

JUDICIAL OFFICE
CANDIDATE OATH

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DADE COUNTY OFFICE USE ONLY
ELECTIONS DEPARTMENT

OATH OF CANDIDATE (Section 105.031, Florida Statutes)

I, Lourdes Simon
(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 #)
38; 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.

Lourdes Simon (Signature of Candidate) (305) 608-3737 (Telephone Number) KeepjudgeLourdesSimon.com (Email Address)

6468 Manor Lane South Miami, FL (Address City State) 33143 (ZIP Code)

Candidate's Florida Voter Registration Number (located on your voter information card): 109269360

* 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):
Loordes Seemon

STATE OF FLORIDA
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 11th day of April, 2012.

Personally Known: or

Produced Identification: _____

Type of Identification Produced: _____

Barbara E. Collera
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public
BARBARA E COLLERA
MY COMMISSION # DD997907
EXPIRES June 03, 2014
FloridaNotaryService.com
(407) 398-0153

FORM 6 FULL AND PUBLIC DISCLOSURE OF 2011

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

FINANCIAL INTERESTS

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LAST NAME — FIRST NAME — MIDDLE NAME:

Simon, Lourdes

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MAILING ADDRESS:

10710 SW 211 Street

ID Code ELECTIONS DEPARTMENT

Cutter Bay 33189 Miami-Dade

CITY: ZIP: COUNTY:

ID No.

NAME OF AGENCY:

11th Judicial Circuit

Conf. Code

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

County Court Judge

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, 2011 was \$ 106,079.02

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 \$ 81,500.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
Home in Miami-Dade County (Id #30-4020-004-3350)	325,000.00
Walt Disney World Vacation Club/Timeshare	43,000.00
Tropical Financial Credit Union Account	3,000.00
Deferred Compensation - State of Florida	13,171.97

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 P.O. Box 15019 Wilmington, DE (Equity Line)	170,000.00
Bank of America " " " (Mortgage)	74,077.06
Citibank Credit Card (Visa)	8,442.64
Sallie Krawcheck (Student loans) P.O. Box 9500 Wilkes-Barre, PA	46,380.53

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.]

2012 APR 16 PM 3:49

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

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
11 th Judicial Circuit County Judge	10710 SW 211 Street Cutler Bay, FL	134,280.00
University of Miami Adjunct Prof.	1311 Miller Drive, Coral Gables, FL	6,000.00

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			

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

OATH

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.

STATE OF FLORIDA
 COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 11 day of

April, 2012 by Wardes Simon

Barbara E. Colera

(Signature of Notary) **BARBARA E. COLERA**
 MY COMMISSION # DD997907
 EXPIRES June 03, 2014

(Print, Barbara E. Colera Notary Public)

Personally Known OR Produced Identification

Type of Identification Produced _____

Wardes Simon
 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.

Form 6, Year 2011
Simon, Lourdes

Continuation of Part C-Liabilities

Name of Creditor

Lexus Financial Services (car)	\$38,972.32
Tropical Financial Credit Union Loan	19,506.34
Chase Credit Card	2,214.06

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INDIAN RIVER COUNTY
ELECTIONS DEPARTMENT

