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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2014 MAY -1 PM 12: 32

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

officer before opening the	ampaign account.					OFFICE	E USE	ONLY
1. CHECK APPROPRIATE B	OX(ES):							
Initial Filing of Form	Re-filing to Change:	reasurer/D	eputy	Depository		Office		Party
2. Name of Candidate (in this	s order: First, Middle, Last)		ress (includ	le post office	box or s	treet, city,	state,	zip
Frank C.	Boca negra	code)	(a)	Nw.				
4. Telephone 5	. E-mail address		MINA	ir, FZ	331	26		
(786)351-76451	=130CAZAW & GMAIL.	2019						
6. Office sought (include dist	trict, circuit, group number)		7. If a cand	lidate for a <u>ı</u>	nonparti	san office	, chec	k if
MINNE DADE	LOUNTY JUDGE CRO	UP 19	applicat	ole: My intent is	to run a	s a Write-I	n cand	idate.
8. If a candidate for a partis	an office, check block and fil	l in name d	of party as	applicable:	My inte	ent is to ru	n as a	
Write-In No Pa	rty Affiliation				Pa	rty can	didate.	
9. I have appointed the follo	wing person to act as my	Cam	paign Treas	surer 🕡	Deput	y Treasure	er	
10. Name of Treasurer or Dep	outy Treasurer							
FRANKE. 130	CANECRA							
11. Mailing Address					Telep	hone		200
3891 NW	485 MINMI, FL	33	126		786)	351-	764	15
13. City M(n \u21)	48 6 MINMI, FL 14. County 15. St MINMITUDE F	ate 16.	Zip Code 312く	17. E-mail a	address	e G.M	AIC.	Com
18. I have designated the fo				у 🔲 :				
19. Name of Bank		20. Addre	ss 57.	ZZ 54	18	th Sta	006	
INTERCONTINE	NTAL BANK 22. County	_	Min	mi, FL	3314	4		
21. City	22. County		23. State			24. Zip C	ode	
Miami	MILLAN DID	5	F-L	<u> </u>		3314	14	
	, I DECLARE THAT I HAVE READ TH NATION OF CAMPAIGN DEPOSITOR						EASURI	ER AND
25. Date		26. Signa	ture of Can	didate				
5-1-14		X Oz		Joens		No.		
27. Treasurer's	s Acceptance of Appointmen	t (fill in the	blanks and	check the ap	propriat	e block)		
1.	Frank C. Bocanegra			, do herel	y accep	t the appoi	intmen	ıt
· · · · · · · · · · · · · · · · · · ·	(Please Print or Type Name)				. •	(
designated above as:	Campaign Treasure	er 🛛	Deputy Tre	asurer.				
5-1-14	X	- V=	20 SE	5	2)			Valencia de la companya de la compa
Date		Signature	of Campaig	n Treasurer	or Depu	ty Treasur	er	

JUDICIAL OFFICE CANDIDATE OATH

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MIAMI-DADE CONTROL ONLY

OATH OF CANDIDATE (Section 105.031, Florida Statutes)

		,	
l, Frank Bocanegra			
(PLEASE PRINT NAME AS YOU WISH IT TO API	PEAR ON THE BALLOT * NAME MA	Y NOT BE CHANGED AFTER T	HE END OF QUALIFYING)
am a candidate for the judicial office of	County Court Judge	* ×	, 11th ,
•	(office)	(district #)	(circuit #)
(group #); my legal residence is	Miami Dade	County, Florida; I	am a qualified elector
of the state and of the territorial jurisdiction and the Laws of Florida to hold the judicion have qualified for no other public office in office I seek; and I have resigned from a Statutes; and I will support the Constitution	al office to which I desire to the state, the term of which o my office which I am require	be elected or in which ffice or any part thereof d to resign pursuant to	I desire to be retained; I fruns concurrent with the Section 99.012, Florida
Section 876.05, Florida Statutes, oath (of Florida and of the United States of Ame of public funds as such employee or office the United States and of the State of Florida	erica, and being employed by er, do hereby solemnly swea	or an officer of the cou	ırt system and a recipient
X your Form	(786)	351-7645 fbocala	w@gmail.com
Signature of Candidate	Telephone Number	Email A	ddress
908 Granada Blvd Co	oral Gables, FL 33134	State	ZIP Code
Candidate's Florida Voter Registration Nu	mber (located on your voter info	ormation card): /// 0	282957
* Please print name phonetically on the lindisabilities (see instructions on page 2 of the state	this form):	pronounced on the aud	io ballot for persons with
STATE OF FLORIDA COUNTY OF Minni - Dade	#		
Sworn to (or affirmed) and subscribed	before me this day	of May	, 20/4
Personally Known: or Produced Identification: Type of Identification Produced:			A CRISTINA ACOSTA Public of Name of Florida Public of Name of Florida Public m. Expires Feb 27, 2016
	VERS die		ntssion # EE 171822 trough National Notary Asan.

