

**CANDIDATE OATH  
JUDICIAL OFFICE**

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

Write-in candidate

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**MIAMI-DADE  
ELECTIONS OFFICE USE ONLY**

**Candidate Oath**

Name to appear on ballot: MARIA ORTIZ

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 County Judge, n/a (District #)

11 (Circuit #), 26 (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 X

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

X Maria O. Ortiz (305) 445-0777 JOSE@RIESCOANDCOME  
Signature of Candidate Telephone Number Email Address

Address of Legal Residence City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Miami-Dade

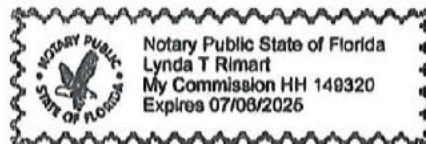
Lynda J. Rimart  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public below:

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

this 15 day of April, 2024

Personally Known  OR Produced Identification

Type of Identification Produced: FL Drivers License



**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):

m aa - r EE aa OH r - t ee s

**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
n/a	n/a

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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

Filed with COE: 04/16/2024

## General Information

Name: Hon Maria D. Ortiz  
Address: Dade County Courthouse 73 W Flagler Street RM. 612, Miami, FL 33130 PID 16075  
County: Miami-Dade

## AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Circuit (11Th)	Elected Constitutional Officer	County Court Judge

## CANDIDATE FOR

Position	Agency Name	Position sought or held
County Judge	11th Judicial Circuit, Miami-Dade County, FL	Miami-Dade County Court Judge, Group 26

## Net Worth

My Net Worth as of December 31, 2023 was \$ 2,377,851.67.

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2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 04/16/2024

**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 \$ 35,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
[REDACTED] (Personal Residence)	\$ 1,200,000.00
Checking Accounts, JP Morgan Chase Bank, PO Box 182051, Columbus, OH 43218	\$ 25,516.80
Checking Account, Citigold Services, PO Box 6201, Sioux Falls, SD 57117	\$ 10,000.57
Checking Account, Wells Fargo Bank, PO Box 6995, Portland, OR 97228	\$ 4,817.55
Savings Account, JP Morgan Chase Bank, PO Box 182051, Columbus, OH 43218	\$ 35,002.92
Savings Account, Citigold Services, PO Box 6201, Sioux Falls, SD 57117	\$ 61,234.87
Auto-2021 GLC300W	\$ 32,000.00
State of Florida FRS Pension Plan, PO Box 9000, Tallahassee, FL 32315 (Estimated Value)	\$ 1,000,000.00

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2023 Form 6 - Full and Public Disclosure of Financial Interests

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**Liabilities**

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Mercedes Benz Financial	PO Box 5209 Carol Stream, IL 60197	\$ 25,721.04

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

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2023 Form 6 - Full and Public Disclosure of Financial Interests

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**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
State of Florida (Form W-2)	200 E Gaines Street, Tallahassee, FL 32399	\$ 174,663.00
Pacific Life Insurance Company (Form 1099-R)	700 Newport Center Drive, Newport Beach, CA 92660	\$ 68,306.00
American General Life Insurance (Form 1099-R)	1050 N Western Street, Amarillo, TX 79106	\$ 31,196.00
Miccosukee Tribe of Florida (Form W2-G)	500 SW 177 Avenue, Miami, FL 33194	\$ 68,445.00
Magic City Casino (Form W-2G)	450 NW 37 Avenue, Miami, FL 33125	\$ 1,669.00
Royal Caribbean Cruises LTD (Form W-2G)	1050 Caribbean Way, Miami, FL 33132	\$ 4,744.00

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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**Training**

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you for this form year.

**Signature of Reporting Official or Candidate**

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

***Maria D. Ortiz***

Digitally signed: 04/16/2024

Filed with COE: 04/16/2024

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