI-DADE COUNTY
AP 2 6:01PM

This report must be filed by applicable candidates running for Miami-Dade County Charter positions: Mayor, Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Community Council

(1) Name ISIDRO C RUIZ (2) I.D. Number GROUP 5

(3) Report Name M03 - 23 (4) Cover Period 03/01/23 through 03/31/23

(5) Report Type ☑ Original ☐ Amendment (6) Page 1 of 1

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

MD-ED 26 (Rev. 10/17)

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.

ENTERED 3/16/23

MR 4:52P

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: INTER AMERICAN BANK	20. Address: 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: 03/16/23	26. Signature of Candidate: X

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

I, ISIDRO C RUIZ MARTINEZ, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer.

03/16/23 — 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.

ENTERED 3/14/23

MR 5:00P

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): ISIDRO C RUIZ MARTINEZ

3. Address (include post office box or street, city, state, zip code): 130 SW 109TH AVE #17 SWEETWATER, FL 33174

4. Telephone: (305) 519 4932

5. E-mail address: ISICAMA49@HOTMAIL.COM

6. **Office sought** (include district, circuit, group number): COMMISSIONER GROUP 5

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: ISIDRO C RUIZ MARTINEZ

11. Mailing Address: 130 SW 109TH AVE #17

12. Telephone: (305) 519 4932

13. City: SWEETWATER

14. County: DADE

15. State: FL

16. Zip Code: 33174

17. E-mail address: ISICAMA49@HOTMAIL.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: 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: 03/14/23

26. Signature of Candidate: X

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

I, ISIDRO C RUIZ MARTINEZ, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer.

03/14/23 X
Date Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

ENTERED 3/14/23

MR 14 5:00P

I, ISIDRO C RUIZ MARTINEZ,

candidate for the office of COMMISSIONER GROUP 5 CITY OF SWEETWATER,

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X _____ 03/14/23

Signature of Candidate 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).

CANDIDATE OATH
NONPARTISAN OFFICE

(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

ENTERED 3/22/23

MR 22 4:57P

OFFICE USE ONLY

Candidate Oath

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

I, ISIDRO RUIZ,

(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 SWEETWATER COMMISSIONER (*Office*), — (*District #*),

— (*Circuit #*), #5 (*Group or Seat #*); I am a qualified elector of CITY OF SWEETWATER MIAMI-DADE County, Florida;

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): 121447369

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.]*

EE SEE dr oh RUU-ihz

X **Signature of Candidate**

(305) 519 4932 Telephone Number

151CAMA49@hotmail.com Email Address

130 SW 109TH AVE #17 Address

SWEETWATER, City

Fl State

33174 ZIP Code

STATE OF FLORIDA

COUNTY OF Miami-Dade

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

this 22nd day of March, 2023.

Personally Known ☑ *OR* Produced Identification ☑

Type of Identification Produced: US Passport

Signature of Notary Public

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

CARMEN J. GARCIA
Notary Public - State of Florida
Commission # GG 321925
My Comm. Expires May 9, 2023
Bonded through National Notary Assn.

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

ENTERED 3/22/23

MR 22 4:57P

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

I, ISIDRO RUIZ, 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, ISIDRO RUIZ
(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 5; 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.

130 SW 109TH AVE #17	(305) 519 4932	(____)
Mailing Address	**Day Phone**	**Fax Number**

SWEETWATER	FL	33174	03/22/23
City	**State**	**Zip Code**	**Date Signed**

Candidate's Voter Registration Number (located on the Voter Registration card) 121447369

==========

***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):**

ee s EE dr oh rwu - ihz

==========

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 22nd day of March, 2023.

Personally known ✓ or

Signature of Notary Public

Produced Identification ✓

Type of Identification Produced: US Passport

CARMEN J. GARCIA
Notary Public - State of Florida
Commission # GG 321925
My Comm. Expires May 9, 2023
Bonded through National Notary Assn.

ENTERED 3/22/23 MR 4:57P

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

IsidroC Ruiz (herein after "Affiant"), being first duly sworn deposes and says:

1.My name is IsidroC Ruiz.

2.I am offering myself as a candidate for the office of Commissioner of the City of Sweetwater, Florida in □ group 5 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~~] July 31ST 2005 (hereinafter the "Residency Date").

5.I currently reside at 11331 SW 5TH ST Sweetwater, Fl 33174, which is my legal address and have resided continually at said address from FEB 2023 through the date hereof.