FORM 6 FULL AND PUBLIC DISCL	OSURE	2013
Please print or type your name, mailing address, agency name, and position below:	EST RECEDE	OFFICE USE ONLY:
LAST NAME — FIRST NAME — MIDDLE NAME: Frank C. Bocanegra	2014 MAY -1	PM 12: 33
MAILING ADDRESS: 908 Granada Boulevard	MIAMI-DADE ELECTIONS DE	COUNTY PARTMENT
CITY: ZIP: COUNTY: Coral Gables, FL 33134 Miami Dade NAME OF AGENCY:		
NAME OF OFFICE OR POSITION HELD OR SOUGHT : County Court Judge Group 19,	r	
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, 2013, or a more current date. [Not reported liabilities from your reported assets, so please see the instructions on page 3.] My net worth as of April 26, 20 14 was		d by subtracting your
PART B ASSETS HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate va following, if not held for investment purposes: jewelry; collections of stamps, guns, and nur furnishings; clothing; other household items; and vehicles for personal use. The aggregate value of my household goods and personal effects (described above) is \$ 20 ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instruction)	,000 ATACHED	ntegory includes any of the household equipment and
Vehicle	ons per	\$50,000
908 Granada Boulevard, Coral Gables, FL 33134		\$387,235.
4805 S. Highway A1A, Brevard County, FL		\$117,780
Two River Country, Lot 21, Piney Creek, North Carolina 28663		\$33,200
ICMA Retirement Account 777 North Capitol Street, NE Suite 600 Washington	DC 20002	\$130,000
PART C LIABILITIES LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):		
NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY
HSBC, P.O. Box 0112, Palatine, IL 60055-0112		\$380,813.24
HSBC, P.O. Box 0112, Palatine, IL 60055-0112		\$174,281.57
SunTrust PO Box 2461, Harrisburg, PA 17105-2461		\$150,000
Best Buy 7751 Bird Road, Miami, FL 33155 JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:		\$3,000
NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY
N		

