

**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: Jorge Pérez Santiago

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 (Office) (District #)

11th Judicial Circuit, Group 6; my legal residence is Miami-Dade County, Florida; (Circuit #) (Group or Seat #)

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.

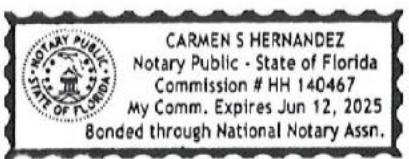
X [Signature] (305) 445-0777 keepjudgeperezsantiago@c
Signature of Candidate Telephone Number Email Address

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 12th day of April, 2024.
Personally Known OR Produced Identification
Type of Identification Produced: _____



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):

j OW r j p EH - r e h s s AH n - t e e - AH g o h

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: _____

General Information		
Name:	Jorge Andre Perez Santiago	
Address:	3100 PONCE DE LEON BLVD CORAL GABLES BRANCH COURT, CORAL GABLES, FL 33134	PID 303240
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	County Court Judge, Group 06

Net Worth
My Net Worth as of <u>April 12, 2024</u> was \$ <u>1,864,533.67</u> .

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 \$ <u>100,000.00</u> .
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

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2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 04/17/2024

Description of Asset	Value of Asset
Residential Home	\$ 1,900,000.00
Bank Account (Wells Fargo)	\$ 10,693.59
Bank Account (Wells Fargo)	\$ 3,365.74
Bank Account (Wells Fargo)	\$ 1,150.05
Bank Account (Wells Fargo)	\$ 31,308.10
Retirement Plan (FRS Florida Retirement System: FRS 2050 Retirement Date Fund (2050))	\$ 53,704.95
529 account (New York's 529 College Savings Program Direct Plan account: Aggressive Portfolio)	\$ 31,913.08
529 account (New York's 529 College Savings Program Direct Plan account: Aggressive Portfolio)	\$ 17,812.33
529 account (New York's 529 College Savings Program Direct Plan account: Aggressive Portfolio)	\$ 7,927.90
529 account (New York's 529 College Savings Program Direct Plan account)	\$ 31,963.66
Lease (VW)	\$ 4,915.40
Lease (Honda)	\$ 6,300.20
401k Retirement Account (Voya Financial: 9374 Vanguard High-Yld Corporate Fnd Adm)	\$ 47,117.15
401k Retirement Account (Voya Financial: 7926 Vanguard Equity Income Fund Adm)	\$ 54,272.32
401k Retirement Account (Voya Financial: 8969 DFA U.S. Large Cap Growth Port Inst)	\$ 65,902.75
401k Retirement Account (Voya Financial: 0970 Carillon Eagle Mid Cap Growth Fd R6)	\$ 31,794.11
Campaign Account Loan	\$ 50,000.00

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Liabilities		
LIABILITIES IN EXCESS OF \$1,000:		
Name of Creditor	Address of Creditor	Amount of Liability
Wells Fargo Home Mortgage	P.O. Box 10335 Des Moines, IA 50306-0335	\$ 523,426.20
Honda Financial Services	PO Box 7829 Philadelphia, PA 19101-7829	\$ 11,700.00
VW Credit Leasing, Inc	PO Box 5215 Carol Stream, IL 60197-5215	\$ 12,225.00
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:		
Name of Creditor	Address of Creditor	Amount of Liability
N/A		

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.			
<input checked="" type="checkbox"/> 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	
See Attached			
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
See Attached			

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Interests in Specified Businesses

Business Entity # 1

N/A

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.

Jorge Andre Perez Santiago

Digitally signed: 04/17/2024

Filed with COE: 04/17/2024

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For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20

See separate instructions.

