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MIAMI-DADE
ELECTIONS

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

☐ Initial Filing of Form Re-filing to Change: ☒ Treasurer/Deputy ☒ Depository ☐ Office ☐ Party

2. Name of Candidate (in this order: First, Middle, Last)

Diana Elizabeth Gonzalez

3. Address (include post office box or street, city, state, zip code)

P.O. Box 2654 miami, FL 33116

4. Telephone

(786) 1334-0628

5. E-mail address

diana@dianagonzalezforjudge.com

6. Office sought (include district, circuit, group number)

County Court Judge Eleventh Judicial Circuit
Group 10

7. If a candidate for a nonpartisan office, check if applicable:

☐ My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

☐ Write-In ☐ No Party Affiliation ☐ _____ Party candidate.

9. I have appointed the following person to act as my

☒ Campaign Treasurer ☐ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Dr. Norman A. Whyte

11. Mailing Address

P.O. Box 2654

12. Telephone

(786) 1326-1801

13. City

Miami

14. County

Miami-Dade

15. State

FL

16. Zip Code

33116

17. E-mail address

treasurer@dianagonzalezforjudge.com

18. I have designated the following bank as my

☒ Primary Depository ☐ Secondary Depository

19. Name of Bank

SunTrust Bank

20. Address

11700 N. Kendall Drive

21. City

Miami

22. County

Miami-Dade

23. State

FL

24. Zip Code

33186

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

3/31/2012

26. Signature of Candidate

X [Signature]

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Dr. Norman A. Whyte

(Please Print or Type Name)

, do hereby accept the appointment

designated above as:

☒

Campaign Treasurer

☐

Deputy Treasurer.

3/31/2012

Date

X

[Signature]

Signature of Campaign Treasurer or Deputy Treasurer

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☐ Initial Filing of Form Re-filing to Change: ☒ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party

2. Name of Candidate (in this order: First, Middle, Last)

Diana Elizabeth Gonzalez

3. Address (include post office box or street, city, state, zip code)

P.O. Box 2654
Miami, FL 33116

4. Telephone

(786) 334-0628

5. E-mail address

diana@dianagonzalezforjudge.com

6. Office sought (include district, circuit, group number)

County Court Judge Eleventh Judicial Circuit Group 10

7. If a candidate for a nonpartisan office, check if applicable:

☐ My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

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9. I have appointed the following person to act as my

☐ Campaign Treasurer ☒ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Diana Gonzalez

11. Mailing Address

P.O. Box 2654

12. Telephone

(786) 334-0628

13. City

Miami

14. County

Miami-Dade

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25. Date

3/31/2012

26. Signature of Candidate

X [Signature]

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Diana Elizabeth Gonzalez, do hereby accept the appointment
(Please Print or Type Name)

designated above as:

☐ Campaign Treasurer ☒ Deputy Treasurer.

3/31/2012
Date

X

[Signature]
Signature of Campaign Treasurer or Deputy Treasurer

JUDICIAL OFFICE
CANDIDATE OATH

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OATH OF CANDIDATE (Section 105.031, Florida Statutes)

I, Diana Gonzalez
(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, n/a, Eleventh,
(office) (district #) (circuit #)
10; 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 of Candidate

Telephone Number

Email Address

(786) 334-0628 diana@dianagonzalezforjudge.com

P.O. Box 2654
Address

Miami
City

FL
State

33116
ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 101881558

* 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):

Deiannah Gonzalez

STATE OF FLORIDA

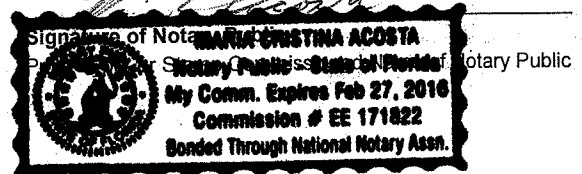
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 2nd day of April, 2012.

Personally Known: _____ or

Produced Identification: ✓

Type of Identification Produced: US Passport



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:
Gonzalez, Diana E

FOR OFFICE
USE ONLY:

MAILING ADDRESS:
P.O. Box 2654

Miami 33116 Miami-Dade

CITY : ZIP : COUNTY :
Eleventh Judicial Circuit

NAME OF AGENCY :
County Court Judge Group 10

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

ID Code

ID No.

Conf. Code

P. Req. Code

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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 February 28, 2012 was \$ -283,307.35

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 \$ 7,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
2005 Audi A4	6,341.00
Primary Residence 801 Meridian Ave Unit 3g Miami Beach, FL 33139	101,580.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
GMC Financial P.O. Box 99605 Arlington, TX 76096	10,362.58
Chase Mortgage P.O. Box 24696 Columbus, OH	176,000.00
American Student Loans P.O. Box 2461 Harrisburg, PA 17105	184,400.23
NCOFS Student Loan P.O. Box 15087 Willmington, DE 19850	17,466.12

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: American Express P.O. Box 36000 Ft Lauderdale, FL 33336 10,000.00

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NONE	1

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
Ferrer Shane, PL	1031 N. Kendall Drive #260 Miami, FL 33136	82,454.92

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]

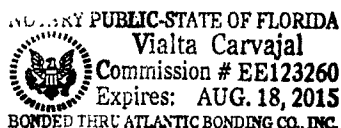
NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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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 OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF

Miami-Dade

Sworn to (or affirmed) and subscribed before me this 28th day of

February, 2012 by Diana Elizabeth Gonzalez

(Signature of Notary Public--State of Florida)

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

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced _____

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.

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