

JUDICIAL OFFICE
CANDIDATE OATH

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2014 APR 28 AM 11:44

OFFICE USE ONLY

OATH OF CANDIDATE (Section 105.031, Florida Statutes)

MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

I, Jacqueline "Jackie" Schwartz

(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 Court Judge, 11,
19 Miami Dade (office), (district #), (circuit #)
 (group #); my legal residence is 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

Signature of Candidate

(786)553-5200

Telephone Number

jackieschwartz1@aol.com

Email Address

3656 Avocado Avenue

Address

Coconut Grove

City

Florida

State

33133

ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109300069

* 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):

Jacqueline "Jackie" Schwartz

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 23RD day of APRIL, 20 14.

Personally Known: _____ or

Produced Identification: ✓

Type of Identification Produced: DRIVERS LICENSE

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public



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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Schwartz Jacqueline

MAILING ADDRESS:

3656 Avocado Avenue

CITY : ZIP : COUNTY :
Coconut Grove 33133 Dade

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
County Court Judge - Group #19

CHECK IF THIS IS A FILING BY A CANDIDATE

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 ELECTIONS DEPARTMENT

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 is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of March 31, 20 14 was \$ 625,000.00

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 45,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
See Attached Sheet	

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
See Attached Sheet	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2013 federal income tax return, including all W2's, schedules, and attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

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I elect to file a copy of my 2013 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2013 tax return, you need not complete the remainder of 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 Florida	200 E Gaines Street, Tallahassee, FL 32309-0355	\$120,382.74
Miami Dade College	11011 SW 104th Street, Miami, FL 33176-3393	\$ 3,980.48

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
	<i>n/a</i>		

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	<i>n/a</i>		
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 E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

OATH

STATE OF FLORIDA
 COUNTY OF DADE

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

Sworn to (or affirmed) and subscribed before me this 28 day of April, 2014 by Jacqueline Schwartz

(Signature of Notary Public--State of Florida)
Ignacio Del Villar
 (Print, Type, or Stamp Commissioned Name of Notary Public)



Personally Known _____ OR Produced Identification
 Type of Identification Produced FL DL

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE [Signature]

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 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

Date

Preparation of this form by a CPA or attorney does not relieve the preparer of the responsibility to sign the form under oath.

**SCHWARTZ
AS OF MARCH 31, 2014**

ASSETS & LIABILITIES

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**MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT**

ASSETS

DEFERRED COMPENSATION	\$ 160,000
HOME WORTH	\$ 615,000
CHASE - SAVINGS ACCOUNT	\$ 10,000
CHASE - CHECKING ACCOUNT	\$ 3,000
HOUSEHOLD GOODS	\$ 25,000
PERSONAL EFFECTS	\$ 20,000
FIDELITY	\$ 21,000
CAR	\$ 19,000

TOTAL ASSETS \$ 873,000

LIABILITIES

MORTGAGE ON HOME	\$ 233,000
CREDIT CARDS	\$ 15,000

TOTAL LIABILITIES \$ 248,000

NET WORTH \$ 625,000



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 6996455

RECEIVED FROM Jacqueline Schwartz
ADDRESS 3656 Avocado Ave
MIAMI
CITY STATE ZIP

DATE 4 / 28 / 14
MONTH DAY YEAR
CASH \$ _____
CHECKS \$ 5,520.80
TOTAL \$ 5,520.80

AMOUNT OF: Five Thousand Five Hundred Twenty DOLLARS, AND 80 CENTS

FOR PAYMENT OF: Qualifying Fee - County Judge Group 19

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.

DEPT.: Elections By: A. Vencesse

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TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

JUDGE JACQUELINE SCHWARTZ
CAMPAIGN ACCOUNT
3656 AVOCADO AVE
MIAMI, FL 33133

63-964 8
870

200

DATE 4/28/14

PAY TO THE ORDER OF: Miami Dade County
Five thousand Five hundred Twenty & 80/100 DOLLARS

Sabadell United Bank

MEMO: County Court Judge - 11th Circuit
Qualifying Group #19 [Signature]