Your first name and middle initial: Jorge A; Last name: Perez; Your social security number: [Redacted]

If joint return, spouse's first name and middle initial: Mirels K; Last name: Davila; Spouse's social security number: [Redacted]

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code

Foreign country name Foreign province/state/county Foreign postal code

Filing Status: [X] Married filing jointly (even if only one had income); [] Single; [] Head of household (HOH); [] Married filing separately (MFS); [] Qualifying surviving spouse (QSS)

Digital Assets: At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? [] Yes [X] No

Standard Deduction: Someone can claim: [] You as a dependent [] Your spouse as a dependent [] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness: You: [] Were born before January 2, 1959 [] Are blind Spouse: [] Was born before January 2, 1959 [] Is blind

Table with 6 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Rows include Eva M Perez Davila (Daughter), Mateo A Perez Davila (Son), Paulo J Perez Davila (Son), and Diego A Perez Davila (Son).

Income section table with rows 1a through 1z. 1a Total amount from Form(s) W-2, box 1 (see instructions) 207,585. 1b Household employee wages not reported on Form(s) W-2. 1c Tip income not reported on line 1a (see instructions). 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions). 1e Taxable dependent care benefits from Form 2441, line 26. 1f Employer-provided adoption benefits from Form 8839, line 29. 1g Wages from Form 8919, line 6. 1h Other earned income (see instructions) 0. 1i Nontaxable combat pay election (see instructions). 1z Add lines 1a through 1h 207,585.

Table with rows 2a through 6b. 2a Tax-exempt interest. 2b Taxable interest. 3a Qualified dividends. 3b Ordinary dividends. 4a IRA distributions. 4b Taxable amount. 5a Pensions and annuities. 5b Taxable amount. 6a Social security benefits. 6b Taxable amount.

Table with rows 7 through 15. 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here. 8 Additional income from Schedule 1, line 10. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 207,585. 10 Adjustments to income from Schedule 1, line 26. 11 Subtract line 10 from line 9. This is your adjusted gross income 207,585. 12 Standard deduction or itemized deductions (from Schedule A) 27,700. 13 Qualified business income deduction from Form 8995 or Form 8995-A. 14 Add lines 12 and 13 27,700. 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 179,885.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2023)

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Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	30,190.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	30,190.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	8,000.
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	8,000.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	22,190.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	22,190.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	40,607.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	40,607.
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC) No	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	3,466.
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	3,466.
	33	Add lines 25d, 26, and 32. These are your total payments	33	44,073.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	21,883.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	21,883.
Direct deposit? See instructions.	b	Routing number XXXXXXXXXX c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number XXXXXXXXXXXXXXXXXXXX		
	36	Amount of line 34 you want applied to your 2024 estimated tax	36	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No

Designee's name	Phone no.	Personal identification number (PIN)
-----------------	-----------	--------------------------------------

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
<i>[Signature]</i>		Attorney	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
<i>[Signature]</i>		Housewife	
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
RALPH MAYA	<i>[Signature]</i>	02/29/2024	P00366566	<input type="checkbox"/> Self-employed
Firm's name	Firm's address			Phone no.
RALPH MAYA & COMPANY, CPAs, P.A.	7600 S. RED ROAD, SUITE 214 SOUTH MIAMI FL 33143			(305) 669-9311
Firm's EIN				45-0529082

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**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Jorge A Perez & Mirels K Davila

Your social security number

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required		1
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441		2
3	Education credits from Form 8863, line 19		3
4	Retirement savings contributions credit. Attach Form 8880		4
5a	Residential clean energy credit from Form 5695, line 15		5a
b	Energy efficient home improvement credit from Form 5695, line 32		5b
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Reserved for future use	6e	
f	Clean vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
m	Credit for previously owned clean vehicles. Attach Form 8936	6m	
z	Other nonrefundable credits. List type and amount: _____	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z		7
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20		8

(continued on page 2)

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Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions)		10	
11	Excess social security and tier 1 RRTA tax withheld		11	3,466.
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
a	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
c	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through 13z		14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31		15	3,466.

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Schedule 3 (Form 1040) 2023

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**Credits for Qualifying Children
and Other Dependents**

2023

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.

