

JUDICIAL OFFICE
CANDIDATE OATH

RECEIVED

2016 APR 28 PM 1:36

MIAMI-DADE COUNTY OFFICE USE ONLY
ELECTIONS DEPARTMENT

OATH OF CANDIDATE (Section 105.031, Florida Statutes)

I, MILENA ABREU

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

5; 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 Milena Abreu (305) 303-4692 Milena4judge@gmail.com
Signature of Candidate Telephone Number Email Address

Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109844493

* 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-LE-NAH A-BRAI-OO

STATE OF FLORIDA
COUNTY OF Miami Dade
Sworn to (or affirmed) and subscribed before me this 28th day of April, 2016.
Personally Known: _____
Produced Identification: _____
Type of Identification Produced: FL Driver License
Signature of Notary Public: Barbara Herrera
Print, Type, or Stamp Commissioned Name of Notary Public



OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

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

LAST NAME — FIRST NAME — MIDDLE NAME:

ABREU-MILENA

MAILING ADDRESS:

PO BOX 660611

CITY :

MIAMI SPRINGS

ZIP :

33266

COUNTY :

MIAMI-DADE

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

11TH JUDICIAL CIRCUIT, COUNTY COURT JUDGE, GROUP NO 5

CHECK IF THIS IS A FILING BY A CANDIDATE

2016 APR 28 PM 1:36
 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

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 December 31, 20 15 was \$ 20,000.00.

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 \$ \$ 114,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
JEEP WRANGLER 2007	\$ 12,000.00
HOUSEHOLD EQUIPMENT/FURNISHING/CLOTHING	\$ 20,000.00
FRS RETIREMENT ACCOUNT	\$ 76,000.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
AES STUDENT LOAN	\$ 80,000.00
NAVIENT STUDENT LOAN	\$ 14,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NAVIENT STUDENT LOAN	\$ 3,000.00

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
Ofc. Civil/Criminal Conflict: 3rd Region Fla	401 NW 2nd Avenue, Suite S-310 Miami, Fl 33128	\$ 50,000.00
11th Judicial Circuit of Fla: Traffic Division	1351 NW 12 Street, Miami, Florida 33125	\$ 25,000.00

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			

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		
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			

RECEIVED
 2016 APR 28 PM 1:35
 MIAMI DADE COUNTY
 ELECTIONS DEPARTMENT

PART F - TRAINING

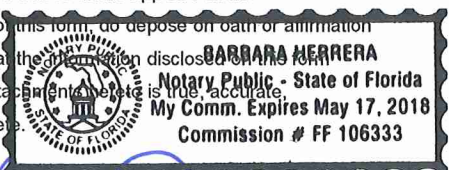
For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

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 28th day of April, 2016 by Milena Abreu
Barbara Herrera
 (Signature of Notary Public--State of Florida)
Barbara Herrera
 (Print, Type, or Stamp Commissioned Name of Notary Public)

Milena Abreu
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known _____ OR Produced Identification
 Type of Identification Produced FL Driver License

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

