## JUDICIAL OFFICE CANDIDATE OATH

2012 APR 11 PM 1: 18 OFFICE USE ONLY

## OATH OF CANDIDATE (Section 105.031, Floring SPINSEDE PARTMENT

I, Shelley J. Kravitz (PLEASE PRINT NAME AS YOU WISH IT TO AP	PEAR ON THE BALLOT * NAME MA	AY NOT BE CHANGED AFTER THI	E END OF QUALIFYING)	
am a candidate for the judicial office of			Eleventh	
,	(office)	(district #)	(circuit #)	
group #); my legal residence is	Miami-Dade	County, Florida; La	am a qualified elector	
of the state and of the territorial jurisdiction and the Laws of Florida to hold the judic have qualified for no other public office in office I seek; and I have resigned from a Statutes; and I will support the Constitution	ial office to which I desire to the state, the term of which any office which I am requir	be elected or in which I office or any part thereof ed to resign pursuant to	desire to be retained; I runs concurrent with the Section 99.012, Florida	
Section 876.05, Florida Statutes, oath of Florida and of the United States of Amo of public funds as such employee or office the United States and of the State of Flori	erica, and being employed b cer, do hereby solemnly swe	y or an officer of the cour	t system and a recipient	
X Shelley of Gran	<del>(</del> 305) 349-7091	skravitz@jud11.flc	ourts.org	
Signature of Candidate	Telephone Number	Email Ad	dress	
73 W. Flagler St., Suite 6.15 Mi	ami ·	FL State	33130 ZIP Code	
Candidate's Florida Voter Registration Number (located on your voter information card): 109056162				
* 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):  KRAVITZ - The "a" is pronounced as a "short a" as in the word "cat"				
STATE OF FLORIDA COUNTY OF Giann' Sol.				
Sworn to (or affirmed) and subscribed	before me this da	y of April	, 20_/ >	
Personally Known: or		Ila Bal	21	
Produced Identification:		Stignature of Notary Public Print, Type, or Stamp Commis	sioned Name of Notary Public	
Type of Identification Produced:		SILV MY COMMISS EXPIRES	IA BOLET SION # DD 969768 July 10, 2014 ary Public Underwriters	

FORM 6 FULLAND PUBLIC DISCL	OSURE O	20 100
Picase print or type your name, mailing Juddress, agency name, and position below:	STS	最高的,但它也可以使用的一种,但是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
LAST MAME FIRST NAME MIDDLE NAME:	FOR OFFICE	
Kravitz, Shelley, J.  MAILING ADDRESS:	USE ONLY:	
Dade County Courthouse		012 APR     PM  : 18
Dade County Courthouse	ID Code	
73 West Flagler Street, Suite 615	, ci	ECTIONS DEPARTMENT
Miami ZIP: COUNTY:  Dade	ID No.	
Miami 33130 Dade  NAME OF AGENCY:		
Judicial Circuit (11th)	Conf. C	ode
NAME OF OFFICE OR POSITION HELD OR SOUGHT:	R. Reg.	Code
Miami Dade County Court Judge  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. [Note: liabilities from your <i>reported</i> assets, so please see the instructions on page 3.]	Net worth is not calcu	lated by subtracting your reported
My not worth as of December 31, 20_11 was	\$ 2,747,300.00	
SAGRANIE STATE DE SONT DE LE PROPERTIE DE LA COMPTENZA DE LA COMPTENZA DE LA COMPTENZA DE LA COMPTENZA DE LA C PARTE — ASSETS		
HOUSEHOLD GOODS AND PERSONAL EFFECTS:  Household goods and personal effects may be reported in a lump sum if their aggregate value exif not held for investment purposes; jewelry; collections of stamps, guns, and numismatic items; a other household items; and vehicles for personal use.  The aggregate value of my household goods and personal effects (described above) is \$ 960.	cceeds \$1,000. This ca art objects: household o	tegory includes any of the following, equipment and furnishings; clothing.
The aggregate value of the household goods and personal disort (debut less disort) to \$		
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:  DESCRIPTION OF ASSET (specific description is required - see instruction)	s page 4)	VALUE OF ASSET
Condominium,	gerrangste gelegen integerran og somstande en sette entrette de visit et år av till de år av till de de "Velder	\$ 2,000,000.00
Condominium Office Property, 7600 W 20th Ave., # 213, Hialeah, FL 330	16	\$ 150,000.00
Aetna Deferred Compensation Account	an paraguaga garagan sa dina matana di antang dina matana na matana di matana di matana matana matana matana m	\$ 197,300.00
Joint Checking Accounts with Rights of Survivorship/Sabadell Bank		\$ 70,000.00
		\$ 3,377,300.00
PART C LIABILITIES		
LIABILITIES IN EXCESS OF \$1,000 (See Instructions on page 4).		
NAME AND ADDRESS OF CREDITOR		ABSOLUTE OF LIABILITY
Bank of America, PO Box 9000, Getzville, NY	nar <del>tad vastalis vastus valsas seps stadis sen</del> eralistados silvas antas seneralis se esta seneralis se esta esta s	AMOUNT OF LIABILITY
		\$ 630,000.00
TOWIT AND CEVEDAL HABILITIES NOT DEPOSITED ABOVE		
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR		
		\$ 630,000.00
		\$ 630,000.00

