

JUDICIAL OFFICE  
CANDIDATE OATH

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2014 APR 30 AM 11:29

MIAMI-DADE COUNTY OFFICE USE ONLY  
ELECTIONS DEPARTMENT

OATH OF CANDIDATE (Section 105.031, Florida Statutes)

I, RACHEL GLORIOSO DOOLEY  
(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,  
(office) (district #) (circuit #)  
19; my legal residence is Miami-Dade County, Florida; I am a qualified elector  
(group #)

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

(305) 445-2201

Telephone Number

RachelGloriosoDoolley@gmail.com

Email Address

3059 Grand Avenue Ste 300 Miami

Address

City

FL

State

33133

ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109279039

\* 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):

RACHEL GLORIOSO DOOLEY

STATE OF FLORIDA

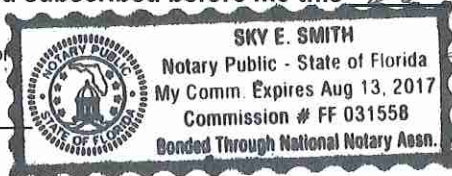
COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 28<sup>th</sup> day of APRIL, 2014.

Personally Known: \_\_\_\_\_ of \_\_\_\_\_

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_



Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public

**FORM 6**

**FULL AND PUBLIC DISCLOSURE  
OF FINANCIAL INTEREST**

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

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

LAST NAME — FIRST NAME — MIDDLE NAME:

Dooley RACHEL SUE GLORIOSO

MAILING ADDRESS:

3059 Grand Avenue

SUITE 300

CITY:

MIAMI FL

ZIP:

33133

COUNTY:

MIAMI-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

**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 April 28, 2014 was \$ 221,742.

**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 \$ 18,300

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
YACHTMASTER ROLEX WATCH	4500
MIRO SIGNED + NUMBERED LITHOGRAPH	5000
2005 MUSTANG CONVERTIBLE	10,000
520 BARKER KEY DRIVE #512 MIAMI 33131	306,000
CASH ON HAND - REGIONS	13,300

**PART C -- LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
GREENTREE MORTGAGE 345 ST PETER STREET ST PAUL MN	204,821
SALLIE MAE LOANS PO BOX 9635 WILKES-BARRE PA	129,485
*WELLS FARGO MORTGAGE PO BOX 10335 DES MOINES IA	214,000 EST.
FORECLOSURE - NO EXECUTION ISSUED 2010	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	



**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.

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
RACHEL DOOLEY ESQ - SOLE PROPRIETORSHIP	3059 Grand Avenue #K300 MIAMI FL 33133	43,715

**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
N/A			

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A		
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			

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

**OATH**

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.

STATE OF FLORIDA  
 COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 29 day of

APRIL, 2014 by \_\_\_\_\_

*[Signature]*  
 (Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commission and Name of Notary Public)

Personally Known

Type of Identification Produced \_\_\_\_\_



*[Signature]*  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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 filer of the responsibility to sign the form under oath.**

