

JUDICIAL OFFICE
CANDIDATE OATH

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OFFICE USE ONLY

OATH OF CANDIDATE (Section 105.031, Florida Statutes)

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

I, Shelley J. Kravitz

(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the judicial office of Miami-Dade County Judge, Eleventh,
(office) (district #) (circuit #)

8; my legal residence is Miami-Dade County, Florida; I am a qualified elector
(group #)

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.

X Shelley J. Kravitz

Signature of Candidate

(305) 349-7091

Telephone Number

skravitz@jud11.flcourts.org

Email Address

73 W. Flagler St., Suite 615 Miami
Address City

FL 33130
State 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 Miami Dade

Sworn to (or affirmed) and subscribed before me this 10 day of April, 2012.

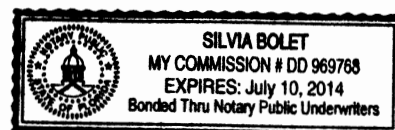
Personally Known: ☒ or

Produced Identification: _____

Type of Identification Produced: _____

Silvia Bolet
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public



Please print or type your name, mailing address, agency name, and position below.

FINANCIAL INTERESTS

LAST NAME — FIRST NAME — MIDDLE NAME:

Kravitz, Shelley, J.

MAILING ADDRESS:

Dade County Courthouse

73 West Flagler Street, Suite 615

CITY:

ZIP:

COUNTY:

Miami

33130

Dade

NAME OF AGENCY:

Judicial Circuit (11th)

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Miami Dade County Court Judge

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

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ID Code

MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

ID No.

Conf. Code

F. Req. Code

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2011, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of December 31, 20 11, was \$ 2,747,300.00

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

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.

The aggregate value of my household goods and personal effects (described above) is \$ 960,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
Condominium, [REDACTED]	\$ 2,000,000.00
Condominium Office Property, 7600 W 20th Ave., # 213, Hialeah, FL 33016	\$ 150,000.00
Aetna Deferred Compensation Account	\$ 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	AMOUNT OF LIABILITY
Bank of America, PO Box 9000, Getzville, NY	\$ 630,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2011 federal income tax return, including all W2's, schedules, and attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

- ☐ I elect to file a copy of my 2011 federal income tax return and all W2's, schedules, and attachments.
 (If you check this box and attach a copy of your 2011 tax return, you need not complete the remainder of Part D.)

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
STATE OF FLORIDA	Dept. of State, The Capitol, Rm. 1801 Tallahassee, FL	\$ 134,280.00

SECONDARY SOURCES OF INCOME (Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5):

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCE OF BUSINESS INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

PART E -- INTERESTS IN SPECIFIED BUSINESSES (Instructions on page 5)

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A		
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			

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

OATH

STATE OF FLORIDA
 COUNTY OF

Miami-Dade

Sworn to (or affirmed) and subscribed before me this 10 day of

April, 2012 by Shelley J. Kravitz

Silvia Bolet



(Print Type of Signature)

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced

Shelley J. Kravitz

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
 INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.
 OTHER FORMS you may need to file are described on page 6.

