JUDICIAL OFFICE CANDIDATE OATH

RECEIVED

2012 APR 10 AM 11: 56 OFFICE USE ONLY

OATH OF CANDIDATE (Section 105.031, Florida Statute NS DEPARTMENT ١, Maria Ortiz (PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING) County Court Judge , 3 , Eleventh (office) (district #) am a candidate for the judicial office of (office) Miami-Dade ; my legal residence is 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 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. Mun Onf Signature of Candidate (305)548-5193 maortiz@jud11.flcourts.org Email Address **Telephone Number** 1351 NW 12 Street, #510 Miami Florida 33125 Address City ZIP Code Candidate's Florida Voter Registration Number (located on your voter information card): 01087606 * 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): Ortiz (The "o" is pronounced as "oar" and the "t" as "tease") STATE OF FLORIDA COUNTY OF MIAMI - DADE Sworn to (or affirmed) and subscribed before me this _____/ 0 + h day of _____ April____ Personally Known: _____ or Signature of Notary Public Produced Identification: ___ Print, Type, or Stamp Comprissioned Market of Wotary Public Netary Public State of Florida Type of Identification Produced: Jose Javier Leal My Commission DD1000008 Expires 06/09/2014

FORM 6 FULL AND PUBLIC DISCI	LOSURE OF	2011
Please print or type your name, mailing address, agency name, and position below:	ESTS	s C. & Boss down
LAST NAME FIRST NAME MIDDLE NAME:	FOR OFFICE	
Ortiz Maria DeFatima	USE ONLY:	
MAILING ADDRESS:	2012 APR 10	AM II: 56
Richard E. Gerstein Justice Building	ID Code	
1351 N.W. 12th Street, Suite 510	ELECTIONS D	E COUNTY E PARTMENT
CITY: ZIP: COUNTY:	ID No.	·
Miami 33125 Miami-Dade	15 110.	
NAME OF AGENCY:	Conf. Code	
11th Judicial Circuit		
NAME OF OFFICE OR POSITION HELD OR SOUGHT:	P. Req. Code	
County Court Judge CHECK IF THIS IS A FILING BY A CANDIDATE		
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, 2011, or a more current date. [Not liabilities from your reported assets, so please see the instructions on page 3.]	e: Net worth is not calculated by	subtracting your reported
My net worth as of DECEMBER 31 , 20 11 wa	as \$ 972,458.	
PART B ASSETS		
HOUSEHOLD GOODS AND PERSONAL EFFECTS:		
Household goods and personal effects may be reported in a lump sum if their aggregate value		
if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items other household items; and vehicles for personal use.	; art objects; nousenoid equipme	nt and lumishings; clothing;
The aggregate value of my household goods and personal effects (described above) is \$	12,000.00	· · ·
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:		
DESCRIPTION OF ASSET (specific description is required - see instruction	ns page 4)	VALUE OF ASSET
WEUS FALLOO CYECKING		4,263.
SFR 8600 SW 77 GT		(000,000.
GUNS		10,000
RETIREMENT ACCOUNTS		
	<u> </u>	669,764
PART C LIABILITIES		
LIABILITIES IN EXCESS OF \$1,000 (See Instructions on page 4):		
NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY
JESUS BRAYO MONTONGE		205,644
TPMORENN LIC		45,175
GNAC DAM KOO		28,241
CURYSLEN FINANCIAL		11,930
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR	i	AMOUNT OF LIABILITY
MAINE AND ADDITESS OF SKEDITOR		ANDOM OF EMPIRE
		·

		income tax re	INCOME eturn, including all W2's, schedules, a s \$1,000, including secondary source	es of income, I	
l elect to file a copy of my	2011 federal income tax retu attach a copy of your 2011 ta	rn and all W2's	s, schedules, and attachments. need not complete the remainder of		
PRIMARY SOURCES OF INCOM	E (See instructions on pag	e 5):	ZUIZ AT N TO MITT ADDRESS OF SOURCE OF INCOM		. AMOUNT
	· · · · · · · · · · · · · · · · · · ·		HAS SECTIONS DEPAR		129265
STATE OF FLOR	107	18000	111N 29 EC		12/247
<u> </u>					
SECONDARY SOURCES OF INC NAME OF BUSINESS ENTITY	OME [Major customers, clier NAME OF MAJOR S OF BUSINESS' II	SOURCES	sinesses owned by reporting person- ADDRESS OF SOURCE	F	ns on page 5]: PRINCIPAL BUSINESS ACTIVITY OF SOURCE
		······			
PAR	RT E INTERESTS IN	SPECIFIE	D BUSINESSES [Instructions	on page 5]	
	BUSINESS ENTITY :		BUSINESS ENTITY # 2	/	ISINESS ENTITY # 3
NAME OF BUSINESS ENTITY		$/ \bot$			
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				1	
IF ANY OF PARTS A	THROUGH E ARE CO	NTINUED	ON A SEPARATE SHEET, PI	LEASE CHE	CK HERE 🔲
OA	CH		TE OF FLORIDA MAMÍ-	DAdo	
I, the person whose name appears	at the	Swo	orn to (or affirmed) and subscribed be	efore me this	day of
beginning of this form, do depose of		0	:/	10.	
and say that the information disclos			<u>ОМ</u> , 20 <u>D</u> by	MAn	A ONTIL
and any attachments hereto is true and complete.	, accurate,	£.	Attook V	21.10	
and complete.		(Sig	nature of Notary Public State of Flo	rida)	
			Shary Pus		TH GARIAZZO NON # DD 926714
main wo	5	(Prir	nt, Type, or Stamp Commission	EXPIRES: No	ember 8, 2013
SIGNATURE OF REPORTING OF		,	FOFFLO	Produced Iden	
			7		
		Туре	e of Identification Produced		
FILING INSTRUCTIONS for wh					
INSTRUCTIONS on who must: OTHER FORMS you may need			еут он рауе э.		

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MIAMI	DADE
COUNTY	

OFFICIAL RECEIPT MIAMI-DADE COUNTY-FLORIDA

No. 6741120

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IS REC	lection	not v m3 E US	E O	NLY	.ESS	DA	TED,	co	MPL	ETEI	D AN	ID SI			np55	2 A							ARTI	MEN

JUDGE MARIA ORTIZ CAMPAIGN ACCOUNT	1007
"이 HONGE SEED HE HE HE HOUSE HE HE HOUSE HE	ATE April 10, 2012 63-964 8
PAY TO THE BOARD of County Commissioners	\$ 5,371-20
Five Thousand Three hundred and seventy-one -	DOLLARS Description that
Sabadell United Bank S ^B	
O Niching for	
FOR Qualifying fee	M