

FORM 6

FULL AND PUBLIC DISCLOSURE

2015

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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

KELLY CARROLL T.

MAILING ADDRESS:

175 NW 1st Ave
Ste. 1650

CITY:

Miami

ZIP:

FL 33128

COUNTY:

MIAMI-DADE

NAME OF AGENCY:

COURT-STATE OF FLORIDA

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

County Court Judge - Group 23

CHECK IF THIS IS A FILING BY A CANDIDATE ☒

2016 APR 21 PM 2:51

MIAMI-DADE
ELECTIONS

RECEIVED

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 April 19, 2016 was \$ 1,381,520.00

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, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ 150,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Home - Address Confidential	650,000
Investment Property - NW 1st Terr Miami, FL	15,000
Investment property, Edwards, Colorado	600,000
Deferred Compensation / Retirement - T. Rowe Price	365,134
CASH, STOCKS, PRECIOUS METALS - WELLS FARGO, CITIBANK CITIZENS, FIFEBANK	90,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Everbank - 11 Oval Dr. Suite 107, Islandia N.Y.	255,000
Everbank - 11 Oval Dr. Ste 107 Islandia N.Y.	221,000
GMC - Car lease - Monthly	9140.00 - 459.00 / 20 mos
Hyundai Car lease - Monthly	\$3739.00 - 159.00 / 22 mos

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

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
State of Florida	Tallahassee Fl.	138,020

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			
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

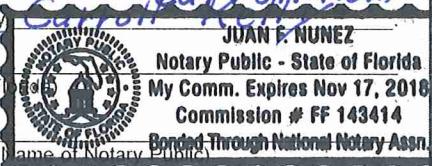
Sworn to (or affirmed) and subscribed before me this 19th day of

April

2016 by

Carron Kelly

(Signature of Notary Public - State of Florida)



(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, CARRON KELLY, 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 ☐

CAMPAIGN TO RE ELECT JUDGE CARROLL KELLY

396 ALHAMBRA CIRCLE, N TOWER 14TH FLR
CORAL GABLES, FL 33134

DATE 7/21/16

63-8655-2660

PAY TO THE
ORDER OF__

PAY TO THE ORDER OF Miami-Dade County

\$ 5,520. ⁸⁰/_{xx}

Five thousand five hundred twenty and 80/100

DOLLARS Security Features Included. Details on Back.

citibank®

CITIBANK, N.A. BR. #50
396 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134

FOR.

CITIBANK, N.A. BR. #50
396 ALHAMBRA CIRCLE
CORAL GABLES, FL 33104

Group 23

Quality Inn Fee

But

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OFFICIAL RECEIPT

MIAMI-DADE COUNTY-FLORIDA

No. 7129556

RECEIVED FROM Campaign to Re Elect Judge

DATE 04 / 21 / 2016
MONTH DAY YEAR

ADDRESS 396 Alhambra Circle N Carroll Kelly
Coral Gables STREET ADDRESS Tower 14th & Low
FL 33134
 CITY STATE ZIP

CASH \$ _____

CHECKS \$ 5520.80

AMOUNT OF: Five Thousand Five Hundred Twenty DOLLARS, AND Eighty CENTS TOTAL \$ 5,520 . 80

FOR PAYMENT OF: Qualifying Fee - County Court Judge Group 23

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

DEPT.: Elections BY: Vivian Suarez

FOR OFFICE USE ONLY

[illegible]