STATEMENT OF CANDIDATE FOR JUDICIAL OFFICE

(Section 105.031(5), F.S.)

(Please Type)

RECOFFICEUSE ONLY

2012 APR 11 AM11:40

MIAMI-DADE ELECTIONS

MYRIAM LEHR

a judicial candidate, have received, read, and understand the requirements

of the Florida Code of Judicial Conduct.

oh puan L.

(Signature of candidate)

mil 11, 201

(Date)

Each candidate for judicial office, including an incumbent judge, shall file a statement with the qualifying officer, within 10 days after filing the Appointment of Campaign Treasurer and Designation of Campaign Depository.

DS-DE 83 (Rev. 03/08)

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	بعجل همر بر بر بر بر			
CANDIDATE OATH				
	2012 APR 1-1 AM IO: 1-7 Office use only			
OATH OF CANDIDA	TE (Section 105.031, Florida Stafules) S DEPARTMENT			
I, MYRIA	MLEHR			
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BA	ALLOT * NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)			
	ty Judge ,, $//\frac{+h}{h}$,			
00	ffice) (district #) (circuit #)			
; my legal residence isMiar (group #)	ni-Dade County, Florida; I am a qualified elector			
and the Laws of Florida to hold the judicial office to w have qualified for no other public office in the state, the	rt to which I seek election; I am qualified under the Constitution which I desire to be elected or in which I desire to be retained; I term of which office or any part thereof runs concurrent with the ich I am required to resign pursuant to Section 99.012, Florida ed 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.				
× Myrain Rehn (305)	354-8722 MLehr@jud11.flcourts.org			
Signature of Candidate Telephone				
15555 Discourse Bouleverd North Miss				
15555 Biscayne Boulevard North Miam Address City	ni Florida <u>33160</u> State ZIP Code			
Candidate's Florida Voter Registration Number (located	I on your voter information card): 109170726			
* Please print name phonetically on the line below as y disabilities (<i>see</i> instructions on page 2 of this form): MIRIUM LAIR	rou wish it to be pronounced on the audio ballot for persons with			
STATE OF FLORIDA				
COUNTY OF Dade				
Sworn to (or affirmed) and subscribed before me t	nis 11 day of <u>April</u> , 2017.			
Personally Known: or	Plasin lea			
Produced Identification:	Signature of Notary Public Print, Typener Stemp Commissioned Name of Notary Public			
Type of Identification Produced: Drive ち しょうろん				

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FORM 6 FULL AND PUBLIC DISCI	LOSURE OF	2011
Please print or type your name, mailing address, agency name, and position below : FINANCIAL INTER	ESTS	
LAST NAME FIRST NAME MIDDLE NAME: LEHR, MYRIAM MAILING ADDRESS:	FOR OFFICE	.1
15555 Biscayne Boulevard		
Suite 206 CITY : ZIP : COUNTY : North Miami 33160 Miami-Dade NAME OF AGENCY : Judiciary NAME OF OFFICE OR POSITION HELD OR SOUGHT : County Court Judge Group 29	ELECTIONS DEPARTMI ID No. Conf. Code 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. [Not liabilities from your <i>reported</i> assets, so please see the instructions on page 3.] My net worth as of April 1, 20 <u>12</u> wa		subtracting your <i>reported</i>
PART B ASSETS HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate value 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 \$	s; art objects; household equipmen	
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instruction	ons page 4)	VALUE OF ASSET
Residence (approx value)		1,250,000.00
Bank Account at Regions Bank (approx)		30,000.00
Bank Account at City National Bank (approx)		8,000.00
PART C LIABILITIES LIABILITIES IN EXCESS OF \$1,000 (See Instructions on page 4):		
NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY
Chase Mortgage (mortgage on residence) (approx)		\$256,000.00
City National Bank (home equityline) (approx)		\$290,000.00
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY

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You may EITHER (1) file a complete ment identifying each separate sou of Part D, below.		income tax re				
	 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 NAME OF SOURCE OF INCOM			ADDRESS OF SOURCE OF INCOM	ΛE	AMOUNT	
None						
				· · · · · · · · · · · · · · · · · · ·		
SECONDARY SOURCES OF INCO NAME OF BUSINESS ENTITY	DME [Major customers, clien NAME OF MAJOR OF BUSINESS' I	SOURCES	inesses owned by reporting person ADDRESS OF SOURCE	F	ns on page 5]: PRINCIPAL BUSINESS ICTIVITY OF SOURCE	
None						
					<u> </u>	
PART E INTERESTS IN SPECIFIED BUSINESSES [Instructions on pages]						
NAME OF	BUSINESS ENTITY	#1	BUSINESS ENTITY # 2		ISINESS ENTITY # 3	
ADDRESS OF				A C		
BUSINESS ENTITY PRINCIPAL BUSINESS				A R	.	
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	THROUGH E ARE CO	ONTINUED	ON A SEPARATE SHEET, P	LEASE CH	ECK HERE	
OAT	ГН		ite of florida UNTY OF のみよる			
I, the person whose name appears	at the	Swo	orn to (or affirmed) and subscribed t	pefore me this _	day of	
beginning of this form, do depose of		C		Muse	on lohr	
and say that the information disclos and any attachments hereto is true		<u></u>	1pn1 . 20 12 by	<u></u>		
and complete.	,,		Inature of Notary Public-State of FI	orida)		
MIMOM / SIGNATURE OF REPORTING OF	Performance Ficial or candidate	_ `	ELANCE Record nt. Type, or Stamp Commissioned sonally Known OR	Name of Notary		
		Тур	e of Identification Produced	avers L	-)CSKNSA	
FILING INSTRUCTIONS for when and where to file this form are located at the top of par 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 RECEIF MIAMI-DADE COUNTY	-FLORIDA			6741123	
	RECEIVED FROM	m Lehn Biscourse Blad, Su BTREET ADDRESS TTTE Mared Se, Dollars, and T State Mared Se, Dollars, and T Confy Ome Confy Ome Conf		DATE 4	//////	2 EAR
	Address 15555 E	Siscoyne Blud Sin	ite 206	Cash \$_		·
	North Mism	FZSTATE	<u>33/60</u>	Снеска \$_	5,371	
AMOUNT OF:	ve Thousand Three Thous	ndred Sy Dollars, and T	wenty CENTS	Total \$_	5,371	20
For Payment	OF: Guslifying Fe	e - Judge Group	29			
THIS RECEIP	T NOT VALID UNLESS D	ATED, COMPLETED AND	SIGNED BY AU	THORIZED EM	PLOYEE OF DEPAR	rment.
DEPT.: <u>KILL</u>	TICE USE ONLY		BY: H. Vome	sso AMMO	lent	
TRANS	SUBSIDIARY	Index Coue	Su	BOBJECT	Amount	
107.01-1 6/04						
NAME MY	n'am Lehr Ca 100-001816-0	Impaign 2	DATE	4-11-	No.276852 1ュ <u>63-96</u> 670	<u>4</u>
PAY TO THE ORDER OF_E FIVE-THO FOR My MA	Sabadell Unit		ssioner ty-one-	\$ 5, DOL	AMOUNT 371 xx	Sacary Francas Induct

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