6.Prior to my current residence, I have resided at the following addresses:
130 SW 109TH AVE #17
Sweetwater, Fl 33174

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

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:

Isidro C Ruiz

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

ENTERED 3/22/23

MR 4:57

Sworn to (or affirmed) and subscribed before me by means of ☑ physical presence or ☐ online notarization, by Isidro C. Ruiz who is

☑ Is personally known or

☑ Presented to me a valid identification: US Passport.

WITNESS my hand and official seal in the County and State last aforesaid this 22nd day of March, 2023.

NOTARY PUBLIC,
State of Florida

My commission expires: May 9, 2023

CARMEN J. GARCIA
Notary Public - State of Florida
Commission # GG 321925
My Comm. Expires May 9, 2023
Bonded through National Notary Assn.

FORM 1 STATEMENT OF FINANCIAL INTERESTS 2022

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

FOR OFFICE USE ONLY:

ENTERED 3/22/23

MR 4:57

LAST NAME -- FIRST NAME -- MIDDLE NAME : RUIZ ISIDRO

MAILING ADDRESS : 130 SW 109TH AVE #17

CITY : SWEETWATER ZIP : 33174 COUNTY : DADE

NAME OF AGENCY : CITY OF SWEETWATER

NAME OF OFFICE OR POSITION HELD OR SOUGHT : COMMISSIONER GROUP 5

CHECK ONLY IF ☑ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

****** 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
FIREMAX FIRE PROTECTION	13275 SW 136 ST #6 MIAMI, FL 33186	FIRE EQUIPMENT
CITY OF SWEETWATER	500 SW 109TH AVE SWEETWATER, FL 33174	CITY 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.

(Continued on reverse side)

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

ENTERED 3/22/23 MR 4:57P

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
N/A	

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		
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY	N/A	N/A
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: 03/22/23

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.

ENTERED 3/22/23 4:57

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)

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—

(a) 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;
(b) 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;
(c) 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;
(d) 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*
(e) 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, ISIDRO CRUIZ, a candidate for the office of
(please print your name)

COMMISSIONER GROUP 5 in CITY OF SWEETWATER MIAMI-DADE,
(elective office sought) (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.

✘ _____ 03/22/23

Signature **Date**

COE, revised 4/2010

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

ENTERED 3/22/23 MRC 4:57

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, ISIDRO CRUIZ, a candidate for the office of
(please print your name)

COMMISSIONER GROUP 5 in CITY OF SWEETWATER MIAMI-DADE
(elective office sought) (county, 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 _____ 03/22/23
Signature **Date**

We the People
Of the United States,
in Order to form a more perfect Union, establish Justice, insure domestic Tranquility, 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
3
PASSPORT
PASSEPORT
PASAPORTE
UNITED STATES OF AMERICA
USA
Type / Type / Tipo
P
Code / Code / Código
USA
Passport No / No. du Passeport / No. de Pasaporte
648962082
Surname / Nom / Apellidos
RUIZ MARTINEZ
Given Names / Prénoms / Nombres
ISIDRO CARLOS
Nationality / Nationalité / Nacionalidad
UNITED STATES OF AMERICA
Date of birth / Date de naissance / Fecha de nacimiento
16 Feb 1976
Place of birth / Lieu de naissance / Lugar de nacimiento
CUBA
Sex / Sexe / Sexo
M
Date of issue / Date de délivrance / Fecha de expedición
20 Dec 2019
Authority / Autorité / Autoridad
United States
Department of State
Date of expiration / Date d'expiration / Fecha de caducidad
19 Dec 2029
Endorsements / Mentions Spéciales / Anotaciones
SEE PAGE 27
USA
P<USARUIZ<MARTINEZ<<ISIDRO<CARLOS<<<<<<<<<<<<
648962082 1USA7602160M2912198680331021<487870

ENTERED
3/22/23

MAR 22 4:58P

Fwd: FLHSMV Payment Confirmation

isidro carlos ruiz martinez <isicama49@hotmail.com>
Wed 3/22/2023 10:27 AM

To: Carmen Garcia <cgarcia@cityofsweetwater.fl.gov>

Good Morning Madam Clerk, attached you will find proof of my change of legal address, thank you and have a wonderful day.

