

LOYALTY OATH
CANDIDATES WITH NO PARTY AFFILIATION
(Sections 876.05-876.10, Florida Statutes)

RECEIVED
2007 SEP 5 PM 2:20

OFFICE USE ONLY

STATE OF FLORIDA

CITY CLERK'S OFFICE

Miami-Dade

COUNTY

(PLEASE PRINT)

I,

SIMON

First Name

Middle Name/Initial

CRUZ

Last Name

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.

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I,

SIMON CRUZ

(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

MAYOR

(office)

N/A

(district)

N/A

(circuit)

I am a qualified elector of

MIAMI DADE

County, Florida.

(group)

I am a qualified elector of the City of Miami Beach, Florida, residing within the City at least one year before qualifying for City of Miami Beach elected office, with my legal residence being: 5828 Pine Tree Drive, Miami Beach, Florida. I am qualified under the ordinances and Charter of said City and 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.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING LOYALTY OATH AND OATH OF CANDIDATE AND THAT THE FACTS STATED IN EACH ARE TRUE.



SWORN TO AND SUBSCRIBED before me this 5th day of September 2007, Notary Name: Lillian Beauchamp

Notary Public, State of Florida

Commission Expires: April 29, 2010 Personally Known:

Produced ID: _____ Type: _____

SIGN HERE

X

Signature of Candidate

5828 Pine Tree Drive, ~~MIAMI~~

Mailing Address

(305) 868-7829

Day Phone

Fax Number

MIAMI BEACH

City

FL

State

33140

Zip Code

9.5.07

Date Signed

FORM 1

STATEMENT OF

RECEIVED 2006

FINANCIAL INTERESTS

2007 SEP -5 PM 2:20

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

CRUZ, SIMON

MAILING ADDRESS :

5828 Pine Tree Drive

Miami Beach 33140 MIAMI DADE

CITY :

ZIP :

COUNTY :

NAME OF AGENCY :

CITY OF Miami Beach

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

MAYOR

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY

CLERK'S OFFICE

ID Code

ID No.

Conf. Code

P. Req. Code

PDF 2006

****BOTH PARTS OF THIS SECTION MUST BE COMPLETED****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one):



DECEMBER 31, 2006

OR



SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS 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). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):



COMPARATIVE (PERCENTAGE) THRESHOLDS

OR



DOLLAR VALUE THRESHOLDS

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

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
PLUS INTERNATIONAL Bank	1000 Brickell Ave. MIAMI	Banking

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

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]

N/A

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.

OTHER FORMS you may need to file are described on page 6.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
EQUITABLE LIFE	STOCKS & BONDS
PLUS INTERNATIONAL BANK	CD
INTERCONTINENTAL BANK	CD

PART E — LIABILITIES [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]			
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
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			

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

SIGNATURE (required):



DATE SIGNED (required):

9.5.07

FILING INSTRUCTIONS:

WHAT TO FILE:

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

NOTE:

MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

WHERE TO FILE:

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.

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.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

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 for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.

SIMON CRUZ
(SIMON CRUZ CAMPAIGN FUND)
5828 PINE TREE DR.
MIAMI BEACH, FL 33140

1070

PAY TO THE
ORDER OF

The City of Miami Beach

DATE *9/5/07*

\$ *1360.00*

One thousand three hundred & sixty

DOLLARS

Security features
are included.
Details on back.

 **COLONIAL BANK** N.A.
Miami Beach, Florida
24 Hr Colonial Connection 1-877-502-2265

FOR

Qualifun, Inc

Mariana Cruz

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GUARD YOUR SAFETY

Miscellaneous Cash Receipt
CITY OF MIAMI BEACH

0121002 1 0032 07703/2007 001 107
MCR-Miscellaneous 290827 \$ ~~2,360.00~~ **290827**

No. _____

Cash Credit Card Check # 1070

\$ 1,360⁰⁰

9/5 2007

Received of Simon Cruz

Address _____

For Qualifying fees 2007 Election

(THIS INFORMATION MUST BE COMPLETED)

Office of Finance Director

By [Signature]

Account Number: 011-8000.354-005

Preparer: Lilian Harkill

Dept: City Clerk

EXT: 4592