

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

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**MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT**

**NOTE: This form must be on file with the qualifying
officer before opening the campaign account.**

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy [] Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

Betty Capote

3. Address (include post office box or street, city, state, zip code)

15555 Biscayne Blvd
Suite 217
Miami, FL 33160

4. Telephone

(305) 354-8771

5. E-mail address

bettycapote@icloud.com

6. Office sought (include district, circuit, group number)

County Court Judge, 11 Circuit (Group 30)

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Lani Capote

11. Mailing Address

1111 Brickell Avenue, Suite 2200

12. Telephone

(305) 374-1555

13. City

Miami

14. County

Miami-Dade

15. State

FL

16. Zip Code

33131

17. E-mail address

lani@capotepa.com

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

Sabadell United Bank

20. Address

1111 Brickell Avenue

21. City

Miami

22. County

Miami-Dade

23. State

FL

24. Zip Code

33131

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

4-28-14

26. Signature of Candidate



27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Lani Capote, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

4-28-14

Date

Signature of Campaign Treasurer or Deputy Treasurer



Access to Handbook and the
Election Laws of the State of Florida

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ELECTIONS DEPARTMENT

Candidate/Chairperson:

BETTY

CAPOTE

First Name

Middle Name

Last Name

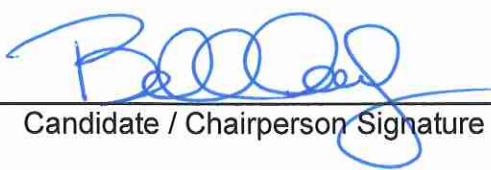
COUNTY COURT JUDGE, 11TH CIRCUIT (GROUP 30)

Office Sought / Organization

I acknowledge that it is my responsibility to read, understand and follow the requirements described in the following resources available on the Miami-Dade County Elections Department Website:

- Candidate Qualifying Handbook (<http://www.miamidade.gov/elections/candidate.asp>)
Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Qualifying Information, Electronic Reporting Dates and Procedures, Important Candidate Information, and Recent Legislative Changes.
- Political Committee Handbook (<http://www.miamidade.gov/elections/pacs.asp>)
Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Electronic Reporting Dates and Procedures, Important Committee Information, and Recent Legislative Changes.

Acknowledged by: _____


Candidate / Chairperson Signature

Date: April 29, 2014

Primary Telephone Number: 305-354-8771

Alternate Telephone Number: _____

E-mail address: bettycapote@icloud.com

JUDICIAL OFFICE
CANDIDATE OATH

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ELECTIONS DEPARTMENT

OFFICE USE ONLY

OATH OF CANDIDATE (Section 105.031, Florida Statutes)

I, Betty Capote
(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, , 11th,
(office) (district #) (circuit #)
30; 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] (305)354-8711 bettycapote@icloud.com
Signature of Candidate Telephone Number Email Address

15555 Biscayne Blvd, #217 Miami FL 33160
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109493578

* 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):
KAH-PO-TEE , BE-TEE

STATE OF FLORIDA
COUNTY OF Miami-Dade

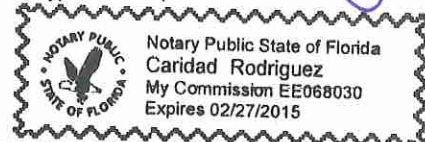
Sworn to (or affirmed) and subscribed before me this 29 day of April, 2014.

Personally Known: X or

Produced Identification: _____

Type of Identification Produced: _____

[Signature]
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:

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 ELECTIONS DEPARTMENT

LAST NAME — FIRST NAME — MIDDLE NAME:
 Capote, Betty

MAILING ADDRESS:
 15555 Biscayne Blvd

Suite 217

CITY : ZIP : COUNTY :
 Miami FL 33160

NAME OF AGENCY :
 Florida State Courts

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
 County Court Judge (Group 30)

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 December 31, 20 13 was \$ 137,652.00

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 \$ 30,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Checking and Savings Accounts (see attachment #1)	\$26,347.28
Real Property #1 - Investment (address exempt pursuant to FL Stat 119)	\$225,000.00
Real Property #2 - Investment (address exempt pursuant to FL Stat 119)	\$142,500.00
Deferred Compensation Retirement Account - ING - 1 Orange Way, Windsor, CT 06095-4774	\$4,582.87

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Wells Fargo (Mortgage Real Property #1) - PO Box 5296, Carol Stream, IL 60197	\$210,892.22
Apollo Bank (Mortgage Real Property #2) - 1150 S. Miami Avenue, Miami, FL 33130	\$54,385.92
Hyundai Finance (Auto Lease) - PO Box 660891, Dallas, TX 75266	\$4,499.82
Carlos and Beatriz Capote (Loan Real Property #2) - 109 E. Rivo Alto Drive, Miami Beach, FL 33139	\$11,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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
State of Florida	200 E. Gaines Street, Tallahassee, FL	\$142,125.73
Rental Income (Real Property #1 and #2)	Addresses exempt pursuant to FL Stat 119	\$2,872.00
C&C Realty Group	1111 Brickell Avenue, Suite 2200, Miami, FL	\$1,230.00

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.

[Handwritten Signature]

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
 COUNTY OF miami-Dade

Sworn to (or affirmed) and subscribed before me this 29 day of April, 2014 by Betty Capote

(Signature of Notary Public - State of Florida)
[Signature]
 Caridad Rodriguez
 My Commission EE068030
 (Print, Type, or Stamp Commission Number of Notary Public)

Personally Known OR Produced Identification _____

Type of Identification Produced _____

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.

Attachment #1 – Full and Public Disclosure of Financial Interest (2013)

Bank Accounts

Citibank (checking) - 1865 Washington Avenue, Miami Beach, FL 33139	\$4,085.19
Citibank (money market) - 1865 Washington Avenue, Miami Beach, FL 33139	\$14,840.65
Citibank (savings) - 1865 Washington Avenue, Miami Beach, FL 33139	\$5,066.17
Apollo Bank (checking) – 1150 S. Miami Avenue, Miami, FL 33130	<u>\$2,355.27</u>
TOTAL:	\$26,347.28

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