

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

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

(PLEASE PRINT OR TYPE)

RECEIVED

2014 APR 29 AM 8:32

**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)
Nuria Saenz

3. Address (include post office box or street, city, state, zip code)
P.O. Box 14-0603, Coral Gables, FL 33114-0603

4. Telephone
(305) 569-2543

5. E-mail address
judgenuriasaenz@outlook.com

6. Office sought (include district, circuit, group number)
County Court Judge, Group 36

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
Deborah Young, CPA, Kaufman, Rossin & Co.

11. Mailing Address
2699 S. Bayshore Drive

12. Telephone
(305) 857-6836

13. City
Miami

14. County
Miami-Dade

15. State
FL

16. Zip Code
33131

17. E-mail address
dyoung@kaufmanrossin.com

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

19. Name of Bank
Sabadell United Bank

20. Address
2109 Ponce De Leon Blvd.

21. City
Coral Gables

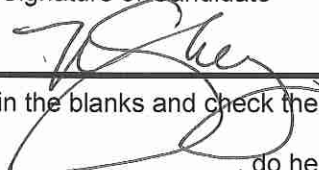
22. County
Miami-Dade

23. State
FL

24. Zip Code
33134

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
4/23/14

26. Signature of Candidate
 

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)
I, Deborah Young, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

April 23, 2014
Date


Signature of Campaign Treasurer or Deputy Treasurer

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

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

3. Address (include post office box or street, city, state, zip code)
P.O. Box 14-0606, Coral Gables, FL 33114-0603

4. Telephone
(305) 569-2543

5. E-mail address
judgenuriasaenz@outlook.com

6. Office sought (include district, circuit, group number)
County Court Judge, Group 36

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
Coral Lopez-Castro

11. Mailing Address
2525 Ponce De Leon Blvd., Floor 9

12. Telephone
(305) 372-1800

13. City
Coral Gables

14. County
Miami-Dade

15. State
FL

16. Zip Code
33134

17. E-mail address
clc@kttlaw.com

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

19. Name of Bank
Sabadell United Bank

20. Address
2109 Ponce De Leon Blvd.

21. City
Coral Gables

22. County
Miami-Dade

23. State
FL

24. Zip Code
33134

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
4/24/14

26. Signature of Candidate

27. **Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)
I, Coral Lopez-Castro, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

4/29/14
Date

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE
FOR JUDICIAL OFFICE**

(Section 105.031(5), F.S.)

(Please Type)

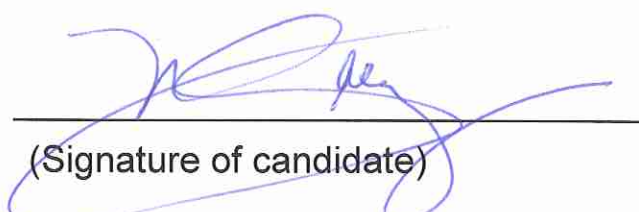
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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

I, Nuria Saenz

a judicial candidate, have received, read, and understand the requirements of the Florida Code of Judicial Conduct.



(Signature of candidate)

4/28/14

(Date)

Each candidate for judicial office, including an incumbent judge, shall file a statement with the qualifying officer, within 10 days after filing the Appointment of Campaign Treasurer and Designation of Campaign Depository.

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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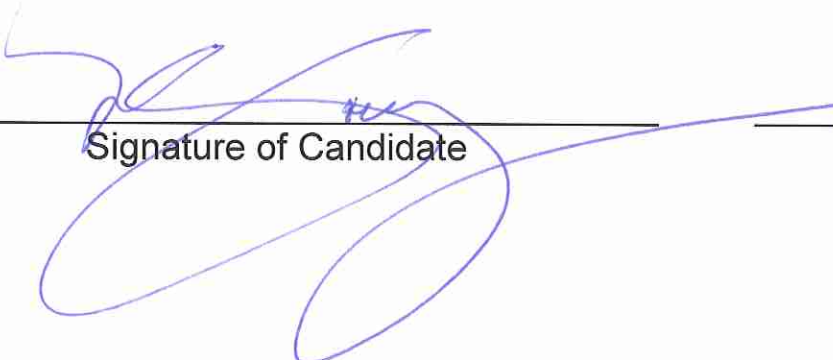
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

I, Nuria Saenz ,

candidate for the office of County Court Judge, Group 36 ;

have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X


Signature of Candidate

4/28/14
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).



