

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

OFFICE USE ONLY

**1. CHECK APPROPRIATE BOX(ES):**

Initial Filing of Form    Re-filing to Change:  Treasurer/Deputy     Depository     Office     Party

**2. Name of Candidate** (in this order: First, Middle, Last)

Fleur Jeannine Lobree

**3. Address** (include post office box or street, city, state, zip code)

Post Office Box 430774  
South Miami, FL 33243-0774

**4. Telephone**

(305 ) 755-2472

**5. E-mail address**

lobree@earthlink.net

**6. Office sought** (include district, circuit, group number)

Miami-Dade County Court Judge (Third District, Eleventh Circuit, Group No. 20)

**7. If a candidate for a nonpartisan office, check if applicable:**

My intent is to run as a Write-In candidate.

**8. If a candidate for a partisan office, check block and fill in name of party as applicable:** My intent is to run as a

Write-In     No Party Affiliation     \_\_\_\_\_ Party candidate.

**9. I have appointed the following person to act as my**     Campaign Treasurer     Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**

Fleur Jeannine Lobree

**11. Mailing Address**

Post Office Box 430774

**12. Telephone**

( 305 ) 755-2472

**13. City**

South Miami

**14. County**

Miami-Dade

**15. State**

FL

**16. Zip Code**

33243-0774

**17. E-mail address**

lobree@earthlink.net

**18. I have designated the following bank as my**     Primary Depository     Secondary Depository

**19. Name of Bank**

Sabadell United Bank

**20. Address**

9100 South Dadeland Blvd.

**21. City**

Miami

**22. County**

Miami-Dade

**23. State**

FL

**24. Zip Code**


33156-7846

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

**25. Date**

April 16, 2012

**26. Signature of Candidate**




**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

I, Fleur Jeannine Lobree, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

April 16, 2012

Date

  
Signature of Campaign Treasurer or Deputy Treasurer

JUDICIAL OFFICE  
CANDIDATE OATH

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ELECTIONS DEPARTMENT

OATH OF CANDIDATE (Section 105.031, Florida Statutes)

I, Fleur Jeannine Lobree

(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 County Court Judge, 11th  
(office) (district #) (circuit #)  
20; 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 Fleur J. Lobree (305)755-2472 lobree@earthlink.net  
Signature of Candidate Telephone Number Email Address

15555 Biscayne Blvd. #207 Miami Florida 33160  
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109278655

\* 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):  
FLUHR JUH-neen LO-bree

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 17<sup>th</sup> day of April, 20 12.

Personally Known: \_\_\_\_\_ or

Produced Identification: ✓

Type of Identification Produced: FL Driver's License

Anne Vanessa Innocent  
Signature of Notary Public  
Print, typed name of Notary Public ANNE VANESSA INNOCENT  
My Comm. Expires Jun 2, 2014  
Commission # DD 997683  
Bonded Through National Notary Assn.

**FORM 6 FULL AND PUBLIC DISCLOSURE OF 2011**

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

**FINANCIAL INTERESTS**

RECEIVED

LAST NAME — FIRST NAME — MIDDLE NAME:  
**LOBREE FLEUR JEANNINE**

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MAILING ADDRESS:  
**NORTH DADE JUSTICE CENTER**

MIAMI COUNTY  
 ELECTIONS DEPARTMENT

**15555 BISCAYNE BLVD., ROOM 207**

CITY: **MIAMI** ZIP: **33160** COUNTY: **MIAMI-DADE**

ID No.

NAME OF AGENCY:  
**STATE COURTS SYSTEM - ELEVENTH JUDICIAL CIRCUIT**

Conf. Code

NAME OF OFFICE OR POSITION HELD OR SOUGHT:  
**COUNTY COURT JUDGE, GROUP 20**

P. Req. Code

CHECK IF THIS IS A FILING BY A CANDIDATE

2011 PDF Form 6

**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 12 was \$ 414,724.43

**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 \$ 45,000.00

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
Residence	\$261,802.00
Bank Accounts, Navy Federal Credit Union, PO Box 3100, Merrifield, VA 22119-3100	12,566.12
Bank Account, Sabadell United Bank, 9100 S. Dadeland Blvd., Miami, FL 33156-7814	50,000.00
IRA, Fidelity Investments, PO Box 770001, Cincinnati, OH 45277-0003	45,356.31

**PART C -- LIABILITIES**

**LIABILITIES IN EXCESS OF \$1,000 (See Instructions on page 4):**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

**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
Salary, State of Florida	200 E. Gaines Street, Tallahassee, FL 32399	\$130,706.41
Tenant, Sandra S. Jaggard	6301 SW 80 Street, South Miami, FL 33143	\$6,600.00

**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 SOURCES 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			

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 RECORDS DEPARTMENT

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 17<sup>th</sup> day of

April, 20 12 by ANNE VANESSA INNOCENT

Anne Vanessa Innocent  
 (Signature of Notary Public - State of Florida)

**ANNE VANESSA INNOCENT**  
 Notary Public - State of Florida  
 My Comm. Expires Jun 2, 2014  
 (Print, Type, or Stamp Commission Number, if Notary Public)

Personally Known  OR Produced Identification

Type of Identification Produced FL Driver's License

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

Tilman J. Labree  
 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.

