

**CANDIDATE OATH
JUDICIAL OFFICE**

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2024 APR 10 PM 3: 15

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate

OFFICE USE ONLY

Candidate Oath

Name to appear on ballot: Michelle Marie Urbistondo

Check box if two last names without hyphen. (Name cannot be changed after qualifying.)

Check box if name includes nickname. (For use of a nickname, you must complete the Nickname Affidavit on reverse side.)

I swear or affirm that I am a candidate for the judicial office of Miami-Dade County Judge, N/A (District #)

11 (Circuit #), 4 (Group or Seat #); my legal residence is Miami-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 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 to the office I seek; I have resigned from any office which I am required to resign pursuant to s. 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 (only applicable if elected and when term of office begins): I am 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.

Statement of Outstanding Fines, Fees, or Penalties

I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 105.031(4) F.S.).

YES, I Do _____ NO, I Do Not XXXXX

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X [Signature] (786) 554-1817 michelle@urbistondolaw.com
Signature of Candidate Telephone Number Email Address
5905 SW 85 Avenue Miami Florida 33143
Address of Legal Residence City State ZIP Code

STATE OF FLORIDA

COUNTY OF Miami-Dade

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

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence

this 8 day of April, 2024.

Personally Known OR Produced Identification

Type of Identification Produced: FL DL



JACQUELINE ROJAS
Commission # HH 155721
Expires November 19, 2025
Bonded Thru Budget Notary Services

Phonetic Spelling of Name

Phonetic spelling for the audio ballot (not required for qualifying purposes): Print the name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 3 of this form):

Michelle Marie Urbistondo

Statement of Outstanding Fines, Fees or Penalties

Pursuant to Section 99.021(1)(d), F.S., each candidate, whether a party candidate, a candidate with no party affiliation, or a write-in candidate, shall, at the time of subscribing to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fees, or penalties that cumulatively exceed \$250 for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers and Employees under part III of chapter 112, any local ethics ordinance governing standards of conduct and disclosure requirements, or chapter 106.

| Amount | Entity |
|--------|--------|
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Affidavit of Nickname (Only required if using nickname for the ballot.)

My legal name is _____, I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

My nickname is _____. I am generally known by this nickname or have used it as part of my legal name. I have not created the nickname to mislead voters. My nickname does not imply I am some other person, constitute a political slogan or otherwise associate me with a cause or issue, or that is obscene or profane.

Signature of Candidate: _____

STATE OF FLORIDA

COUNTY OF _____

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means of online notarization OR physical presence

this _____ day of _____, 20____.

Personally Known OR Produced Identification

Type of Identification Produced: _____

2023 Form 6 - Full and Public Disclosure of Financial Interests

General Information

Name: Mrs Michelle Marie Urbistondo Esq
Address: 5905 SW 85TH AVE, MIAMI, FL 33143
County: Miami-Dade

| Organization | Suborganization | Title |
|--------------|-----------------|-------|
| N/A | | |

CANDIDATE FOR

| Position | Agency Name | Position sought or held |
|--------------|--|-----------------------------|
| County Judge | Miami-Dade County Court, 11th Judicial Circuit | County Court Judge, Group 4 |

Net Worth

My Net Worth as of December 31, 2023 was \$ 471,246.41.

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ELECTIONS DEPARTMENT

2023 Form 6 - Full and Public Disclosure of Financial Interests

Assets

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, whether owned or leased.

The aggregate value of my household goods and personal effect is \$ 98,086.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| Description of Asset | Value of Asset |
|---|----------------|
| Primary Residence (5905 SW 85 Ave., Miami FL 33143) | \$ 853,833.00 |
| Volvo 2023 XC 90 Plus (Lease) | \$ 48,086.00 |
| Home Furnishings (Estimate) | \$ 20,000.00 |
| Jewelry (Estimate) | \$ 30,000.00 |
| Checking Accts (Wells Fargo) | \$ 22,366.62 |
| Savings Accts (Wells Fargo) | \$ 60,395.39 |

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 ELECTIONS DEPARTMENT

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

| Name of Creditor | Address of Creditor | Amount of Liability |
|------------------------------|--|---------------------|
| US Department of Education | PO BOX 300001, GREENVILLE, TX 75403-3001 | \$ 208,428.95 |
| Truist | PO BOX 580048, CHARLOTTE, NC 28258-0048 | \$ 278,824.81 |
| Volvo Car Financial Services | PO Box 91300, Mobile, AL 36691-1300 | \$ 54,460.74 |
| First Citizens Bank & Trust | P.O Box 27131, Raleigh, NC 27611-7131 | \$ 18,219.47 |

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

| Name of Creditor | Address of Creditor | Amount of Liability |
|------------------|---------------------|---------------------|
| N/A | | |

2023 Form 6 - Full and Public Disclosure of Financial Interests

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2023 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2023 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

| Name of Source of Income Exceeding \$1,000 | Address of Source of Income | Amount |
|--|-----------------------------------|--------------|
| Urbistondo Law, P.A. | 5905 SW 85 Avenue, Miami FL 33143 | \$ 42,094.82 |

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

| Name of Business Entity | Name of Major Sources of Business' Income | Address of Source | Principal Business Activity of Source |
|-------------------------|---|-------------------|---------------------------------------|
| N/A | | | |

Interests in Specified Businesses

| |
|----------------------------|
| Business Entity # 1 |
| N/A |

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 ELECTIONS DEPARTMENT

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form6 and that the facts stated in it are true.

Michelle Marie Urbistondo Esq

Digitally signed: 04/09/2024

For Qualifying
Purposes Only

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 8251106

RECEIVED FROM Michelle Marie Urbistondo

DATE 4 / 10 / 04
MONTH DAY YEAR

ADDRESS 2600 S Douglas Rd, STE 800
Coral Gables CITY FL STATE 33134 ZIP

CASH \$ _____
CHECKS \$ 7,224 .64
TOTAL \$ 7,224 .64

AMOUNT OF: Seven thousand two hundred Twenty four DOLLARS, AND 64 CENTS

FOR PAYMENT OF: Qualifying for Miami-Dade County Court Judge Group 4

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

FOR OFFICE USE ONLY

| TRANS | | SUBSIDIARY | | | INDEX CODE | | | SUBJECT | | | AMOUNT | | |
|-------|--|------------|--|--|------------|--|--|---------|--|--|--------|--|--|
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MICHELLE MARIE URBISTONDO CAMPAIGN
2600 S DOUGLAS RD, STE 800
CORAL GABLES, FL 33134

OCEAN BANK
780 NW 42ND AVE, Suite 603
MIAMI, FLORIDA 33126

1024

4/8/2024

PAY TO THE ORDER OF Miami-Dade County \$ **7,224.64

Seven Thousand Two Hundred Twenty-Four and 64/100***** DOLLARS

Miami-Dade County
2700 NW 87th Ave
Miami, FL 33172

AUTHORIZED SIGNATURE

MEMO
Qualifying fee Miami-Dade County Court Judge Group # 4

MIAMI-DADE ELECTIONS
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7027 APR 10 PM 3: 11