Attachment
Sequence No. 47

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Name(s) shown on return

Your social security number

Jorge A Perez & Mirels K Davila

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR			1	207,585.
2a	Enter income from Puerto Rico that you excluded	2a			
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0.		
c	Enter the amount from line 15 of your Form 4563	2c			
d	Add lines 2a through 2c	2d		0.	
3	Add lines 1 and 2d	3		207,585.	
4	Number of qualifying children under age 17 with the required social security number	4	4		
5	Multiply line 4 by \$2,000	5		8,000.	
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	0		
<p>Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.</p>					
7	Multiply line 6 by \$500	7			
8	Add lines 5 and 7	8		8,000.	
9	Enter the amount shown below for your filing status.				
<ul style="list-style-type: none"> • Married filing jointly—\$400,000 • All other filing statuses—\$200,000 				9	400,000.
10	Subtract line 9 from line 3.				
<ul style="list-style-type: none"> • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. 				10	0.
11	Multiply line 10 by 5% (0.05)	11		0.	
12	Is the amount on line 8 more than the amount on line 11?	12		8,000.	
<p><input type="checkbox"/> No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.</p> <p><input checked="" type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result.</p>					
13	Enter the amount from Credit Limit Worksheet A	13		30,190.	
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	14		8,000.	

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

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Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15 Check this box if you **do not** want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27

16a Subtract line 14 from line 12. If zero, **stop here**; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 16a 0.

b Number of qualifying children under 17 with the required social security number: _____ x \$1,600.
Enter the result. If zero, **stop here**; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 16b

TIP: The number of children you use for this line is the same as the number of children you used for line 4.

17 Enter the **smaller** of line 16a or line 16b 17

18a Earned income (see instructions) 18a

b Nontaxable combat pay (see instructions) 18b

19 Is the amount on line 18a more than \$2,500?
 No. Leave line 19 blank and enter -0- on line 20.
 Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19

20 Multiply the amount on line 19 by 15% (0.15) and enter the result 20

Next. On line 16b, is the amount \$4,800 or more?
 No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the **smaller** of line 17 or line 20 on line 27.
 Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions. 21