Sent from my T-Mobile 5G Device
Get Outlook for Android

From: DoNotReply@flhsmv.gov <DoNotReply@flhsmv.gov>
Sent: Tuesday, March 21, 2023 3:30:29 PM
To: isicama49@hotmail.com <isicama49@hotmail.com>
Subject: FLHSMV Payment Confirmation

Dave Kerner
Executive Director

Florida FLHSMV Logo

2900 Apalachee Parkway
Tallahassee, Florida 32399-0500
www.flhsmv.gov

March 21, 2023

ISIDRO CARLOS RUIZ MARTINEZ,

*** This is an automated email. Please do not reply. ***

Thank you for your payment of $27.00 to the Florida Department of Highway Safety and Motor Vehicles.

You should receive your paid items within 7 to 10 business days of the purchase date. You may track your driver license or ID card status by returning to your Dashboard and selecting My Activity from the My Account tab.

Please print this confirmation and retain for your records. If you have any questions regarding your payment, please contact us.

Your order is final and cannot be canceled or changed. Your order will be filled exactly as you have entered it online.

In the event you need to contact the FLHSMV regarding this payment, you may provide the following information to the Customer Service Center by calling 850-617-2000.

Confirmation ID: 39441252

FLHSMV Tracking ID: 105561643

If you ordered both driver license and motor vehicle items, you will receive them in separate mailings and they may be a few days apart.

The following are the details of your order:

Item Number	Transaction Details	Items Will Be Mailed Here	Address Printed On DL/ID Card	Total
151871909	CONVENIENCE FEE	N/A	N/A	$2.00
151871907	DRIVER LICENSE REPLACEMENT - R256-403-76-056-0	130 SW 109TH AVE APT 17 MIAMI FL 33174	11331 SW 5TH ST MIAMI FL 33174-1115	$25.00

Number of Items: 1

Cart Total: $27.00

Sincerely,

Florida Department of Highway Safety and Motor Vehicles

Our Mission: Providing highway safety and security through excellence in service, education and enforcement.

This email originated from a Florida Department of Highway Safety and Motor Vehicles email address. Always use caution when clicking links or opening attachments unless you recognize the sender and know the content is safe.
Please Note: Florida has very broad public records laws. Unless a statutory exemption applies, emails are subject to public disclosure.
This email has been scanned by the Symantec Email Security.cloud service.

Florida DRIVER LICENSE
R256-403-76-056-0
RUIZ MARTINEZ
ISIDRO CARLOS
130 SW 109TH AVE APT 17
MIAMI, FL 33174-1294
02/16/1976 M
02/16/2031 5'-08"
B NONE
SAFE DRIVER
03/17/2022

CONCEALED WEAPON OR FIREARM LICENSE
STATE OF FLORIDA
LICENSE NUMBER
W 1020720
RUIZ MARTINEZ, ISIDRO C
BIRTH DATE 02/16/76
SEX M
RACE U
ISSUED 02/27/18
EXPIRES 02/27/25
ADAM H. PUTNAM
COMMISSIONER

MIAMI-DADE COUNTY

Voter Information Card
Miami-Dade County, FL
Tarjeta de Información del Elector
Condado de Miami-Dade, FL
Kat Enfòmasyon Votè
Konte Miami-Dade, FL

Isidro Carlos Ruiz Martinez
130 SW 109Th Ave APT 17
Sweetwater FL 33174

ISSUED
EMITIDA
EMPRIME
06/20/22

Bring photo identification when voting.
Para votar, presente una identificación con fotografía.
Tanpri pote yon pyès idantifikasyon ki gen foto w sou li lè w'ap vin vote.

Registration No.
Núm. de Inscripción
Nim. Enskripsyon
121447369

Voting Location | Centro de Votación | Lokal Biwo Vòt
Sweetwater Elementary School
10655 SW 4 St

Precinct No. Núm. del Recinto Nim. Biwo Vòt	Date of Birth Fecha de Nacimiento Dat Nesans	Registration Date Fecha de Inscripción Dat Enskripsyon
409	2/16/1976	2/10/2014

Party Affiliation | Afiliación Partidista | Pati Politik
REPUBLICAN PARTY OF FLORIDA

Christina White
Supervisor of Elections | Supervisora de Elecciones | Sipèvizè Eleksyon

You are eligible to vote for the representatives from the districts listed below.
Ud. puede votar por los representantes de los distritos enumerados abajo.
W elijib pou w vote pou reprezantan ki nan distrik ki ekri anba la yo:

