JUDICIAL OFFICE CANDIDATE OATH

HECEWED

2012 APR 18 AM 9:02

MIAMI-DADE ELECTIONS

OFFICE USE ONLY

OATH OF CANDIDATE (Section 105.031, Florida Statutes)

	,	•	
I, Gladys Perez (PLEASE PRINT NAME AS YOU WISH IT TO API	PEAR ON THE BALLOT * NAME MAY NO	T BE CHANGED AFTER THE EN	ND OF QUALIFYING)
am a candidate for the judicial office of	County Court Judge		11
am a candidate for the judicial office of	(office)	' '	(circuit #)
; my legal residence is	Miami-Dade	_ County, Florida; I am	a qualified elector
(group #)	up of the court to which I cook of	action: I am qualified u	nder the Constitution
of the state and of the territorial jurisdiction and the Laws of Florida to hold the judicionave qualified for no other public office in office I seek; and I have resigned from a Statutes; and I will support the Constitution	al office to which I desire to be a the state, the term of which office ny office which I am required to	elected or in which I de or any part thereof run resign pursuant to Se	esire to be retained; I is concurrent with the ction 99.012, Florida
Section 876.05, Florida Statutes, oath (of Florida and of the United States of Ame of public funds as such employee or office the United States and of the State of Florida	erica, and being employed by or a er, do hereby solemnly swear or	an officer of the court sy	stem and a recipient
X	(305) 349-7148 gr	oerez@jud11.flcourt	ts.org
	Telephone Number ami Fl		33130
Address City	Sta	ite	ZIP Code
Candidate's Florida Voter Registration Nur	mber (located on your voter informate	tion card): 105231393	3
* Please print name phonetically on the lindisabilities (<i>see</i> instructions on page 2 of the Gladis Peres		ounced on the audio ba	allot for persons with
STATE OF FLORIDA COUNTY OFMAMI-DAGE			
Sworn to (or affirmed) and subscribed b	pefore me thisday of	April	.20 12.
Personally Known:or		Coulde	
Produced Identification:	Signa JACQUELINE SUSAN CORDOV	ture of Notary Public	
Night Piles		Type, or Stamp Commission	ed Name of Notary Public 📕

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

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2012 APR 16 FM 2:37

ELECTIONS DEPARTMENT

1, GLADYS PEREZ
candidate for the office of County Court Judge, Group 37;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

Signature of Candidate

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

FORM 6 FULL AND PUBLIC DISCL	OSURE OF 2011
Please print or type your name, mailing address, agency name, and position below:	ESTS
LAST NAME — FIRST NAME — MIDDLE NAME:	FOR OFFICE
Perez Gladys	USE ONLY:
MAILING ADDRESS:	
73 West Flagler Street	
#1104	D C C C C C C C C C C C C C C C C C C C
CITY: ZIP: COUNTY:	1 8 2
Miami 33130 Miami-Dade	ID No.
NAME OF AGENCY :	7 7
Eleventh Judicial Circuit	Conf∯ode □
NAME OF OFFICE OR POSITION HELD OR SOUGHT:	P. Red Code
County Court Judge	<u> </u>
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 April 15, 20 12 wa	s \$18,752.44
PART B ASSETS	
HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate value er if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; other household items; and vehicles for personal use. The aggregate value of my household goods and personal effects (described above) is \$ 2,5.	art objects; household equipment and furnishings; clothin
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:	
DESCRIPTION OF ASSET (specific description is required - see instruction	ns page 4) VALUE OF ASSET
Home	285,000.00
Bank Accounts (WellsFargo & BankAtlantic)	48,802.46
Motor Vehicle	4,109.00
Jewelry	2,000.00
PART C LIABILITIES	
LIABILITIES IN EXCESS OF \$1,000 (See Instructions on page 4):	,
NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILI
SallieMae Servicing	40,238.69
BankAtlantic, P.O. Box 8608, Ft. Lauderdale, FL 33310	273,799.69
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILI
N/A	

