

JUDICIAL OFFICE  
CANDIDATE OATH

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2012 APR 18 PM 3:09

OFFICE USE ONLY

OATH OF CANDIDATE (Section 105.031, Florida Statutes) **DALLAS COUNTY ELECTIONS DEPARTMENT**

I, Lourdes F. Cambó  
(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, 11<sup>th</sup>,  
(office) (district #) (circuit #)  
40; 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.

[Signature] Telephone Number 505 858 0353 Email Address LourdesCambolace@BallSealth.net  
Signature of Candidate

1909 SW 27<sup>th</sup> Ave Miami FL 33145  
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109 2 2 395

\* 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):  
L VHR DE KAMBO

STATE OF FLORIDA  
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 18<sup>th</sup> day of April, 2012.

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

Produced Identification:

Type of Identification Produced: FL Drivers Lic.

[Signature]  
Name of Notary Public  
**MARIA CRISTINA ACOSTA**  
Notary Public - State of Florida  
My Comm. Expires Feb 27, 2016  
Commission # EE 171822  
Bonded Through National Notary Assn.

**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.

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DADE COUNTY  
ELECTIONS DEPARTMENT

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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)

Louises F. Cambo

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

1909 S.W. 27th Ave  
Miami FL 33145

4. Telephone

(305) 858 0353

5. E-mail address

Louises Cambo  
Law@bellSouth.net

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

County Court  
Group No 40  
11th Judicial District

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

Louises F. Cambo

11. Mailing Address

1909 S.W. 27th Ave

12. Telephone

(305) 858 0353

13. City

Miami

14. County

Dade

15. State

FL

16. Zip Code

33145

17. E-mail address

18. I have designated the following bank as my  Primary Depository  Secondary Depository

19. Name of Bank

Regions

20. Address

2151 Le Jeune Rd

21. City

Coral Gables

22. County

Dade

23. State

FL

24. Zip Code

33134

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

4/17/12

26. Signature of Candidate

X 

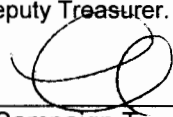
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Louises F. Cambo, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer  Deputy Treasurer.

4/17/12  
Date

X

  
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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FLORIDA COUNTY  
ELECTIONS DEPARTMENT

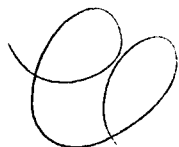
I, Louder F. Cambos,

candidate for the office of County Court Group 40

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X



Signature of Candidate

4/17/12  
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

# 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:

Cambo Lourdes T.

FOR OFFICE USE ONLY:

MAILING ADDRESS:

1909 S.W 27th Ave

Miami FL, 33145

Dade

CITY:

ZIP:

COUNTY:

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

County Court Judge Group 40

CHECK IF THIS IS A FILING BY A CANDIDATE

ELECTIONS DEPARTMENT  
 2012 APR 18 PM 1:43  
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### 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 18, 20 12 was \$ 981,868.00

### 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 \$ 25,000.00

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

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
<u>RESIDENCE</u>	\$ <u>750,000.00</u>
<u>Rental Condo: 777 NE 62nd Street #310 MIAMI, FL. 33128</u>	<u>85,000.00</u>
<u>Rental House (1/2 Interest) 5000 MORROE Hollywood, FL 33024</u>	<u>190,000.00</u>
<u>CASH IN BANKS:</u>	<u>219,429.00</u>
<u>IRA Retirement</u>	<u>34,540.00</u>
<u>Auto: LEXUS</u>	<u>30,000.00</u>

### PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<u>Auto/Lexus Financial Services</u>	<u>24,168.00</u>
<u>Home Equity Line of Credit</u>	<u>3,328.00</u>
<u>Rental Condo: 777 NE 62nd St #310, Miami, FL BANK of AMERICA</u>	<u>151,830.00</u>
<u>Rental House (1/2 Interest) 5000 MORROE Hollywood, FL</u>	<u>170,170.00</u>