Congress Congreso Kongrè	State Senate Senado Estatal Sena Eta	State House Cámara Estatal Lachanm Eta
28	39	116

County Commission Comisión del Condado Komisyon Konte	School Board Junta Escolar Asanble Edikasyon	Community Council Consejo Comunitario Konsèy Kominotè
12	5	N/A

Municipality | Municipio | Minisipalite
SWEETWATER

ENTERED
3/22/23

MR 4:58PM

PAYMENT DATE
03/22/2023

COLLECTION STATION
License Department

RECEIVED FROM
ISIDRO RUIZ CAMPAIGN ACCOUNT

DESCRIPTION
MISCELLANEOUS REFUNDABLE BOND/ STATE ASSESSMENT FEE % / CHECK 21324

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

BATCH NO.
2023-00001360

RECEIPT NO.
2023-00008971

CASHIER
Anna Martinez

PAYMENT CODE	RECEIPT DESCRIPTION	TRANSACTION AMOUNT
Campaing Bond	Miscellaneous Refundable Bond MISCELLANEOUS REFUNDABLE BOND/ STATE ASSESSMENT FEE % / CHECK 21324	$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**

NAME ISIDRO CRUZ CAMPAING ACCOUNT

ACCOUNT NO. 0150069235

63-8776
2670 1

21324

DATE 03-22-23

PAY TO THE ORDER OF CITY OF SWEETWATER $ 299.03

TWO HUNDRED AND NINE 03/60 DOLLARS

SAFETY PAPER

Security Features Included. Details on Back.

Interamerican Bank FSB
9190 CORAL WAY
MIAMI, FLORIDA 33165

MEMO STATE FEE

MP

⑆267087769⑆ 0150069235⑈21324

PAYMENT DATE
03/22/2023

COLLECTION STATION
License Department

RECEIVED FROM
ISIDRO RUIZ CAMPAIGN ACCOUNT

DESCRIPTION
CITY QUALIFYING FEE/ CHECK 21325

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

BATCH NO.
2023-00001360

RECEIPT NO.
2023-00008970

CASHIER
Anna Martinez

PAYMENT CODE	RECEIPT DESCRIPTION	TRANSACTION AMOUNT
Misc Income	Miscellaneous Income CITY QUALIFYING FEE/ CHECK 21325	$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**

NAME Isidro Cruz Camacho Account

ACCOUNT NO. 0150069235

63-8776
2670 1

21325

DATE 03-22-23

PAY TO THE ORDER OF City Of Sweetwater $ 75.00

Seventy Five 00/100 DOLLARS

SAFETY PAPER

Security Features Included. Details on Back.

Interamerican Bank FSB
9190 CORAL WAY
MIAMI, FLORIDA 33165

MEMO City Fee

MP

⑆267087769⑆ 0150069235⑈21325

PAYMENT DATE
03/30/2023

COLLECTION STATION
License Department

RECEIVED FROM
ISIDRO RUIZ CAMPAIGN ACCOUNT

DESCRIPTION
ISIDRO RUIZ CAMPAIGN SIGN BOND

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

BATCH NO.
2023-00001541

RECEIPT NO.
2023-00009854

CASHIER
Anna Martinez

PAYMENT CODE	RECEIPT DESCRIPTION	TRANSACTION AMOUNT
Campaing Bond	Miscellaneous Refundable Bond ISIDRO RUIZ CAMPAIGN SIGN BOND	$200.00

Total Cash	**$0.00**
Total Check	**$200.00**
Total Charge	**$0.00**
Total Other	**$0.00**
Total Remitted	**$200.00**
Change	**$0.00**
Total Received	**$200.00**

NAME ISIDRO RUIZ CAMPAIGN ACCOUNT
63-8776 / 2670 1
21327
ACCOUNT NO. 0150069235
DATE 03/30/23
PAY TO THE ORDER OF CITY OF SWEETWATER $ 200.00
TWO HUNDRED DOLLARS 00/100 DOLLARS
Security Features Included. Details on Back.
SAFETY PAPER
Interamerican Bank FSB
9190 CORAL WAY
MIAMI, FLORIDA 33165
MEMO SIGNS
MP
⑆267087769⑆ 0150069235⑈1327

Total Amount: **$200.00**

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) ISIDRO C RUIZ
Name

(2) 11331 SW 5 ST
Address (number and street)

