

JUDICIAL OFFICE  
CANDIDATE OATH

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

OFFICE USE ONLY

OATH OF CANDIDATE (Section 105.031, Florida Statutes)

I, LAURA ANNE STUZIN  
(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 Miami Dade County Judge, 11<sup>th</sup>,  
42 (office) (district #) (circuit #)  
; 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 Laura A. Stuzin (954) 744-8440 csobel@theflacpa.com  
Signature of Candidate Telephone Number Email Address

[Redacted]  
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109298768

\* 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):  
LOR - RAH AN STOO - ZIN

STATE OF FLORIDA  
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 27<sup>th</sup> day of April, 2016.

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



Barbara Herrera  
Signature of Notary Public

Produced Identification:

Print, Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced: FL. Driver License

Please print or type your name, mailing address, agency name, and position below:

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LAST NAME — FIRST NAME — MIDDLE NAME:

STUZIN, LAURA ANNE

MAILING ADDRESS:

3100 PONCE DE LEON BLVD -- ROOM 1--6

CORAL GABLES, FL. 33134

CITY: ZIP: COUNTY:

NAME OF AGENCY:

11th JUDICIAL COURT OF FLORIDA

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

COUNTY JUDGE JUDICIAL CIRCUIT (11th)

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, 2015 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 31st, 2015 was \$ 15,308,712.80.

**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, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ 125,000.00

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

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
*SEE ATTACHED LIST.	

**PART C -- LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
AMERICAN HONDA FINANCE	\$15,000.00

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

**PART D -- INCOME**

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2015 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2015 federal income tax return and all W2's, schedules, and attachments.  
 [If you check this box and attach a copy of your 2015 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

**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 6]**

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	LA&C LIMITED PARTNERSHIP	LAURA STUZIN 2011 FAMILY TRUST	
ADDRESS OF BUSINESS ENTITY	800 DOUGLAS RD STE500 MIAMI, FL 33134	800 DOUGLAS RD STE500 MIAMI, FL 33134	
PRINCIPAL BUSINESS ACTIVITY	FAMILY PARTNERSHIP	FAMILY TRUST	
POSITION HELD WITH ENTITY	PARTNER	BENEFICIARY	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES	NO	
NATURE OF MY OWNERSHIP INTEREST	PASSIVE	NOT APPLICABLE	

**PART F - TRAINING**

For officers required to complete annual ethics training pursuant to section 112.3142,

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING

**OATH**

STATE OF FLORIDA  
 COUNTY OF MIAMI DADE

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.

Sworn to (or affirmed) and subscribed before me this 7th day of MARCH, 20 16 by LAURA ANNE STUZIN.

(Signature of Notary Public--State of Florida) CARIDAD BLANGO  
 Notary Public - State of Florida  
 My Comm. Expires Jan 21, 2017  
 (Print, Type, or Stamp Commissioned Name of Notary Public) Commission # EE 839011  
 Bonded Through National Notary Assn.  
 Personally Known X OR Produced Identification \_\_\_\_\_  
 Type of Identification Produced \_\_\_\_\_

*Laura Anne Stuzin*  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, \_\_\_\_\_, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

Date

**Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.**

**IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE**

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FORM 6  
 FULL AND PUBLIC  
 DISCLOSURE OF  
 FINANCIAL INTEREST

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PART B -ASSETS

DESCRIPTION OF ASSET	VALUE OF ASSET
Home	\$1,500,000.00
Dodge and Cox International Stock Fund Index	\$28,908.81
CD Ally Bank	\$39,980.00
Bank Of America (Checking Account)	\$ 12,000.00
Florida Prepaid College	\$ 18,720.00
Florida Prepaid College	\$ 18,732.00
All Vanguard Holdings	\$787,371.99
<ul style="list-style-type: none"> <li>▪ Traditional IRA (\$143,869.54)</li> <li>• Child 529 College Savings (\$88,801.12)</li> <li>• Child 529 College Savings (\$80,492.77)</li> <li>• 500 Index Fund (\$78,843.99)</li> <li>• Treasury Money Market (\$ 11,384.63)</li> <li>• Convertible Security Fund (\$3,864.48)</li> <li>• High-Yield Tax Exempt Fund (\$29,731.73)</li> <li>• Limited -Term Tax Exempt Fund ( \$16,580.52)</li> <li>• Prime Money Market Fund (\$178,177.32)</li> <li>• Tax-Exempt Money Market Fund (\$296.33)</li> <li>• Stocks:               <ul style="list-style-type: none"> <li>▪ Allegion Public LTD (\$10,785.99)</li> <li>▪ Conocophillips (\$5,007.85)</li> <li>▪ First Cash Financial Services Inc (\$18,680.00)</li> <li>▪ HCP Inc. (\$8,623.61)</li> <li>▪ Ingersoll Rand PLC (\$28,694.27)</li> <li>▪ Johnson &amp; Johnson (\$87,234.24)</li> <li>▪ Phillips66 (\$5,247.34)</li> <li>▪ Walgreen Company (\$ 9,056.26)</li> </ul> </li> </ul>	
LA & C Limited Partnership	\$7,425,000.00
Laura Stuzin 2011 Family Trust	\$5,350,000.00
<b>GRAND TOTAL :</b>	<b>\$15,198,712.80</b>

**LAURA ANNE STUZIN CAMPAIGN ACCOUNT**


900 S PINE ISLAND RD  
 PLANTATION, FL 33324

ESShield™ Check Fraud Protection for Business

1011

DATE April 26, 2016 63-964-670

PAY TO THE ORDER OF Miami-Dade County | \$ 5520<sup>80/100</sup>

Five thousand five hundred twenty and 80/100 DOLLARS  Security Features Included Details on Back

Sabadell United Bank 

FOR Qualifying Fee County Court Judge Group 42 Yolanda Washington MP



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

No. 7129562

RECEIVED FROM Laura Anne Stuzin DATE 4 / 27 / 2016  
 MONTH DAY YEAR

ADDRESS 900 S Pine Island RD CASH \$ \_\_\_\_\_  
 STREET ADDRESS  
Plantation CITY FL STATE 33324 ZIP CHECKS \$ 5,520 . 80

AMOUNT OF: Five Thousand Five Hundred Twenty DOLLARS, AND 80<sup>80/100</sup> CENTS TOTAL \$ 5,520 . 80

FOR PAYMENT OF: Qualifying Fee - County Court Judge Group 42

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

DEPT.: ELECTIONS BY: YOLANDA WASHINGTON

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TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

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