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

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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

Candidate/Chairperson:

Nuria

Saenz

First Name

Middle Name

Last Name

County Court Judge, Group 36

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: 4/28/14

Primary Telephone Number: 305-569-2543

Alternate Telephone Number: _____

E-mail address: judgenuriasaenz@outlook.com

**Campaign Treasurer's Report
Miami-Dade County Electronic Filing Requirements**

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- Candidate (office sought): County Court Judge, Group 36
Candidate's Florida Voter Registration Number: 114965931
- Political Committee: _____
- Party Executive Committee: _____
- Other: _____

2014 APR 29 AM 8:32
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

I, Nuria Saenz
(Please print name of Candidate or Chairperson)

understand that Campaign Treasurer's Reports must be filed electronically via the Supervisor of Elections website by midnight of the day designated in order to comply with Miami-Dade County requirements. I also acknowledge that Sections 12-17 and 12-21 of the Code of Miami-Dade County regarding the filing of the campaign finance reports with the Supervisor of Elections were recently amended in that original signed hardcopies are no longer required.

I also understand that, in accordance with Section 12-14.1 of the Code of Miami-Dade County, Florida, candidates running for the Offices of Miami-Dade County Mayor, Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Community Council must now file the Absentee Ballot Campaign Report (MD-ED 26) to disclose the names of paid campaign workers engaged in absentee ballot activities.

Signature of Candidate or Chairperson

Date

Day Time Telephone Number: 305-569-2543

Alternate Contact Number: _____

Email Address: judgenuriasaenz@outlook.com

This form must be filed with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository form is filed.

JUDICIAL OFFICE
CANDIDATE OATH

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MIAMI-DADE COUNTY OFFICE USE ONLY
ELECTIONS DEPARTMENT

OATH OF CANDIDATE (Section 105.031, Florida Statutes)

I, Nuria Saenz

(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 #)
36; 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.

[Signature] (305) 569-2543 judgenuriasaenz@outlook.com
Signature of Candidate Telephone Number Email Address

P.O. Box 14-0603 Coral Gables FL 33114
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 114965931

* 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):
NUHREEA SAENZ

STATE OF FLORIDA
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 28th day of April, 2014.

Personally Known: or

Produced Identification: _____

Type of Identification Produced: _____

[Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public

NOTARY PUBLIC
STATE OF FLORIDA
BEATRIZ L. VARGAS
MY COMMISSION # EE 075409
EXPIRES: March 17, 2015
Bonded Thru Budget Notary Services

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

OF FINANCIAL INTEREST

RECEIVED
FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
Saenz, Nuria

MAILING ADDRESS:
3100 Ponce De Leon Blvd.

1-4

CITY : ZIP : COUNTY :
Coral Gables 33134 Miami-Dade

NAME OF AGENCY :
County Court, Eleventh Judicial Circuit

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
County Court Judge

CHECK IF THIS IS A FILING BY A CANDIDATE

2014 APR 29 AM 8:33
MIAMI-DADE COUNTY
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 April 28, 20 14 was \$ (-\$140,240.72).

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 \$ \$62,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Savings Account, Space Coast Credit Union	\$16,194.98

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
U.S. Dept. of Education, P.O. Box 36008, Knoxville, TN 37930-6008	\$158,705.53
Sallie Mae, P.O. Box 13611, Philadelphia, PA 19101-3611	\$41,441.17
Honda Financial Services, P.O. Box 1027, Alpharetta, GA 30009-1027	\$16,374.72
Florida Prepaid College Plan, P.O. Box 31088, Tampa, FL 33631-3088	\$1,915.00

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.

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	500 So. Duval Street, Tallahassee, FL 32399-1900	\$138,020.00

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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 HAHNDADE COUNTY
 ELECTIONS DEPARTMENT

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 28th day of

April 2014 by NURIA SAENZ

(Signature of Notary Public--State of Florida)



BEATRIZ L. VARGAS
 MY COMMISSION # EE 075409
 EXPIRES: March 17, 2015
 Bonded Thru Budget Notary Service

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification

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.