SWEETWATER, FL 33174
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

ENTERED 5/1/23

MY-1 1:35P

(3) ID Number: GROUP 5

(4) Check appropriate box(es):

☑ Candidate Office Sought: COMMISSIONER GROUP 5
☐ 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 / 23 To 04 / 21 / 23 Report Type: G2-2023

☐ Original ☑ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks $ ___ , ___ , ___ . ___

Loans $ ___ , ___ , ___ . ___

Total Monetary $ ___ , ___ , ___ . ___

In-Kind $ ___ , ___ , ___ . ___

(7) Expenditures This Report

Monetary Expenditures $ ___ , ___ , ___ . ___

Transfers to Office Account $ ___ , ___ , ___ . ___

Total Monetary $ ___ , ___ , ___ . ___

(8) Other Distributions

$ ___ , ___ , ___ . ___

(9) TOTAL Monetary Contributions To Date

$ ___ , ___ , ___ . ___

(10) TOTAL Monetary Expenditures To Date

$ ___ , ___ , ___ . ___

(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) ISIDRO RUIZ

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

X
Signature

(Type name) ISIDRO C RUIZ

☑ Candidate ☐ Chairperson (only for PC and PTY)

X
Signature

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

ENTERED 5/1/23

(1) Name ISIDRO C RUIZ (2) I.D. Number G20000 5

(3) Cover Period 04 / 08 / 23 through 04 / 21 / 23 (4) Page 1 of 1

MY 1:35

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
04 / 17 / 23 / 1	UNIVERSITY BRIDGE GP LLC 801 BRICKELL AVE STE 2380 MIAMI, FL 33131	B	LIABILITY	CHE		✓	1000.00
04 / 17 / 23 / 2	GLOBAL REE WORKFORCE 801 BRICKELL AVE STE 2380 MIAMI, FL 33131	B	DEVELOPER	CHE		✓	1000.00
04 / 17 / 23 / 3	COLLEGIATE CITY LLC 801 BRICKELL AVE STE 2380 MIA, FL 33131	B	LIABILITY	CHE		✓	1000.00
4 / 17 / 23 / 4	GCD ENVIO CYPRESS, LLC 801 BRICKELL AVE STE 2380 MIA, FL 33131	B	LIABILITY	CHE		✓	1000.00
4 / 17 / 23 / 5	GLOBAL CITY DEVEL LLC 801 BRICKELL AVE STE 2380 MIA, FL 33131	B	DEVELOPER	CHE		✓	1000.00
/ /							
/ /							

DS-DE 13 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) ISIDRO C RUIZ
Name

(2) 11331 SW 5TH ST
Address (number and street)

SWEETWATER, FL
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

ENTERED 4/28/23 AMA

AP 28 2 43 PM

(3) ID Number: GROUP 5

(4) Check appropriate box(es):

☑ Candidate Office Sought: COMMISSIONER GROUP 5
☐ 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 / 01 / 23 To 04 / 07 / 23 Report Type: G1-2023

☐ Original ☒ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ ___ , ___ , ___ . ___
Loans	$ ___ , ___ , ___ . ___
Total Monetary	$ ___ , ___ , ___ . ___
In-Kind	$ ___ , ___ , ___ . ___

(7) Expenditures This Report

Monetary Expenditures	$ ___ , ___ , 279 . 90
Transfers to Office Account	$ ___ , ___ , ___ . 0
Total Monetary	$ ___ , ___ , 279 . 90

(8) Other Distributions
$ ___ , ___ , ___ . ___

(9) TOTAL Monetary Contributions To Date
$ ___ , ___ , ___ . ___

(10) TOTAL Monetary Expenditures To Date
$ ___ , ___ , 913 . 90

(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) ISIDRO C RUIZ
☐ Individual (only for IE or electioneering comm.) ☑ Treasurer ☐ Deputy Treasurer

X
Signature

(Type name) ISIDRO C RUIZ
☑ Candidate ☐ Chairperson (only for PC and PTY)

X
Signature

DS-DE 12 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS

ENTERED 4/28/23 AP 2:43p

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name ISIDRO CRUZ (2) I.D. Number GROUP S

(3) Cover Period 04/01/23 through 04/07/23 (4) Page 1 of 1

(5) Date / (6) Sequence Number	(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
4/7/23 / 1	HOMEDEPOT 7899 W. FLAGLER MIAMI FL	CAMPAIGN MATERIALS	CAN DEBIT CARD	X	65.47
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) ISIDRO C RUIZ
Name

