

JUDICIAL OFFICE
CANDIDATE OATH

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2016 APR 26 PM 3:33

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT
OFFICE USE ONLY

OATH OF CANDIDATE (Section 105.031, Florida Statutes)

I, Michaelle Gonzalez-Paulson

(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 #)
11; 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 of Candidate

(305) 349-5702

Telephone Number

mgplaw@bellsouth.net

Email Address

Address

City

State

ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 110155207

* 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):

Mee-shell GON-ZA-LEZ PAWL-SON

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 26th day of April, 2016.

Personally Known: _____ or

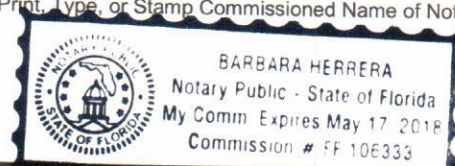
Produced Identification: ☒

Type of Identification Produced: Florida Driver License



Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public



FORM 6

FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS

2015

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

LAST NAME — FIRST NAME — MIDDLE NAME:

GONZALEZ-PAULSON, MICHAELLE

MAILING ADDRESS:

LAWSON E. THOMAS COURTHOUSE CENTER

175 NW 1ST AVENUE, STE 2322

CITY :
MIAMIZIP :
33128COUNTY :
MIAMI-DADENAME OF AGENCY :
11TH JUDICIAL CIRCUITNAME OF OFFICE OR POSITION HELD OR SOUGHT :
COUNTY COURT JUDGE, Group 11CHECK IF THIS IS A FILING BY A CANDIDATE ☒

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

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 26, 20 16 was \$ 26,781.00.

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 \$ 10,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Real Property Folio# [REDACTED]	\$230,000.00
Florida Retirement Investment Plan (FRS)	\$118,641.00
2007 Lexus IS250	\$10,500.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Chase Mortgage, PO BOX 78420 Phoenix AZ 85062	\$116,148.00
Navient, 9500 Wilkes-Barre, PA 18773-9533	\$55,513.00
Great Lakes Educational Loans, PO Box 3059 Milwaukee, WI 60197	\$133,142.00
Lending Club, 71 Stevenson Street, Ste 300, San Francisco, CA 94105	\$27,257.00

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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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	200 E. Gain St, Tallassee, FL 32399	\$138,020.00
Miami Dade College	11380 NW 27th Ave, Miami. FL 33167	\$12,218.90

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
NA	NA	NA	NA

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	NA	NA	NA
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 are true, accurate and complete.

Sworn to (or affirmed) and subscribed before me this 26 day of April, 2016 by Michaelle Gonzalez-Paulson



Barbara Herrera
 (Signature of Notary Public--State of Florida)
Barbara Herrera
 (Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification ☒

Type of Identification Produced Florida Driver License

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 ☐

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

Michaelle Gonzalez-Paulson
 Campaign Account
 815 N Homestead Blvd # 321
 Homestead, FL 33030-5024

LOOK FOR:
 3D hologram foil across top
 Heat-sensitive ink in upper-right corner

1001
 63-27/631

4/26/2016
 Date

Pay to the
 Order of MIAMI-DADE County \$ 5,520.⁸⁰
Five Thousand Five Hundred Twenty — 80/100
 Dollars

Bank of America
 1 SE 3rd Avenue
 Miami, FL 33131

County Court Judge Group
 11.
 For Qualifying Fee

Security Features
 Details on
 Back.

MP

Security Check

OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 7129560

RECEIVED FROM Michaelle Gonzalez-Paulson DATE 4 / 26 / 16
MONTH DAY YEAR
 ADDRESS 815 N HOMESTEAD BLVD #321 CASH \$ _____
HOMESTEAD STREET ADDRESS FL 33030
CITY STATE ZIP CHECKS \$ 5,520 . 80

AMOUNT OF: FIVE THOUSAND FIVE HUNDRED TWENTY DOLLARS, AND 80 ~~XX~~ CENTS TOTAL \$ 5,520.80

FOR PAYMENT OF: Qualifying Fee - County Court Judge Group 11

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

DEPT.: Elections BY: YOLANDA WASHINGTON

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[illegible]