		PART D -	- INCOME			
You may EITHER (1) file a complete ment identifying each separate sour of Pari D, below	copy of your 2011 fede ce and amount of incom	ral income tax re be which exceeds	furn, including all W2's, sched \$1,000, including secondary	dules, and attachment sources of income, t	is, <b>OR</b> (2) file a swom state- by completing the remainder	
I elect to file a copy of my 20 ill you check this box and all						
PRIMARY SOURCES OF INCOME NAME OF SOURCE OF INCOME	(See instructions on page 1)	age 5):	ADDRESS OF SOURCE OF		AMOUNT	
STATE OF FLC	RIDA	Dept of s	itate The Capital, Rr	n. 1801	\$ 134,280.00	
			a and a standard design of the control of the standard of the	a quante mante manuel a actual de la color de c	4	
SECONDARY SOURCES OF INCO NAME OF BUSINESS ENTITY	ME (Major customers. cl NAME OF MAJOR OF BUSINESS	R SOURCES	inesses owned by reporting p ADDRESS OF SOURCE	lasher	ns on page 5  PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
N/A						
				C C	20	
PAR	F INTERESTS	IN SPECIFIE	) BUSINESSES [Instruc	tions on page (5)		
	BUSINESS ENTIT	_	BUSINESS ENTITY#		USINESS EN FÉY#3	
NAME OF BUSINESS ENTITY ADDRESS OF	N/A		er og en sent støyette støg føre sømte okkeren store enne frameren til en føre en sømte okkeren er et store fore	ARC		
BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY	This are considered in the control of the control o		O PINAPINESSERVIÇĀRAĀDINĀRIJAS KINĀDINIPALASKĀRĀRĀSĀRĀVIÇĀRĀ KĀRĀNIJĀRĀ PINĒJĀRĀ	Ž.	CO	
POSITION HELD WITH ENTITY						
LOWN MORE THAN A 5% INTEREST IN THE BUSINESS NATURE OF MY						
OWNERSHIP INTEREST						
JE ANY OF PARTS A	(HROUGH E ARE C	CONTINUED	ON A SEPARATE SHE	ET, PLEASE CHI	ECK HERE 🔲	
OAT	wange or .		TE OF FLORIDA Hias	ui-Jole		
I, the person whose name appears		Swo	un to (or affirmed) and subsc		<b>10</b> day of	
beginning of this form, do depose or and say that the information disclose			April 201	2 by Shelle	y J. Kravitz	
and any attachments hereto is true, and complete.	accurate,		Silan Bo	et		
		(Sig		VIA BOLET		
10 00 1	(Y, : 1	2	EXPIRE Bonded Thru No	SSION # DD 969768 S: July 10, 2014 otary Public Underwriters	Publica	
Shelley of SIGNATURE OF REPORTING OFF	CICIAL OR CANDIDATE		ot. Typerandury	OR Produced Iden	Public)	
		Typ	e of Identification Produced _			
FILING INCTDUCTIONS for whi	an and whore to file (	thin form are to	nated at the top of page	2		

OTHER FORMS you may need to file are described on page 6.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

MIAMI-	
COUNTY	

## OFFICIAL RECEIPT MIAMI-DADE COUNTY-FLORIDA

No. 6741125

RECEIVED FROM Shelley J. Kasuit 2  ADDRESS \$\frac{1}{3}\$ \text{MONTH} \text{DAY YEAR} \text{ADDRESS \$\frac{1}{3}\$ \text{ADDRESS \$\text{ADDRESS \$\frac{1}{3}\$ \text{ADDRESS \$\frac{1}{3}\$ ADDR	COUNTY					
THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMEN  DEPT: Elections  BY: A Violus So James Cent Subsidiary  INDEX CODE  SUBSIDIARY  INDEX CODE  SUBOBJECT  AMOUNT  TRANS  SUBSIDIARY  INDEX CODE  SUBOBJECT  AMOUNT  DATE  CAMPAIGN ACCOUNT OF SHELLEY J. KRAVITZ  PAY TO THE GODE  PAY TO THE ORDER OF  GREET STATES  Sabadell United Bank  Signed BY AUTHORIZED EMPLOYEE OF DEPARTMEN  BY: A Violus So James Cent Subobject  AMOUNT  DATE  CAMPAIGN ACCOUNT OF SHELLEY J. KRAVITZ  DATE  CAMPAIGN ACCOUNT OF SHELLEY J. KRAVITZ  DATE  DATE  DATE  DATE  DATE  DATE  DOLLARS © MARCOUNT OF SHELLEY J. KRAVITZ  DATE		RECEIVED FROM Shelley	. J. Knouitz	DATE_	4 / // /	12
THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMEN  DEPT: Elections  BY: A Violus So James Cent Subobject  TRANS  SUBSIDIARY  INDEX CODE  SUBOBJECT  AMOUNT  107:01-1 6:04  CAMPAIGN ACCOUNT OF SHELLEY J. KRAVITZ  PAY TO THE Board of County Commissioners \$5,371.20  feict thousand three here block sources, one of the subobject of Dollars and the subobject of Dollars and Sabadell United Bank  Sabadell United Bank		Address 73 West	Flooler Street Sus	te 615 CASH	MONTH DAY	•
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