(2) 11331 SW 5TH ST
Address (number and street)

SWEETWATER, FL 33174
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

ENTERED 4/28/23

AP 28 2:42

(3) ID Number: GROUP 5

(4) Check appropriate box(es):

☑ Candidate Office Sought: COMMISSIONER GROUP 5
☐ 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 / 23 To 04 / 21 / 23 Report Type: G2-2023

☑ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ 5,000.00
Loans	$ 0
Total Monetary	$ 5,000.00
In-Kind	$ 0

(7) Expenditures This Report

Monetary Expenditures	$ 3,275.00
Transfers to Office Account	$ 0
Total Monetary	$ 3,275.00

(8) Other Distributions
$ ____ , ____ , ____ . ____

(9) TOTAL Monetary Contributions To Date
$ 8,600.00

(10) TOTAL Monetary Expenditures To Date
$ 4,123.43

(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) ISIDRO C RUIZ
☐ Individual (only for IE or electioneering comm.) ☑ Treasurer ☐ Deputy Treasurer
X
Signature

(Type name) ISIDRO C RUIZ
☑ Candidate ☐ Chairperson (only for PC and PTY)
X
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

RECEIVED 4/28/23 AM

(1) Name ISIDRO CRUZ (2) I.D. Number GROUP 5

(3) Cover Period 04 / 08 / 23 through 04 / 21 / 23 (4) Page 1 of

APR 28 2:42

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
04 / 17 / 23 / 1		B		CHE			1000.00
04 / 17 / 23 / 2		B		CHE			1000.00
04 / 17 / 23 / 3		B		CHE			1000.00
04 / 17 / 23 / 4		B		CHE			1000.00
04 / 17 / 23 / 5		B		CHE			1000.00
/ /							
/ /							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name ISIDRO C RUIZ (2) I.D. Number [illegible]

(3) Cover Period 04 / 08 / 23 through 04 / 21 / 23 (4) Page 1 of 6

(5) Date / (6) Sequence Number	(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
04/12/23 1	SERGIO DIAZ 315 SW 104 CT SWEETWATER FL	CAMPAIGN HELPER	CHE		300.00
04/14/23 2	SANTIAGO JESUS DIAZ 315 SW 104TH CT SWEETWATER, FL	CAMPAIGN HELPER	CHE		250.00
04/19/23 3	DARK HORSE STRATEGIES 3863 SW 8ST #204B MIAMI, FL 33135	CONSULTANT	CHE		2375.00
04/21/23 4	YAMILA ALVAREZ 315 SW 104CT SWEETWATER, FL	DOOR HANGERS	CHE		150.00
04/21/23 5	SERGIO DIAZ 315 SW 104 CT SWEETWATER	SIGNS INSTALL	CHE		200.00
/ /					
/ /					
/ /					

DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

3275

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

MIAMI-DADE COUNTY

Name ISIDRO C RUIZ

I.D. Number GROUP S

Address (number and street) 11331 SW 5 ST

City, State, Zip Code SWEETWATER FL 33174

☐ **CHECK IF ADDRESS HAS CHANGED**

OFFICE USE ONLY

APR 28 2:43P

ENTERED 4/28/23

Candidate for:

- ☐ Mayor
- ☑ Commissioner, District GROUP S
- ☐ Property Appraiser
- ☐ Clerk of the Circuit Courts
- ☐ Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name G2-2023 **Cover Period** 04/08/23 **through** 04/21/23

Report Type ☒ Original ☐ Amendment

IR

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.

ISIDRO C RUIZ

(Type name) ☑ Treasurer ☐ Deputy Treasurer

X

Signature

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

ISIDRO C RUIZ

(Type name) ☑ Candidate

X

Signature

MD-ED 26 (Rev. 10/17)

PAID CAMPAIGN WORKERS PARTICIPATING IN VOTE BY MAIL BALLOT ACTIVITIES

ENTERED 4/28/23 MIAMI-DADE COUNTY

This report must be filed by applicable candidates running for Miami-Dade County Charter positions: Mayor, Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Community Council

APR 28 2:43

(1) Name ISIDRO CRUZ (2) I.D. Number GROUP 5

(3) Report Name G2-2023 (4) Cover Period 04/02/23 through 04/21/23

(5) Report Type ☑ Original ☐ Amendment (6) Page 1 of 1

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

MD-ED 26 (Rev. 10/17)