

FORM 6

**FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS**

RECEIVED 2015

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

FOR OFFICE USE ONLY:

2016 MAY -2 PM 4:47

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

LAST NAME — FIRST NAME — MIDDLE NAME:
Vizcaino, Diana

MAILING ADDRESS:
2600 South Douglas Road, Suite 900

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

NAME OF AGENCY :
State of Florida, Miami-Dade County Courts

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Miami-Dade County Court Judge, Eleventh Judicial Circuit, Group #37

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 31, 20 15 was \$ 83,252.47.

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 \$ 65,500.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Residence, [REDACTED]	\$480,000.00
Rollover IRA Cash Core Acct, Fidelity Investments, PO Box 770001, Cincinnati, OH 45277	\$45,717.37
Loan/advance to 2016 Candidate Campaign	\$50,000.00
Checking and Savings Accounts, Wells Fargo Bank, PO Box 5110, Sioux Falls, SD 57117	\$11,778.04

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Navient Solutions, Inc. (Student Loans) P.O. Box 9635, Wilkes-Barre, PA 18773-9635	\$116,534.86
Residence, 2nd Mtge, Suntrust Mortgage, P.O. Box 26149, Richmond, VA 23260-6149	\$45,087.96
Residence, 1st Mtge, Seterus Mortgage, 14523 S.W. Milikan Way, Sui, Hartford, CT 06143	\$365,559.12
Car Lease, Mercedes Benz Financial, PO Box 5209, Carol Stream, IL 60197	\$22,561.00

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.]

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 ELECTIONS DEPARTMENT

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	15555 Biscayne Boulevard, Miami, FL 33160	\$93,367.00
City of Miami	444 S.W. 2nd Avenue, Miami, FL 33130	\$70,016.00

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	N/A	N/A	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	N/A	N/A
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

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 2nd day of

May, 20 16 by J. Garrison
 (Signature of Notary Public--State of Florida)



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

Personally Known OR Produced Identification

Diana Nycamio
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Type of Identification Produced _____

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, Jose A. Riesco, CPA, 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]
 Signature

4/30/16
 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

DIANA VIZCAINO CAMPAIGN ACCOUNT

C/O RIESCO AND COMPANY, LLC
2600 S DOUGLAS RD SUITE 900
CORAL GABLES, FL 33134

63-964-670

DATE 5/2/16

PAY TO THE ORDER OF Miami Dade County \$ 5,520.80

Five thousand five hundred & twenty 80/100 DOLLARS

Sabadell United Bank



Qualifying Fee:
FOR Miami Dade Cnty Court Judge Dist 11, Grp 37



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 7129567

RECEIVED FROM Diana Vizcaino Campaign Account DATE 5, 2, 16
MONTH DAY YEAR

ADDRESS C/O Riesco & Company, LLC CASH \$ _____
2600 S. Douglas Rd. Suite 900 STREET ADDRESS
Coral Gables CITY STATE FL ZIP 33134 CHECKS \$ 5,520 . 80

AMOUNT OF: Five thousand five hundred & twenty DOLLARS, AND eighty CENTS TOTAL \$ 5,520 . 80

FOR PAYMENT OF: Qualifying fees Miami-Dade County Court Judge, 11th Circuit, Group 37

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

DEPT.: Elections Dept. BY: Barbara Herrera

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TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

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