

**CANDIDATE OATH -  
WRITE-IN CANDIDATE**

(Not for use by Judicial or  
School Board Candidates)

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

OFFICE USE ONLY

**OATH OF CANDIDATE**

(Section 99.021, Florida Statutes)

I, RUBIN Young  
(PLEASE PRINT NAME)

am a write-in candidate for the office of Miami Dade County Clerk of the Circuit Court  
(office) (district #) (circuit #)

Miami Dade; I am a qualified elector of Miami Dade County, Florida; I am qualified  
(group or seat #)

under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; 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 from 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.

X

Signature of Candidate

954 793-1927  
Telephone Number

emmi@ruseynhro.com  
Email Address

1398 SW 1st #806  
Address

Miami  
City

FL  
State

33135  
ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 114352311

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 6<sup>th</sup> day of June, 20 16.

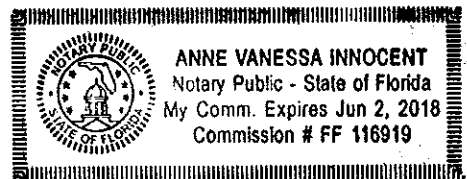
Personally Known: \_\_\_\_\_ or

Produced Identification: ✓

Type of Identification Produced:

Driver License

Anne Vanessa Innocent  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



## FORM 6

## FULL AND PUBLIC DISCLOSURE

2015

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

## OF FINANCIAL INTERESTS RECEIVED

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Young, Rubin

2016 JUN -6 PM 3:36

MAILING ADDRESS:

1398 SW 1st #806

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

Miami

FL 33135

DADE

CITY:

ZIP:

COUNTY:

NAME OF AGENCY:

Miami Dade County

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Miami Dade County Clerk of the Circuit Court

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 6/3, 2016 was \$ 700<sup>00</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 \$ 700<sup>00</sup>

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

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

VALUE OF ASSET

Clothing, Bedding, Dresser, TV, Chairs, Household Goods

700<sup>00</sup>

## PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

None

0

None

0

None

0

## JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

None

0

# 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 with this form. (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
None	None	\$

## 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
None	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	None	None	None
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 6th day of

June, 2016 by Rubin Young

(Signature of Notary Public--State of Florida)  
Anne Vanessa Innocent  
ANNE VANESSA INNOCENT  
Notary Public - State of Florida  
My Comm. Expires Jun 2, 2018  
(Print, Type, or Stamp Commissioned Name of Notary Public and Commission # FF 116919)

Personally Known ☐ Or ☒ Not Personally Known

Type of Identification Produced 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 ☐