

JUDICIAL OFFICE
CANDIDATE OATH

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OFFICE USE ONLY

OATH OF CANDIDATE (Section 105.031, Florida Statutes)

I, Charlie Johnson
(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 #)

39; 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 Charlie Johnson (305) 807-0911 CJohnson@jud11-fla.org
Signature of Candidate Telephone Number Email Address

15555 Biscayne Blvd Miami FL 33160
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109951241

* 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):

CHARLES LEE JOHNSON

STATE OF FLORIDA
COUNTY OF Miami-Dade

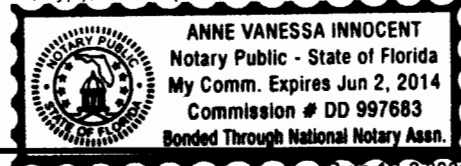
Sworn to (or affirmed) and subscribed before me this 16th day of April, 2012.

Personally Known: _____ or

Produced Identification: _____

Type of Identification Produced: FL Driver's License

Anne Vanessa Innocent
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of 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

RECEIVED

LAST NAME — FIRST NAME — MIDDLE NAME:

Johnson, Charles Kenneth

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MAILING ADDRESS:

15555 Biscayne Blvd. Rm 209

FLORIDA COUNTY ELECTIONS DEPARTMENT

CITY: ZIP: COUNTY:

Aventura FL 33160 Miami Dade

NAME OF AGENCY:

Judicial Circuit (11th)

ID No.

Conf. Code

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Elected Constitutional Officer

P. Req. Code

CHECK IF THIS IS A FILING BY A CANDIDATE

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 16, 2012 was \$ 959,283

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 \$ 25,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
Real Property: 828 Valencia Ave. Coral Gables, FL	867,557
110 NE 91 Terrace, Miami Shores, FL	288,503
Tangible Personal Property: Toyota Vehicle	12,944
Bank accounts: wells Fargo (119,539) SECUR (3242)	122,781
Sabadell United	140,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Cales Investments, PA. 782 NW 42 Avenue, Suite 447, Miami, FL 33126	\$ 300,000.00
NYCB Mortgage Company, P.O. Box 742579 Cincinnati, OH 45274-2579	197,504.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NONE	

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 Salary	Tallahassee, FL	134,280.00

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
None			

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	None		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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 ELECTIONS DEPARTMENT

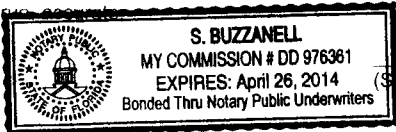
IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

OATH

STATE OF FLORIDA
 COUNTY OF Miami Dade

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 and complete.

Sworn to (or affirmed) and subscribed before me this 16th day of April, 2012 by Charles K. Johnson



S. Buzzanell
 (Signature of Notary Public--State of Florida)

Charles K. Johnson
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

SBUZZANELL
 (Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification

Type of Identification Produced Florida Drivers license

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.



OFFICIAL RECEIPT
 MIAMI-DADE COUNTY-FLORIDA

No. 6741135

RECEIVED FROM Charles K. Johnson

DATE 4 16 12
MONTH DAY YEAR

ADDRESS 15555 Biscayne Blvd Room 209
STREET ADDRESS

CASH \$ _____

Miami CITY FL STATE 33160 ZIP

CHECKS \$ 5,371.20

AMOUNT OF: Five Thousand Three Hundred Seventy one DOLLARS, AND Twenty CENTS

TOTAL \$ 5,371.20

FOR PAYMENT OF: Qualifying Fee - Judge Group

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.

DEPT.: Elections

BY: A. Vanessa Innocent

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

CAMPAIGN ACCOUNT OF CHARLES K. JOHNSON		1004
		<small>EzShieldSM Check Fraud Protection for Business 63-964-670</small>
PAY TO THE ORDER OF	<u>Board of County Commissioners</u>	DATE <u>4/16/12</u>
	<u>Five thousand three hundred & seventy one & 20/100's</u>	<u>\$5,371.20</u>
		DOLLARS <small>Security Features include Details on Back.</small>
Sabadell United Bank		
FOR	<u>Qualifying fee</u>	MP