22 Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 22

23 Add lines 21 and 22 23

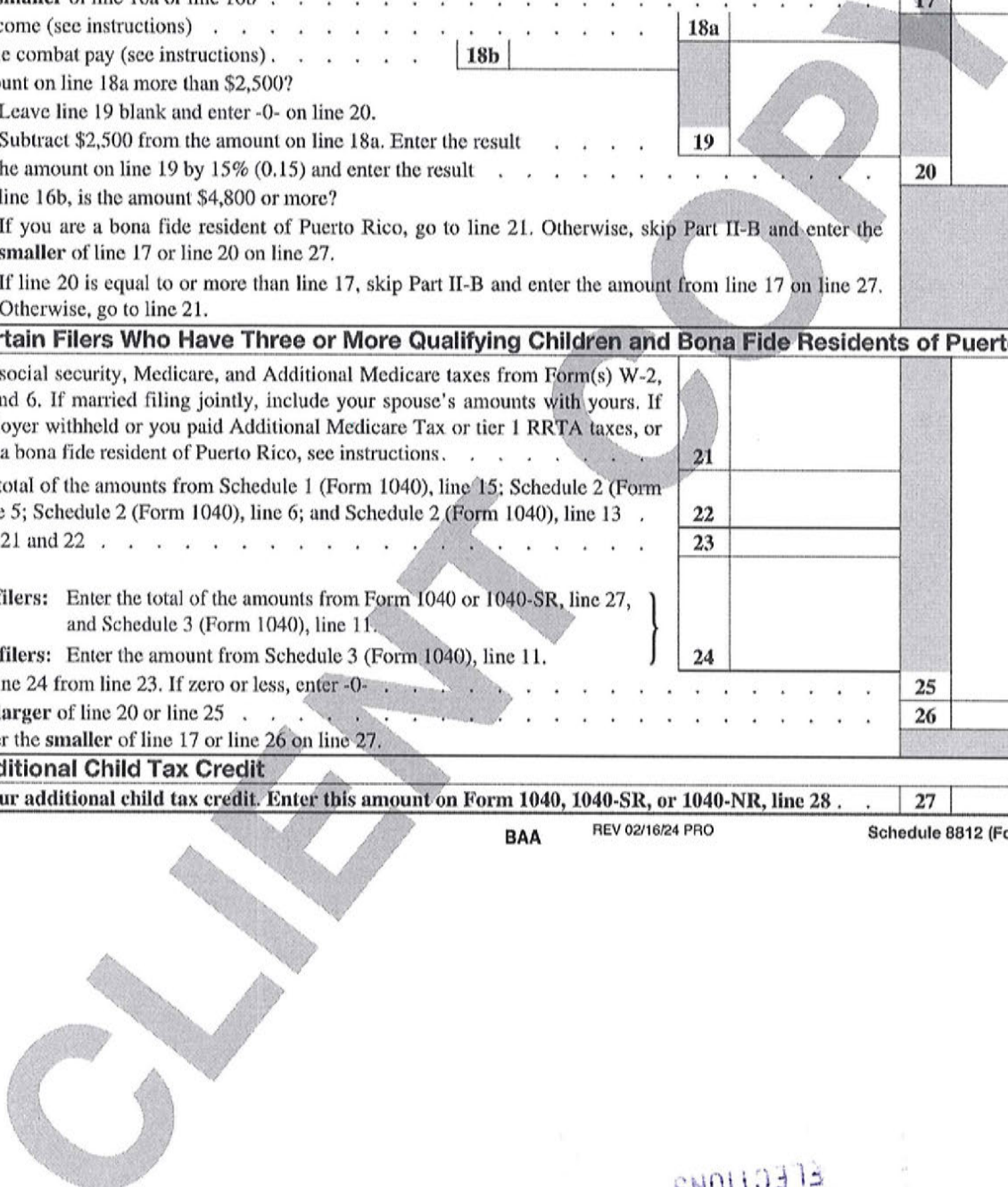
24 **1040 and**
1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. }
1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. } 24

25 Subtract line 24 from line 23. If zero or less, enter -0- 25

26 Enter the **larger** of line 20 or line 25 26
Next, enter the **smaller** of line 17 or line 26 on line 27.

Part II-C Additional Child Tax Credit

27 This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28 27



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a Employee's social security number ██████████		Payroll organization code 22-25-11-13-110		Intradepartment number 0000000135	
b Employer identification number (EIN) 59-6001874		1 Wages, tips, other compensation 97,624.62		2 Federal income tax withheld 17,640.93	
c Employer's name, address, and ZIP code State of Florida Jimmy Patronis, Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		3 Social security wages 100,705.26		4 Social security tax withheld 6,243.73	
		5 Medicare wages and tips 100,705.26		6 Medicare tax withheld 1,460.23	
		7 Social security tips		10 Dependent care benefits	
d Control number 018133 01/05		11 Nonqualified plans		12a See instructions for box 12 DD 12,817.56	
e Employee's first name, mi, and last name JORGE A PEREZ		13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b
		14 Other 125		1,982.64	12c
					12d
					12e
f Employee's address and ZIP code		15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.
					19 Local income tax
					20 Locality name

FORM **W-2** WAGE AND TAX STATEMENT **2023**

Copy B - To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service

Department of the Treasury - Internal Revenue Service

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 OMB No. 1545-0008

a Employee's social security number ██████████		Payroll organization code 22-25-11-13-110		Intradepartment number 0000000135	
b Employer identification number (EIN) 59-6001874		1 Wages, tips, other compensation 97,624.62		2 Federal income tax withheld 17,640.93	
c Employer's name, address, and ZIP code State of Florida Jimmy Patronis, Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		3 Social security wages 100,705.26		4 Social security tax withheld 6,243.73	
		5 Medicare wages and tips 100,705.26		6 Medicare tax withheld 1,460.23	
		7 Social security tips		10 Dependent care benefits	
d Control number 018133 01/05		11 Nonqualified plans		12a See instructions for box 12 DD 12,817.56	
e Employee's first name, mi, and last name JORGE A PEREZ		13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b
		14 Other 125		1,982.64	12c
					12d
					12e
f Employee's address and ZIP code		15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.
					19 Local income tax
					20 Locality name

