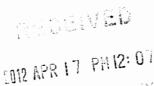
## JUDICIAL OFFICE CANDIDATE OATH



OFFICE USE ONLY OATH OF CANDIDATE (Section 105.031, Florida Statutes) (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 Conty Cout Tudge, (district #) Dcde County, Florida; I am a qualified elector ; my legal residence is 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. Signature of Candidate

(30S) SL9-2SO2 PMarino pedraza Pence De Len Blud, Cord Cables, FL 33134
ZIP Code Candidate's Florida Voter Registration Number (located on your voter information card): \_\_\_ \* 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):

DUNT(15hUh Muhreeno-Puhdrahzak STATE OF FLORIDA COUNTY OF Minmi-Dode Sworn to (or affirmed) and subscribed before me this  $17^{1n}$  day of 4pril, 20/2. Personally Known: \_\_\_\_\_ or Signature of Notary Public Produced Identification: \_\_\_\_\_\_\_ Print, Type, or Stamp Commissioned Name of Notary Public Type of Identification Produced: The Driver's License ANNE VANESSA INNOCENT Notary Public - State of Florida

FORM 6 FULL AND PUBLIC DISCL	OSURE OF	2011
Please print or type your name, mailing address, agency name, and position below:	CSTS	
LAST NAME — FIRST NAME — MIDDLE NAME:  Ma(100 - Ped(27a), Tat(102  MAILING ADDRESS;	FOR OFFICE USE ONLY:	1212 A
3100 Pence De Leon Blud.	ID Code S	
	DEPA	P.
NAME OF AGENCY: ZIP: COUNTY: Miami-	ID No. THE Conf. Code	ED: 05
NAME OF OFFICE OR POSITION HELD OR SOUGHT:	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: liabilities from your <i>reported</i> assets, so please see the instructions on page 3.]  My net worth as of	\$077 700	y subtracting your reported
PART B ASSETS		
HOUSEHOLD GOODS AND PERSONAL EFFECTS:  Household goods and personal effects may be reported in a lump sum if their aggregate value exif not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; other household items; and vehicles for personal use.	cceeds \$1,000. This category in art objects; household equipment	ncludes any of the following, ent and furnishings; clothing;
The aggregate value of my household goods and personal effects (described above) is \$  ASSETS INDIVIDUALLY VALUED AT OVER \$1.000:	11103,300	
DESCRIPTION OF ASSET (specific description is required - see instruction	s page 4)	VALUE OF ASSET
Have-Golo# 33-5027-018-0020 (2011 Marke	t Valve)	330,564.00
HUSE-CIPE CORE TEXTED #07-45-14-02-05306 0370	(201 Assessed)	\$ 410,057,89
Wells.targo checking account Chaco Credit Union (2 CDS)		\$11 468 46
Wells Fargo IRA		\$10,561.38
PART C LIABILITIES		
LIABILITIES IN EXCESS OF \$1,000 (See Instructions on page 4):  NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY
Wells Fargo Home Mortgage - P.O Box 10335	Des Moines II	1482.822.17
0-11-13-1-13-1-13-1	50306	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Infinit Financial Services P.O. Box 6506	o79 Dallas,TX se Balance 175265	\$14,543 <sup>34</sup>
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:	x Poloke j	l
NAME AND ADDRESS OF CREDITOR	****	AMOUNT OF LIABILITY
		The second secon
· · · · · · · · · · · · · · · · · · ·		

You may EITHER (1) file a complete of ment identifying each separate source of Part D, below.  I elect to file a copy of my 201 [If you check this box and attath PRIMARY SOURCES OF INCOME (S) NAME OF SOURCE OF INCOME	copy of your 2011 federal income e and amount of income which e:  1 federal income tax return and a ch a copy of your 2011 tax return  See instructions on page 5):  EXCEEDING \$1,000	xceeds \$1,000, i all W2's, schedule a, you need not c	ding all W2's, schedules ncluding secondary sou es, and attachments.	urces of income, b	AMOUNT
SECONDARY SOURCES OF INCOM NAME OF BUSINESS ENTITY	IE [Major customers, clients, etc., NAME OF MAJOR SOURC OF BUSINESS' INCOME	ES	wned by reporting person ADDRESS OF SOURCE	P	ns on page 5]: PRINCIPAL BUSINESS ICTIVITY OF SOURCE
PART  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	E INTERESTS IN SPEC BUSINESS ENTITY # 1		NESSES [Instruction		
IF ANY OF PARTS A TO OAT  I, the person whose name appears at beginning of this form, do depose on and say that the information disclosed and any attachments hereto is true, a and complete.  SIGNATURE OF REPORTING OFFICE	the oath or affirmation don this form ccurate,	STATE OF FICOUNTY OF  Swom to (or a  APRIL  (Signature of  (Print, Type, or  Personally Kn	Affirmed) and subscribed  20 12 to 1	Deprise Associated by the second of the seco	17th day of IN MARINO PEDANZ  Public)

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

Description of Asset	Value of Asset
IRA (American Funds)	\$19,409.64
Prudential Financial Account(Insurance Contract)	\$ 7,240.38
U.S. Savings Bonds	\$17,583.80
American Funds Mutual Funds	\$28,936.76
Wachovia Money Market Account	\$ 7,657.89

2012 APR 17 PH 12: 05
ELECTIONS DEPARTMENT

## MIAMI-DADE COUNTY

## OFFICIAL RECEIPT MIAMI-DADE COUNTY-FLORIDA

COUNTY	RECEIVED FROM Judge	Potricio Marino Padroz	<u> Д</u> Dате	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	ADDRESS 15 3/ NW	13 Court	Cash	\$·
	Miomi	STREET ADDRESS  STATE	23/25 <b>C</b> HECKS	\$ 5,371 . 20 \$ 5,371 . 20 ED EMPLOYEE OF DEPARTMENT.
AMOUNT OF:	tive Thousand Three Huma	ned Seventy Dollars, AND Twenty	CENTS TOTAL	\$ 5,371.20
DEPT.: Fl		ATED, COMPLETED AND SIGNE	D BY AUTHORIZI	ED EMPLOYEE OF DEPARTMENT.
Trans	Subsidiary	INDEX CODE	Subobject	Amount

THE CAMPAIGN ACCOUNT OF JUDGE PATRICIA MARINO PEDRAZA 1531 NW 13 COURT MIAMI, FL 33125	4/17/17 63-9045/2670 02
Pay to the Board of County Con	nnissignes 1 \$ 5 271,20
Five thousand three hundreds	every- one of Mappellars 1 Beautiful Back
GIBRALTAR PRIVATE  Bank & Trust	Prinate Backing
1575 San Ignacio Avenue Garatt	
For I Udge Tedaze Qualityins	M <sup>2</sup>