## JUDICIAL OFFICE CANDIDATE OATH

## 

2012 APR 16 AM 10: 37

OFFICE USE ONLY

OFFICE USE ONLY
ELECTIONS DEPARTMENT
OATH OF CANDIDATE (Section 105.031, Florida Statutes)
1, Gloria Gonzalez-Meyer
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * 1. NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)
am a candidate for the judicial office of County Court Judge (district #) (circuit #)
(group #); my legal residence is Miami - Dade County, Florida; I am a qualified elector
of the state and of the territorial jurisdiction of the court to which I seek election; I am qualified under the Constitution and the Laws of Florida to hold the judicial office to which I desire to be elected or in which I desire to be retained; 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 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.
Section 876.05, Florida Statutes, oath (only applicable if elected and when term of office begins): I, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the court system and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.
X form forvals- 1/4 (305) 569-2518 ggonzalezmeyer@jud11. Signature of Candidate Telephone Number Email Address floorts.org
3100 Ponce De Leon Blvd. Coral Gables FL 33134 Address City State ZIP Code
Candidate's Florida Voter Registration Number (located on your voter information card): 109295523
*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):    GONEEAH GONZAHLEZ - MEIYUHR
STATE OF FLORIDA COUNTY OF Mayin Bade
Sworn to (or affirmed) and subscribed before me this 12 <sup>Tb</sup> day of April, 20_12.
Personally Known: or
Produced Identification: X Signature of Notary Public
Type of Identification Produced: Houda Divers have a Print, Type, or Stamp Commissioned Name of Notary Public  KAREN PASCUAL MY COMMISSION # DD 828686 EXPIRES: February 6, 2013 Bonded Thru Notary Public Underwriters

FORM 6 FULL AND PUBLIC DISCL	OSURE OF	2011
Please print or type your name, mailing address, agency name, and position below:	ESTS	in the last of the
Gonzalez - Meyer Gloria  Mailing Address:	FOR OFFICE	15 AM 10:37
3100 Ponce De Leon Blvd Am 15		S DEPARTMENT
Coral Gables FL 33134 Miami-Date	ELLOTION	S DEPARTMENT
Judicial Circuit (11th)	ID No.	
County Court Judge Group 14  NAME OF OFFICE/OR POSITION HELD OR SOUGHT:	Conf. Code P. Req. Code	
CHECK IF THIS IS A FILING BY A CANDIDATE		
PART A NET WORTH		
Please enter the value of your net worth as of December 31, 2011, or a more current date. [Note: liabilities from your <i>reported</i> assets, so please see the instructions on page 3.]	Net worth is not calculated by sub	otracting your <i>reported</i>
My net worth as of Ja → 1 , 20 12 was	\$ 251,000	
PART B ASSETS		
HOUSEHOLD GOODS AND PERSONAL EFFECTS:  Household goods and personal effects may be reported in a lump sum if their aggregate value exif not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; and their household items; and vehicles for personal use.		
The aggregate value of my household goods and personal effects (described above) is \$ $\underline{ ilde{7}}$	5000	·
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:  DESCRIPTION OF ASSET (specific description is required - see instructions)	s page 4)	VALUE OF ASSET
Home, SW 1225+ Minn, Fl	5	520,000
Ring		17000
Deferred Accounts (LPL F. WILLA ), I Beacon St Boston / F		68000
Bouk Accords (LPL F.WICIAL, I BEACON St. Boston / F Bouk Accords (Checking) DEFEU, 1500 NW 107AVE, M.	10, M. FI	6000
•		
PART C LIABILITIES		
LIABILITIES IN EXCESS OF \$1,000 (See Instructions on page 4):  NAME AND ADDRESS OF CREDITOR	, A	MOUNT OF LIABILITY
Home Land (Chase PO Box 78420 Phoenin Az)	ä	388,000
Home Local (Chase, PO Box 78420, Phoenix Az) Home Equity (Chase, PO Box 78420, Phoenix Az)		1000
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR	A	MOUNT OF LIABILITY
None		

You may <b>EITHER</b> (1) file a comple ment identifying each separate so of Part D, below.		I income tax		ng all W							
	2011 federal income tax retu attach a copy of your 2011 ta						f Part D.]				
PRIMARY SOURCES OF INCOME (See instructions on page 5):  NAME OF SOURCE OF INCOME EXCEEDING \$1,000   ADDRESS OF SOURCE OF INCOME   AMOUNT											
State of Flore	Ja	200 €.	Garnes	5+	Ta	1144	954 F1	132120			
			-								
SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting personsee instructions on page 5]:  NAME OF NAME OF MAJOR SOURCES ADDRESS PRINCIPAL BUSINESS BUSINESS ENTITY OF BUSINESS' INCOME OF SOURCE ACTIVITY OF SOURCE											
None											
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PA	RT E INTERESTS IN BUSINESS ENTITY			SSES NESS E	-			USINESS ENTITY # 3			
NAME OF BUSINESS ENTITY							DE	σ <sub>1</sub>			
ADDRESS OF BUSINESS ENTITY							ÄÄ	<b>A</b> <			
PRINCIPAL BUSINESS ACTIVITY							3	Ģ 🚉			
POSITION HELD WITH ENTITY							Z	w ·			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS											
NATURE OF MY OWNERSHIP INTEREST											
	THROUGH E ARE CO	ONTINUE	D ON A SEI	PARAT	TE SH	EET.	PLEASE CHI	ECK HERE			
TANTOT THROU			o o i vitoli								
OA	S	STATE OF FLORIDA COUNTY OF Manuel Dade									
I, the person whose name appear	Si	Swom to (or affirmed) and subscribed before me this day of									
beginning of this form, do depose and say that the information discle		Apryl, 2012 by Glovia Cristina Gonzale									
and any attachments hereto is tru		1 1 201 - by Citation Constitute Statement									
and complete.	_	CAREN PASCUAL KAREN PASCUAL									
0000	(S	(Signature of Notary Public State of MY COMMISSION # DD 828686 EXPIRES: February 6, 2013 Bonded Thru Notary Public Underwriters									
SIGNATURE OF REPORTING		(Print, Type, or Stamp Commissioned Name of Notary Public)  Personally Known OR Produced Identification									
		Ту	pe of Identific	ation Pi	roduced	. H	olida	Drivers licens			
FILING INSTRUCTIONS for w INSTRUCTIONS on who must					of pag	je 3.					

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

## OFFICIAL RECEIPT MIAMI-DADE COUNTY-FLORIDA

No.6741133

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RECEIVED FROM Gloria Gonzalez - Neigen										ATE	MON	TH	/	/ 6	/_	/ 5 YE/	AR			
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