

JUDICIAL OFFICE  
CANDIDATE OATH

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2016 MAY -5 AM 9:25

MIAMI-DADE COUNTY OFFICE USE ONLY  
ELECTIONS DEPARTMENT

OATH OF CANDIDATE (Section 105.031, Florida Statutes)

I, Lizzet Martinez

(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,       , 11th,  
(office) (district #) (circuit #)

7 \_\_\_\_\_; 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] (766)7206840 lizzetmartinezforjudge@gmail.com  
Signature of Candidate Telephone Number Email Address

1041 Mariana Ave. Coral Gables FL 33134  
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109395452

\* 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):  
Lee-set Mahr-tee-nez

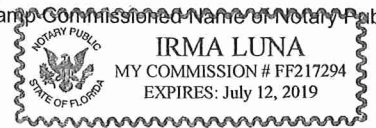
STATE OF FLORIDA  
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 4th day of May, 2016.

Personally Known:  or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

[Signature]  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public  


**OF FINANCIAL INTERESTS**

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:  
Martinez, Lizzet

MAILING ADDRESS:  
PO Box 143701

CITY : ZIP : COUNTY :  
Coral Gables 33134 Miami-Dade

NAME OF AGENCY :  
Miami-Dade County Court

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
Miami-Dade County Court Judge, Group 7, 11th Judicial Circuit

CHECK IF THIS IS A FILING BY A CANDIDATE

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**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 May 4, 20 16 was \$ 780,364.<sup>73</sup>

**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 \$ see attached

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

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
See Attached	

**PART C -- LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
See Attached	

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
See Attached	

**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
See Attached		

**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
Not Applicable			

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Not Applicable		
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			

**PART F - TRAINING**

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

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

**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 4th day of

MAY, 2016 by Lizbeth Hartman  
 (Signature of Notary Public--State of Florida) IRMA LUNA  
 MY COMMISSION # FF217294  
 EXPIRES: July 12, 2019

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

Personally Known  OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

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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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

**Lizzet Martinez**

Miami-Dade County Court Judge

Group 7

Address: PO Box 143701, Coral Gables, FL 33114

Email: [lizzetmartinezforjudge@gmail.com](mailto:lizzetmartinezforjudge@gmail.com)

Phone: (786) 720-6840

**PART A – NET WORTH**

**\$780,364.73**

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**PART B – ASSETS**

Real Property:

- |  |              |
|--|--------------|
| (1) 1041 Mariana Ave., Coral Gables, FL 33134          | \$950,000.00 |
| (2) 14501 North Kendall Drive, #H-302, Miami, FL 33186 | \$150,000.00 |
| (3) 9731 Fontainebleau Blvd., #F-108, Miami, FL 33172  | \$175,000.00 |

Personal Property:

- |   |             |
|---|-------------|
| (4) IRA (American Century)                    | \$52,732.29 |
| (5) Household Goods, Furnishings, and Jewelry | \$75,000.00 |
| (6) Bank Account (SunTrust Bank)              | \$12,475.70 |
| (7) Money Market Account (SunTrust Bank)      | \$85,019.72 |
| (8) 2016 Mercedes Benz C300W (lease)          | \$10,155.20 |
| (9) Florida Pre-Paid College Plan             | \$14,191.00 |

Business:

- |   |              |
|---|--------------|
| (10) Law Offices Damian & Martinez (my 50% share value) | \$150,000.00 |
|---|--------------|

**TOTAL ASSETS: \$1,674,573.91**

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**PART C – LIABILITIES**

*(address of creditors below)  
pg. 2*

Real Property:

- |  |              |
|--|--------------|
| (1) 1041 Mariana Ave., Coral Gables, FL 33134          | \$618,761.39 |
| (2) 14501 North Kendall Drive, #H-302, Miami, FL 33186 | \$105,482.51 |
| (3) 9731 Fontainebleau Blvd., #F-108, Miami, FL 33172  | \$149,965.28 |

Unsecured Creditors:

- |   |             |
|---|-------------|
| (1) Credit Card   | \$10,000.00 |
| (2) Mercedes Benz 2016 E--- (lease/Mercedes Benz Financial) | \$10,000.00 |

**TOTAL LIABILITIES: \$ 894,209.18**

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Lizzet Martinez  
Continuation  
Page 2

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**PART D- INCOME**

(1) Law Offices of Damian & Martinez, 2372 NW 7 St. Miami, FL 33125	\$124,300
(2) Rental Properties Income:	\$30,062
-14501 North Kendall Drive, #H-302, Miami, FL 33186	
-9731 Fontainebleau Blvd., #F-108, Miami, FL 33172	
(3) Income from Sale of Asset (4130 Collins Ave, #403, Miami Beach, FL)	\$10,474
<b>TOTAL INCOME:</b>	<b><u>\$164,836</u></b>

Part C Liabilities: Creditors' Addresses

- (1) 1041 Mariana Ave. Coral Gables, FL  
ASC for Wells Fargo, PO Box 51119  
Los Angeles, CA 90051-5119
- (2) 14501 North Kendall Drive, #H-302, Miami, FL  
33186  
Bank of America, PO Box 650070, Dallas, TX  
75265
- (3) 9731 Fontainebleau Blvd. #F-108, Miami, FL  
33172  
Bank of America, PO Box 650070,  
Dallas, TX 75265



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

No. 7129570

RECEIVED FROM Lizet Martinez Campaign Acct DATE 5, 5, 2016  
MONTH DAY YEAR

ADDRESS PO Box 143701 CASH \$ \_\_\_\_\_  
Coral Gables STREET ADDRESS FL 33114 CHECKS \$ 5,520.80  
CITY STATE ZIP

AMOUNT OF: Five Thousand Five Hundred Twenty DOLLARS, AND 89/100 CENTS TOTAL \$ 5,520.80

FOR PAYMENT OF: Miami Dade - Qualifying Fee - County Court Judge Grp 7

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.  
DEPT.: Elections BY: YOLANDA WASHINGTON

**FOR OFFICE USE ONLY**

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

LIZET MARTINEZ CAMPAIGN ACCOUNT  
PO BOX 143701  
CORAL GABLES, FL 33114

63-8776/2670 137  
DATE 5/5/2016

© DELUXE deluxec.com/lnbrkcs  
SPECIALTY UNIT HIGH SECURITY

PAY TO THE ORDER OF Miami-Dade County \$ 5520.80  
five thousand five hundred twenty and 80/100 DOLLARS ← Heat Reactive Ink

**Interamerican Bank** FSB  
9190 CORAL WAY  
MIAMI, FLORIDA 33165  
Miami-Dade Cty Ct. Judge  
MEMO Qual. Fee Grp 7



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