#### 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
Law Offices of Lourdes Cambo	1905 SW 27th Ave Miami FL 33145	\$65,737.00

**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]

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
None			

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 12 day of

April, 20 12 by Lourdes T. Cambo

[Signature]  
 (Signature of Notary Public--State of Florida)

[Signature]  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

(Print, Type or Stamp Name of Notary Public) **ANGEL D. CORDOVA**  
 My Comm. Expires **Aug 3, 2015**  
 Commission # **EE 105908**  
 Bonded Through **National Notary Assn.**  
 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.



**Access to Handbook and the  
Election Laws of the State of Florida**

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

Candidate/Chairperson:

Lourdes

F.

Cambo

First Name

Middle Name

Last Name

County Court Group 40

Office Sought / Organization

I acknowledge that it is my responsibility to read, understand and follow the requirements described in the following resources available on the Miami-Dade County Elections Department Website:

- Candidate Qualifying Handbook (<http://www.miamidade.gov/elections/candidate.asp>)  
Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Qualifying Information, Electronic Reporting Dates and Procedures, Important Candidate Information, and Recent Legislative Changes.
- Political Committee Handbook (<http://www.miamidade.gov/elections/pacs.asp>)  
Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Electronic Reporting Dates and Procedures, Important Committee Information, and Recent Legislative Changes.

Acknowledged by: \_\_\_\_\_  
Candidate / Chairperson Signature

Date: \_\_\_\_\_ 4/17/12

Primary Telephone Number: \_\_\_\_\_ (3) 858 0353

Alternate Telephone Number: \_\_\_\_\_

E-mail address: LourdesCamboLaw@bellsouth.net

**Campaign Treasurer's Report  
Electronic Filing Requirements  
for Miami-Dade County**

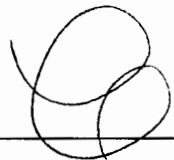


- Candidate (office sought): County Court Group 40
- Political Committee: \_\_\_\_\_
- Party Executive Committee: \_\_\_\_\_
- Other: \_\_\_\_\_

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I, Louder T. Cambor  
(Please print name of Candidate or Chairperson)

understand that Campaign Treasurer's Reports must be filed electronically via the Supervisor of Elections website by midnight of the day designated in order to comply with Miami-Dade County requirements. I also acknowledge that Sections 12-17 and 12-21 of the Code of Miami-Dade County regarding the filing of the campaign finance reports with the Supervisor of Elections were recently amended in that original signed hardcopies are no longer required.

      4/17/12  
Signature of Candidate or Chairperson      Date

Day Time Telephone Number: (305) 858 0353

Alternate Contact Number: \_\_\_\_\_

Email Address: LouderCambor@bellsouth.net

*This form must be filed with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository form is filed.*



**OFFICIAL RECEIPT**  
MIAMI-DADE COUNTY-FLORIDA

No. 6741145

RECEIVED FROM Louardes Cambo'  
ADDRESS 1909 SW 27th Avenue  
Miami CITY FL STATE 33145 ZIP

DATE 4 / 18 / 12  
MONTH DAY YEAR

CASH \$ \_\_\_\_\_

CHECKS \$ 5371.20

AMOUNT OF: Five Thousand Three Hundred and Seventy-one DOLLARS, AND 20 CENTS TOTAL \$ 5371.20

FOR PAYMENT OF: Qualifying Fee - Group 40

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

DEPT.: Elections BY: Maria Acosta

**FOR OFFICE USE ONLY**

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107 01-1 6/04

Louardes + Cambo' Campaign Account

63-466/631

DATE 4/17/12

PAY TO THE ORDER OF Board of County Commissioners \$ 5371.20

five thousand three hundred seventy one dollar and twenty cents DOLLARS

**REGIONS** 04 [REDACTED]

FOR Qualifying Fee [REDACTED]

Security Features Details on Back