JUDICIAL OFFICE CANDIDATE OATH

RECEIVED

2014 APR 28 PM 3: 32

MIAMI-DADE COUNTAFFICE USE ONLY ELECTIONS DEPARTMENT OATH OF CANDIDATE (Section 105.031, Florida Statutes) "Bill" Altfield (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 judicial office of COUNTY JUDGE, (district #), E/eventh, (circuit #)

| 13 | 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. Signature of Candidate (305) 548-5280 WALTFIELD © SUD11. FLCOURTS, ORG Candidate's Florida Voter Registration Number (located on your voter information card): 109827049 * 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):

WILLYUM "BILL AHLTFEELO STATE OF FLORIDA COUNTY OF MIAMI - DADE Sworn to (or affirmed) and subscribed before me this 28th day of Apail , 20 14. Personally Known: _____ or mme Jamessa Jumole Signature of Notary Public Produced Identification: 1/ ANNE VANESSA INNOCENT

Notary Public - State of Florida My Comm. Expires Jun 2, 2014 Commission # DD 997683 Bonded Through National Notary Assn.

Type of Identification Produced: FL. Driven's License

FORM 6 FULL AND PUBLIC DISCLOSUR	E 2013
Please print or type your name, mailing address, agency name, and position below:	FOR OFFICE USE ONLY:
LAST NAME — FIRST NAME — MIDDLE NAME: Altfield, William Ira	
MAILING ADDRESS:	
1351 NW 12th Street Suite 505	m
	RE 2014 APR MIAMI-L LECTION
CITY: ZIP: COUNTY:	ST R M
Miami 33125 Miami-Dade	CE CE
NAME OF AGENCY : Eleventh Judicial Circuit	B PM 3: 3: DE COUNTY DEPARTMEN
NAME OF OFFICE OR POSITION HELD OR SOUGHT: County Court Judge GROUP 13	3: 32
CHECK IF THIS IS A FILING BY A CANDIDATE	NT N
PART A NET WORTH	
Please enter the value of your net worth as of December 31, 2013, or a more current date. [Note: Net worth reported liabilities from your reported assets, so please see the instructions on page 3.]	
My net worth as of December 31, 20 13 was \$ 77	<u>4,704</u>
HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic iter furnishings; clothing; other household items; and vehicles for personal use. The aggregate value of my household goods and personal effects (described above) is \$	ns; art objects; household equipment and
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Residence	440.000
MUTUAL FUNDS (Templeton, Janus, Newberger Berman, Pacific Life)	F46 520
	\$4 000
Bank Accts/Money Market	Tuio 693
Deferred compessation	710,673
Automobiles	118,500
Pre-Paid College Program PART C LIABILITIES	\$ 6500
LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4): NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Met Life Home Loans	\$191,549
World amai Financial Corp PUBOX 99/8/7 Mobile, Alab. 36691	5,970
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
	AMOUNT OF LIABILITY
N/A	N/A
	7

	PART D INCOME					
You may EITHER (1) file a comp statement identifying each separ remainder of Part D, below.						
			2's, schedules, and attachm u need not complete the ren		D.J	
PRIMARY SOURCES OF INCOM		ge 5):				
NAME OF SOURCE OF INCO		12 No. 11	ADDRESS OF SOURCE	OF INCOME	- 1	AMOUNT
STATE OF F	LA.	Tallahi	assee, tla		1	138,020
SECONDARY SOURCES OF INC	COME [Major customers, cli	ents, etc., of b	businesses owned by reporting	ng personsee	e instructions	on page 5]:
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS	RSOURCES	ADDRESS OF SOURCE	S	PRI	INCIPAL BUSINESS FIVITY OF SOURCE
1)n						
N/H -					_ m	28
/					E	= 70
PA	RT E INTERESTS II	N SPECIFIE	ED BUSINESSES [Instru	uctions on pa	age 6] =	× Ö
	BUSINESS ENTITY	#1	BUSINESS ENTITY #	2	BUSINES	S ENTRY#3
NAME OF BUSINESS ENTITY				*	m.	70 <
ADDRESS OF BUSINESS ENTITY	NILO				AR	i iii
PRINCIPAL BUSINESS ACTIVITY	NA			-+	A.	z iii
POSITION HELD WITH ENTITY	777				Z	K 10
I OWN MORE THAN A 5%	(91-11-31-31			
INTEREST IN THE BUSINESS NATURE OF MY OWNERSHIP INTEREST						
IF ANY OF PARTS A	THEOLICH E ARE CO	NTINHED	ON A SEDADATE SU	EET DI EA	SE CHECI	Z HEDE 🗖
		DIVINUED	ON A SEFARATE SH	EEI, FLEA	SE CHECI	K HERE
OATH STATE OF FLORIDA COUNTY OF MIAMU-DADE						
I, the person whose name appe	ars at the		n to (or affirmed) and subscr		e this 28	day of
beginning of this form, do depose on oath or affirmation April 20/4 by William Inc Althield						
and say that the information disclosed on this form						
and any attachments hereto is true, accurate, and complete. And complete. And complete. And complete. And complete. And complete.						
MANUEL MA						
(Print, Type, or Stand Science Name of Notary Public - State of Florida						
Personally Known Commission # DD 997683						
SIGNATURE OF REPORTING	OPFICIAL OR CANDIDATE	Type (of Identification Produced	Bonded Through	National Notary	083 / Assn.
If a certified public accountant li		3, or attorney	in good standing with the	Florida Bar p	orepared this	form for you, he or
she must complete the following	statement:		the CE Femal C :-	and the Act	U 0 0 5'	
Section 112.3144, Florida Statu correct.	tes, and the instructions to	, prepared the form. Up	the CE Form 6 in accorda pon my reasonable knowle	edge and beli	ef, the disclo	sure herein is true and
Signature			-		Date	
Preparation of this form by	y a CPA or attorney do	oes not relie	eve the filer of the resp	onsibility t	o sign the f	orm under oath.

MIAMI	DADE
COUNTY	

OFFICIAL RECEIPT MIAMI-DADE COUNTY-FLORIDA

No.6996456

RECEIVED FROM William Altfield				TE 4 / 28 / /4 MONTH DAY YEAR
	Address / 3 5 / //	W 12 Street Buite	Con Con	ar C
	M.A.Y. CITY		33/2 CHE	CKS \$ 5,520.80
AMOUNT OF:	Five Thousand Five Hum	dred Twent Dollars, and _ 8	CENTS TOT	AL \$ 5,520.80
FOR PAYMENT	OF: Qualifying Fee- 1	ownly Judge Group	3 /	
THIS RECEI	PT NOT VALID UNLESS D	ATED, COMPLETED AND SIG	IED BY AUTHOR	IZED EMPLOYEE OF DEPARTMENT.
DEPT.: _ <i>Ell</i>	ections	B _Y :	A. ybnissa	Lungent
FOR OF	FICE USE ONLY		77	
Trans	SUBSIDIARY	Index Code	Subobject	r Amount
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	JUDGE WILLIAM ALTFIELD CAMPAIGN ACCOUNT 1351 NW 12 ST. SUITE505 MIAMI, FL. 33125 1263-964 670 8 1270 677 8 128 129 129 129 129 129 129 129 129 129 129	43
Pay	re thousand five hundred twenty and 89/100	Security Fadousias Deliation and Task.
Sab	adell United Bank St INTY Judge Group 13 Qualifying Fee Will Might	
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