

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

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

(PLEASE PRINT OR TYPE)

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2012 APR 20 AM 11:53

DADE COUNTY
ELECTIONS DEPARTMENT

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)

Frank A. Hernandez

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

14817 SW 124 PL
Miami, FL 331836

4. Telephone

(305) 794-0179

5. E-mail address

frankhernandezforjudge@gmail.com

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

County Court Judge Group # 0 \

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

Frank A. Hernandez

11. Mailing Address

14817 SW 124 PL

12. Telephone

(305) 794-0179

13. City

Miami-Dade

14. County

Miami-Dade

15. State

FL

16. Zip Code

33186

17. E-mail address

frankhernandezforjudge@gmail.com

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

19. Name of Bank

Bank of America

20. Address

13701 SW 152 St.

21. City

Miami

22. County

Miami-Dade

23. State

FL

24. Zip Code

33177

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

4/20/12

26. Signature of Candidate

X 

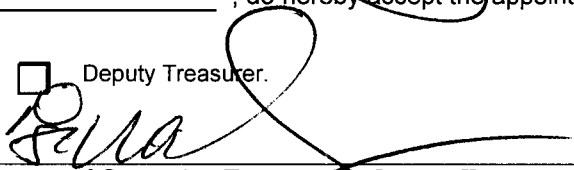
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Frank A. Hernandez, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

4/20/12

Date

X 

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE
FOR JUDICIAL OFFICE**

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

(Please Type)

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FLORIDA COUNTY
ELECTIONS DEPARTMENT

I, Frank A. Hernandez

a judicial candidate, have received, read, and understand the requirements of the Florida Code of Judicial Conduct.



(Signature of candidate)



(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.

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

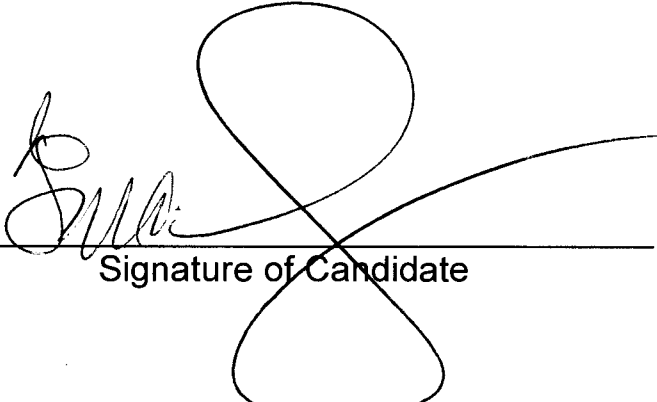
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2012 APR 23 AM 11:54
DADE COUNTY
ELECTIONS DEPARTMENT

I, Frank A. Hernandez ,

candidate for the office of County Court Judge Group # 01 ;

have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X 

Signature of Candidate

4/20/12

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).



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

2012 APR 20 AM 11:54

Candidate/Chairperson:

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

Frank Alexander Hernandez
First Name Middle Name Last Name

County Court Judge Group # 01
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:

[X] 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: [Signature]
Candidate / Chairperson Signature

Date: 4/20/12

Primary Telephone Number: 305-794-0179

Alternate Telephone Number:

E-mail address: frank.hernandez.for.judge@gmail.com

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



2012 APR 20 AM 11:54

Candidate (office sought): ELECTIONS DEPARTMENT
County Court Judge Group # 01

Political Committee: _____

Party Executive Committee: _____

Other: _____

I, Frank A. Hernandez
(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.

4/20/12

Signature of Candidate or Chairperson

Date

Day Time Telephone Number: 305-794-0179

Alternate Contact Number: _____

Email Address: frankhernandezforjudge@gmail.com

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.

JUDICIAL OFFICE
CANDIDATE OATH

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

I, Frank A. Hernandez
(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, 11
(office) (district #) (circuit #)
01; 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] (305) 794-0179 frank.hernandezforjudge@gmail.com
Signature of Candidate Telephone Number Email Address

14817 SW 124 PL Miami FL 33186
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 001976867

* 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):
frank a her-nan-dez

STATE OF FLORIDA
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 20 day of April, 2012.

Personally Known: _____ or

Produced Identification: FLDL

Type of Identification Produced: _____

[Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Notary Public
HEYDI GONZALEZ
Notary Public, State of Florida
Commission# EE 46353
My comm. expires November 17, 2013

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:
 Hernandez Frank Alexander

MAILING ADDRESS:
 14817 SW 124 PL

CITY: Miami ZIP: 33186 COUNTY: Miami-Dade

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
 County Court Judge #01

CHECK IF THIS IS A FILING BY A CANDIDATE

FOR OFFICE USE ONLY:

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ID Code
 COUNTY ELECTIONS DEPARTMENT

ID No.

Conf. Code

P. Req. Code

2011 PDF Form 6

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 20, 2012 was \$ 24,716

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 \$ 16,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
Home - 14817 SW 124 PL Miami, FL 33186	\$103,240

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Student Loan - Nelnet Inc. P.O. Box 2877 Omaha, NE 68103-2877	\$88,740.64

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
Dade County State Attorney's Office	1350 NW 12 Ave Miami, FL	\$46,565.52

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
	N/A		

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

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

ELECTIONS DEPARTMENT
 APR 20 11:54 AM '12

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.

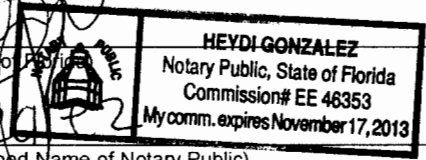
STATE OF FLORIDA
 COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 20 day of

April, 2012 by Frank A Hernandez?

[Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

[Signature]
 (Signature of Notary Public--State of Florida)
Heydi Gonzalez?
 (Print, Type, or Stamp Commissioned Name of Notary Public)



Personally Known _____ OR Produced Identification FLDL

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.

