

JUDICIAL OFFICE  
CANDIDATE OATH

RECEIVED

2012 APR -9 AM 10:40

OFFICE USE ONLY

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

OATH OF CANDIDATE (Section 105.031, Florida Statutes)

I, Deborah White-Labora

(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 (office), 11th (district #), 11th (circuit #)

18 (group #); my legal residence is Miami-Dade county, Florida; I am a qualified elector

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 Deborah White Labora 305 548 5103 dwhite labora @jud11.flcourts.org  
Signature of Candidate Telephone Number Email Address

1645 NW 8th St Miami FL 33155  
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 01312931

\* 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):

Deborah White Labora

STATE OF FLORIDA  
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 9th day of April, 2012.

Personally Known: \_\_\_\_\_ or

Produced Identification:

Type of Identification Produced: FL DRIVERS Lic.

Maria Cristina Acosta  
Signature of Notary Public  
Print Name or State MARIA CRISTINA ACOSTA of Notary Public  
Notary Public - State of Florida  
My Comm. Expires Feb 27, 2016  
Commission # EE 171622  
Bonded Through National Notary Assn.

# 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:

WHITE-LABORA DEBORAH

FOR OFFICE USE ONLY:

MAILING ADDRESS:

1351 NW 12TH STREET

ROOM 405

CITY :

MIAMI

ZIP :

33125

COUNTY :

MIAMI-DADE

NAME OF AGENCY :

ELEVENTH JUDICIAL CIRCUIT

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

COUNTY COURT JUDGE

CHECK IF THIS IS A FILING BY A CANDIDATE

ELECTIONS DEPARTMENT  
 2012 APR - 9 AM 10:40  
 ID Code  
 ID No.  
 Conf. Code  
 P. Reg. Code

### 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 \$ 899,087.00

### 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 \$ 150,000.000

#### ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| DESCRIPTION OF ASSET (specific description is required - see instructions page 4) | VALUE OF ASSET |
|---|----------------|
| CITIBANK (MONEY MARKET AND CHECKING)  | 428.00         |
| BANK OF AMERICA (MONEY MARKET AND CHECKING)                                       | 10,123.00      |
| ING (DEFERRED COMPENSATION)   | 146,280.00     |
| VANGUARD (MONEY MARKET AND IRA)   | 71,560.00      |
| HOME (MIAMI)  | 655,000.00     |

### PART C – LIABILITIES

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

| NAME AND ADDRESS OF CREDITOR                 | AMOUNT OF LIABILITY |
|--|---------------------|
| BANK OF AMERICA (HOME EQUITY LINE OF CREDIT) | 134,304.00          |
|  |                     |
|  |                     |

#### 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     |
|--|-----------------------------|------------|
| COMPTROLLER, STATE OF FLORIDA              | TALLAHASSEE, FLORIDA        | 135,555.00 |
|  |                             |            |
|  |                             |            |

**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                     |                     |                     |                     |
| 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**

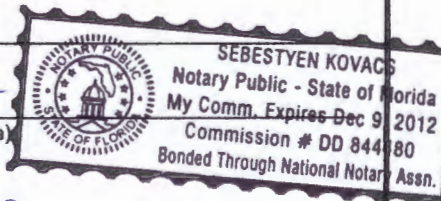
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA  
 COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 6<sup>th</sup> day of

April, 2012 by

*[Handwritten Signature]*  
 (Signature of Notary Public—State of Florida)



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

*[Handwritten Signature]*  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known \_\_\_\_\_ OR Produced Identification

Type of Identification Produced FDCLW341160575010

**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.

*[Handwritten]* I 1012106 E 11/13