		PART D	INCOME				
You may EITHER (1) file a constatement identifying each sepremainder of Part D, below.	nplete copy of your 2013 fed arate source and amount of	eral income income whic	tax return, <i>including all Wi</i> h exceeds \$1,000, includi	2's, schedules, ar ng secondary so	nd attachmen urces of inco	nts, OR (2) file ome, by comple	a swom ting the
	ny 2013 federal income tax re d attach a copy of your 2013				D.]		
PRIMARY SOURCES OF INCO	ME (See instructions on pa	ge 5):	3	EE AT	TACEH	ED	
NAME OF SOURCE OF INC			ADDRESS OF SOURCE	E OF INCOME	1	AMOU	NT
FRS		1317 Win	ewood Blvd. Tallaha	ssee, FL 3239	9 \$9	94,000	
Office of the Public Defend	ler 11th Judicial Circuit	1320 NW	14 Street, Miami, FL	. 33125	\$4	45,000	
Miami Dade College Wolfs	on	300 NE 2	nd Ave. Miami, FL 33	3132	\$4	4,000	
SECONDARY SOURCES OF I	NCOME [Major customers, cli	ents, etc., of	businesses owned by repo	orting personsee	instructions	on page 5]:	
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS		ADDRE OF SOL			INCIPAL BUSIN TIVITY OF SOL	
			4.				
V 					****		
P	ART E INTERESTS II	N SPECIFI	ED BUSINESSES (Ins	tructions on pa	ige 61		
·**	BUSINESS ENTITY:		BUSINESS ENTITY			SS ENTITY # 3	
NAME OF BUSINESS ENTITY							
ADDRESS OF						7 2 2	
BUSINESS ENTITY PRINCIPAL BUSINESS						J. Carrier	20
ACTIVITY		N				E S	_m_
POSITION HELD WITH ENTITY					in a	D.O.	0
I OWN MORE THAN A 5%			A			o -	m
NATURE OF MY			111111111111111111111111111111111111111		7	<u> </u>	<
OWNERSHIP INTEREST IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK-HERE,							
IF ANY OF PARIS A	THROUGH E ARE CO	MIINUEI	ON A SEPARATE S	HEEI, PLEA		6.5	
O A	ATH		TE OF FLORIDA	i - Dade	: 44400		
I, the person whose name app	ears at the	Swor	rn to (or affirmed) and sub-	scribed before me	e this / 3 /	day of	
beginning of this form, do depo	ose on oath or affirmation		M.		and the management of the		
and say that the information di	sclosed on this form	-		MAI	LA CRISTINA	ACOSTA	
and any attachments hereto is true, accurate, (Signature of Notary Public - State of Florida - Notary Public - No							
and complete. (Signature of Notary Public Translation # EE 171822							
		(Prin	t, Type, or Stamp Commis		Through Nationa		
	<i>,</i>	I was	onally Known		ed Identificati		
Henre /	ouper	Tumo	of Identification Produced	-1	RIVERS	Lie	
SIGNATURE OF REPORTING	OFFICIAL OR CANDIDATE	Туре	or identification i roddeed		CTV CTCS		- V-C
If a certified public accountant she must complete the following		3, or attorne	y in good standing with t	he Florida Bar p	repared this	form for you,	he or
I	ig statement.	proparec	I the CE Form 6 in accor	dance with Art I	I Sec 8 Fl	orida Constitut	ion
Section 112.3144, Florida State correct.	utes, and the instructions to	the form. L	Jpon my reasonable know	wledge and belie	ef, the disclo	sure herein is	true and
Signatur			- 0 <u>75</u> - 25 - 725 0 2 1	<u> 22 (222)</u>	Date		
Preparation of this form	oy a CPA or attorney do	es not reli	ieve the filer of the re	sponsibility to	sign the f	form under o	oath.

ATTACHMENT FORM 6 FRINK BOCANECRA

PART B ASSETS

BB+T BANK ACCOUNT 7000 PONCE DE LEON
CORAL GARLES, FL 33134 \$95,000

PART D INCOME

MIAMI GARBENS, FL 33054 \$ 2,000

RECEIVED



OFFICIAL RECEIPT MIAMI-DADE COUNTY-FLORIDA

No.6996465

COUNTY				
	RECEIVED FROM FAR	nK C. Bocomegro	DATE	MONTH DAY YEAR
	Address 3891 /	VW 4th Street	Cash	\$
	MiaMi	STREET ADDRESS 72	33126 CHECK	ks \$ <u>5,520</u> .80
AMOUNT OF:	ve Thousand Five Hun	when Twenty Dollars, and	CENTS TOTA	\$ KS \$ 5520 .80 L \$ 5520 .80
For Payment	OF: Qualitying	Fee- County Judge	Group19	ZED EMPLOYEE OF DEPARTMENT.
THIS RECEIF	T NOT VALID UNLES	DATED, COMPLETED AND	SIGNED BY AUTHORI	ZED EMPLOYEE OF DEPARTMENT.
D ерт.:	tions		BY: A. Mimesse	Junocent
FOR OFF	ICE USE ONLY		<i>l</i>	
Trans	Subsidiary	INDEX CODE	Subobject	Amount
107.01-1 6/04			· ·	

FRANK C. BOCANEGRA CAMPAIGN ACCOUNT 3891 N.W. 4TH ST	Some	535 63-1527/670
MIAMI, FLORIDA 33126 Pay to the Order of Inmi	Vale Cag 17	Date \$ J J 20, 80
Five Thousand Fire	14 8 9 5 1 6 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1	180/100 Tollars in Back to Back to
5722 SW 8th Street West Miorni, Florida 33144 Coad G	The formation of the second of	Femander
For transform		NTOUCHS CUSTOM CREATIONS