

**JUDICIAL OFFICE
CANDIDATE OATH**

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OATH OF CANDIDATE (Section 105.031, Florida Statutes) COUNTY ELECTIONS DEPARTMENT

I, **ROBIN FABER**

(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 #)
04; 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

[Signature]
Signature of Candidate

(305) 548-5194

Telephone Number

RFaber@JUD11.Flcourts.org

Email Address

1351 NW 12 Street, Rm 523 Miami
Address City

FL
State

33125
ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109107963

* 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):

FAI-buhr

STATE OF FLORIDA

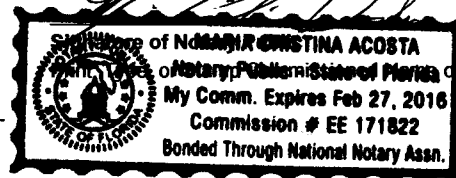
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 13th day of April, 20 12.

Personally Known: _____ or

Produced Identification: ✓

Type of Identification Produced: FL Drivers Lic



Notary Public

FORM 6 FULL AND PUBLIC DISCLOSURE OF 2011

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

FINANCIAL INTERESTS

LAST NAME — FIRST NAME — MIDDLE NAME:

FABER ROBIN WILSON

MAILING ADDRESS:

1351 NW 12th Street

Room 523

CITY :

ZIP :

COUNTY :

Miami

33125

Miami-Dade

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

County Court Judge

CHECK IF THIS IS A FILING BY A CANDIDATE ☒

FOR OFFICE
USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

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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 \$ 807,816.02

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 \$ 125,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
Primary Residence-JTWROS (11611 SW 102 St)	330,000.00
Condominium/New Residence-JTWROS (253 NE 2 St)	699,900.00
2006 Acura TL	15,000.00
Fla. Deferred Compensation Plan (ING)	101,501.21
Fidelity Investments IRAs (Traditional+ROTH)	5,362.26

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
SunTrust Bank; Miami, FL - Equity Mortgage on Primary Residence	75,035.96
Citibank Mortgage; Des Moines, IA - 1st Mortgage on Condo/New Residence	378,453.73
Citibank, NA; Des Moines, IA - Equity Mortgage on Condo/New Residence	100,000.00

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 - Judicial Salary	Tallahassee, FL	131,385.18

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

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 5]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
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.

[Signature]

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 13th day of

April, 20 12 by Robin Faber

[Signature]
(Signature of Notary Public) MARIE CRISTINA ACOSTA

Notary Public - State of Florida
My Comm. Expires Feb 27, 2016
Commission # EE 171822
(Print, type or stamp Commissioned Name of Notary Public)
Bonded Through National Notary Assn.

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced FL Drivers Lic

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.

PART B – Assets (Cont’d)

<u>Description of Asset</u>	<u>Value</u>
Wells Fargo IRA	15,077.64
Allianz Life Insurance Co. (JTWROS)	74,376.81
SunTrust Checking Account	10,963.20

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COUNTY OF COVINGTON
ELECTIONS DEPARTMENT

63-215-631

110

Campaign Account of Robin Faber
P.O. Box 01-1979
Miami, FL 33101

4-12-2012

Date

Pay to the order of Board of County Commissioners \$5371.²⁰/₁₀₀

Five Thousand Three Hundred Seventy One ²⁰/₁₀₀

dollars/100

Security Features
Included
Details on Back

SUNTRUST
for Filing Fee

ACH RT 061000104

MP