FORM **W-2** WAGE AND TAX STATEMENT **2023**

Copy C - For EMPLOYEE'S RECORDS
AA327W Rev. 06/09/2023

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Form W-2 Wage and Tax Statement 2023

Copy C, for employee's records

d. Control number 0040-P7127448 000000014 -		Void	c. Employer's name, address, and ZIP code STUMPHAUZER KOLAYA NADLER & SL 2 S BISCAYNE BLVD STE 2550 MIAMI FL 33131-1704		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b. Employer identification number (EIN) 27-5029927		a. Employee's social security number [REDACTED]		1. Wages, tips, other compensation 109980.39	2. Federal income tax withheld 22866.39	
13. Statutory employee	Retirement plan	Third-party sick pay		3. Social security wages 115393.09	4. Social security tax withheld 7154.37	
12. See instructions for box 12 D 5432.70		14. Other		e. Employee's name, address, and ZIP code JORGE A PEREZ [REDACTED]	5. Medicare wages and tips 115393.09	6. Medicare tax withheld 1673.20
				7. Social Security Tips	8. Allocated Tips	
				10. Dependent care benefits	11. Nonqualified plans	
15. State	Employer's state ID number	16. State wages, tips, etc.	17. State income tax	18. Local wages, tips, etc.	19. Local income tax	20. Locality name

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Form W-2 Wage and Tax Statement 2023

Copy B, to be filed with employee's FEDERAL tax return

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 2024 APR 19 PM 12:45
 MIAMI-DAD
 ELECTIONS

Form W-2 Wage and Tax Statement 2023

d. Control number		Void	c. Employer's name, address, and ZIP code		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b. Employer identification number (EIN)		a. Employee's social security number		1. Wages, tips, other compensation	2. Federal income tax withheld	
13. Statutory employee	Retirement plan	Third-party sick pay		3. Social security wages	4. Social security tax withheld	
12. See instructions for box 12		14. Other		e. Employee's name, address, and ZIP code	6. Medicare wages and tips	6. Medicare tax withheld
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Form W-2 Wage and Tax Statement 2023

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OFFICIAL RECEIPT
 MIAMI-DADE COUNTY-FLORIDA

No. 8251122

RECEIVED FROM Jorge Perez Santiago DATE 4 / 19 / 2024
 ADDRESS 2600 South Douglas Road, Suite 900 CASH \$ _____
Coral Gables STREET ADDRESS FL 33134 CHECKS \$ 7,224 . 64
 CITY STATE ZIP
 AMOUNT OF: Seven Thousand Two Hundred Twenty-four 64/100 DOLLARS, AND CENTS TOTAL \$ 7,224 . 64

FOR PAYMENT OF: Qualifying fee - MDC Court Judge Group #06
 THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.
 DEPT.: Elections By: Yolanda Washington

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

CASH ONLY IF ALL CheckLock™ SECURITY FEATURES LISTED ON BACK INDICATE NO TAMPERING OR COPYING

CITY NATIONAL BANK OF FLORIDA 0101

Jorge Perez Santiago Campaign Account
 2600 South Douglas Road, Suite 900
 Coral Gables, FL 33134 4/9/2024

PAY TO THE ORDER OF MIAMI-DADE COUNTY \$**7,224.64

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

PROTECTED AGAINST FRAUD

MEMO MIAMI-DADE COUNTY

MEMO 2024 QUALIFYING FEE/MDC COUNTY COURT JUDGE, group #06

[Signature]

Jorge Perez Santiago Campaign Account 0101

MIAMI-DADE COUNTY 4/9/2024

2024 QUALIFYING FEE/MDC COUNTY COURT JUDGE, 7,224.64

group #06

MIAMI-DADE ELECTIONS

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