



JUDICIAL OFFICE  
CANDIDATE OATH

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MIAMI-DADE COUNTY USE ONLY  
ELECTIONS DEPARTMENT

OATH OF CANDIDATE (Section 105.031, Florida Statutes)

I, Frank Bocanegra

(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 #)

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]

(786)

351-7645 fbocalaw@gmail.com

Signature of Candidate

Telephone Number

Email Address

908 Granada Blvd

Coral Gables, FL 33134

Address

City

State

ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 110282957

\* 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):

FRANK BOCANEGRA

STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 1<sup>st</sup> day of May, 20 14.

Personally Known: \_\_\_\_\_ or

Produced Identification:

Type of Identification Produced: FL Drivers Lic



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

OF FINANCIAL INTEREST

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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

LAST NAME — FIRST NAME — MIDDLE NAME:  
**Frank C. Bocanegra**

MAILING ADDRESS:  
**908 Granada Boulevard**

CITY : ZIP : COUNTY :  
**Coral Gables, FL 33134 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 26, 20 14 was \$ 125,120.19.

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 \$ 20,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

SEE ATTACHED

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Vehicle	\$50,000
908 Granada Boulevard, Coral Gables, FL 33134	\$387,235.
4805 S. Highway A1A, Brevard County, FL	\$117,780
Two River Country, Lot 21, Piney Creek, North Carolina 28663	\$33,200
ICMA Retirement Account 777 North Capitol Street, NE Suite 600 Washington DC 20002	\$130,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
HSBC, P.O. Box 0112, Palatine, IL 60055-0112	\$380,813.24
HSBC, P.O. Box 0112, Palatine, IL 60055-0112	\$174,281.57
SunTrust PO Box 2461, Harrisburg, PA 17105-2461	\$150,000
Best Buy 7751 Bird Road, Miami, FL 33155	\$3,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<del>_____</del>	
<del>_____</del>	
<del>_____</del>	

**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):**

*SEE ATTACHED*

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
FRS	1317 Winewood Blvd. Tallahassee, FL 32399	\$94,000
Office of the Public Defender 11th Judicial Circuit	1320 NW 14 Street, Miami, FL 33125	\$45,000
Miami Dade College Wolfson	300 NE 2nd Ave. Miami, FL 33132	\$4,000

**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

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
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**

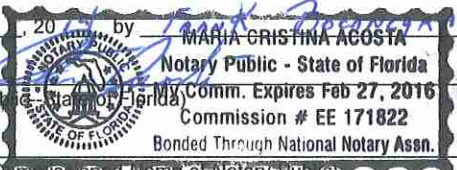
**OATH**

STATE OF FLORIDA  
 COUNTY OF Miami-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 15<sup>th</sup> day of May

by Maria Cristina Acosta  
 Notary Public - State of Florida  
 My Comm. Expires Feb 27, 2016  
 Commission # EE 171822  
 Bonded Through National Notary Assn.



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

[Signature]  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known \_\_\_\_\_ OR Produced Identification ✓  
 Type of Identification Produced FL Drivers Lic

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 FORM 6

FRANK BOCAWECRA

PART B ASSETS

BB&T BANK ACCOUNT 2000 PONCE DE LEON  
CORAL GABLES, FL 33134 \$95,000

PART D INCOME

ST THOMAS UNIVERSITY 16401 NW 37 AVE  
MIAMI GARDENS, FL 33054 \$2,000

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