You may <i>EITHER</i> (1) file a complete ment identifying each separate source of Part D, below.		income tax re				
I elect to file a copy of my 20 [If you check this box and att						
PRIMARY SOURCES OF INCOME (NAME OF SOURCE OF INCOME		•	ADDRESS OF SOURCE OF	INCOME	ı	AMOUNT
State of Flor	ida	73 Wes	st Flagler, #1104, Mia	ımi, FL, 3313	30	131,668.21
SECONDARY SOURCES OF INCOI NAME OF BUSINESS ENTITY	ME [Major customers, clier NAME OF MAJOR S OF BUSINESS' II	SOURCES	sinesses owned by reporting ADDRESS OF SOURCE		PRINC	page 5]: IPAL BUSINESS ITY OF SOURCE
N/A						
						Sec.
PART			D BUSINESSES [Instru	72.		The second secon
NAME OF	BUSINESS ENTITY:	#1	BUSINESS ENTITY #	2 S		SS ENTITY # 3
BUSINESS ENTITY ADDRESS OF	N/A			PAX	£ = = =	
BUSINESS ENTITY PRINCIPAL BUSINESS					10 CO	Var. 23
ACTIVITY POSITION HELD				- -	<u> </u>	
I OWN MORE THAN A 5%						
INTEREST IN THE BUSINESS NATURE OF MY						
OWNERSHIP INTEREST	, , , , , , , , , , , , , , , , , , , ,					
IF ANY OF PARTS A T	THROUGH E ARE CO	ONTINUED	ON A SEPARATE SHE	EET, PLEASE	E CHECK	HERE 🔲
OAT		col	TE OF FLORIDA UNTY OF	mi - Dade		th day of
beginning of this form, do depose on		Owe				_
and say that the information disclose	ed on this form		April 201	2 by 9/	Indys	Tercz.
and any attachments hereto is true,	accurate,			da		~
and complete.	2 -	(Sig	nakdre of Noutr	teNetario Public - My Comm. Expir Commission (Bonded Through Na	State of Florid es Feb 27, 201 # EE 171822	16
		(Pri	nt, Type, or Starne Commissi			
SIGNATURE OF REPORTING OFF	ICIAL OB CANDIDATE	Pers	sonally Known	OR Produce	ed Identificati	on
		Тур	e of Identification Produced	90v /33	ived 13	2
FILING INSTRUCTIONS for whe INSTRUCTIONS on who must file OTHER FORMS you may need to	ile this form and how t	o fill it out b		e 3.		

OFFICIAL RECEIPT MIAMI-DADE COUNTY-FLORIDA

No.6741136

COUNTY	MIAMI-DADE COOK!	I-FLORIDA		4
	Received From 9/20	145 TeRCZ	DATE	MONTH DAY YEAR
•	Address 1500 S	AN Remo AVE	Cash	\$
•	Gaal gab	STREET ADDRESS	33146 CHECKS	MONTH DAY YEAR \$ \$5371.20
	CITY	STATE	ZIP	C 27/ 1/)
AMOUNT OF: <u>/</u>	•	Sevento - ONC	20 CENTS TOTAL	\$ <u>5371</u> . <u>20</u>
FOR PAYMENT	OF: / JUANO VING	ree.		
THIS RECEIP				D EMPLOYEE OF DEPARTMENT
DEPT.:	LICCLIONS		BY: MANIA	Acos/n
FOR OFF	ICE USE ONLY		•	
Trans	Subsidiary	INDEX CODE	Subobject	Амоинт
		 		
07.01-1 6/04				
(Care of the Care			<u> </u>	× ·
			<u> </u>	``````````````````````````````````````
Campaic	in to Retain Ju	dge Gladys Rever paign Account	2	0994
Glady'	s perez cam	lygigh Account		63-8376/2670
PAY	A CANA		DATE DO	16,2012
TO THE ORDER OF	Boned of	wonly Commi	sioners\\\	\$ 5,371.20 20/100 DOLLARS (1) Security Market District Charles (1)
FiveT	Thousand thr	= hundred sax	and and	20/100 DOLLARS III Security features
				\$2\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Bank	Atlantic			
Florida's Most C	Convenient Bank			
FOR LYU	alifying tee			