

JUDICIAL OFFICE  
CANDIDATE OATH

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2016 APR 22 PM 4:34

MIAMI-DADE COUNTY OFFICE USE ONLY  
ELECTIONS DEPARTMENT

OATH OF CANDIDATE (Section 105.031, Florida Statutes)

I, ANTONIO "TONY" JIMENEZ

(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT \* -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

I am a candidate for the judicial office of COUNTY COURT JUDGE, 11TH,  
(office) (district #) (circuit #)  
35; 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** *Antonio Jimenez* (786) 525-7671 Campaign@Tony4Judge.com  
Signature of Candidate Telephone Number Email Address

150 SE 3rd Ave, #409 Miami FL 33131  
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 103868035

\* 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):  
AN-TO-NEED HE-MEH-NEZ

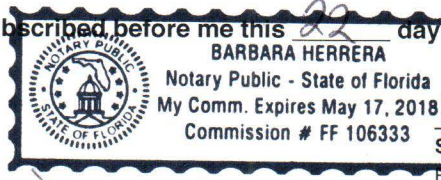
STATE OF FLORIDA  
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 22 day of April, 2016.

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

Produced Identification:

Type of Identification Produced: FL Driver License



*Barbara Herrera*  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



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:  
**JIMENEZ, ANTONIO GONZALO**

MAILING ADDRESS:  
**2 S. Biscayne Blvd., Suite 3760**

CITY: **Miami** ZIP: **33131** COUNTY: **Miami-Dade**

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NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
**COUNTY COURT JUDGE, 11TH CIRCUIT, GROUP 35**

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 April 22, 20 16 was \$ -\$271,596.42.

**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 \$ 20,000

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

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
2013 BMW 335i	\$26,000
2013 Volvo XC60	\$23,000
Citibank Citigold Account	\$4,373.81
T. Rowe Price Mutual Fund	\$1,729.89

**PART C -- LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Navy Federal Credit Union, PO Box 3000 Merrifield, VA 22119-3000, BMW Loan	\$33,555.27
USAA, 9800 Fredericksburg Road San Antonio, TX 78288, Loan	\$27,926.60
Navient, P O Box 9500 Wilkes-Barre, PA 18773-9500, Private Student Loans	\$77,558.87
Nelnet, P.O. Box 82561 Lincoln, NE 68501-2561, Federal Student Loans	\$152,032.21

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
USAA, 9800 Fredericksburg Road San Antonio, TX 78288, Volvo Loan	\$32,326.41



**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
Law Office of Antonio G. Jimenez	2 S. Biscayne Blvd, Ste 3760 Miami, FL 33131	\$136,591

**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			

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**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

Sworn to (or affirmed) and subscribed before me this 22 day of

and say that the information disclosed **BARBARA HERRERA**  
 and any attachments hereon is true and correct.  
 My Comm. Expires May 17, 2018  
 Commission # FF 106333

April, 2016 by Antonio Jimenez

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

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE At Jo

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**



ANTONIO JIMENEZ 03-16  
 "CAMPAIGN ACCOUNT" ( COUNTY COURT)  
 2 S. BISCAYNE BLVD. SUITE # 3760  
 MIAMI, FL 33131


63-984  
670 6

No.

112

DATE 4-22-16 PMP

Pay to the order of MIAMI-DADE COUNTY \$ 5520.80  
 Five Thousand Five Hundred Twenty and 80/100 ~~Dollars~~ ← Heat Reactive Ink

Sabadell United Bank 

MEMO COUNTY COURT JUDGE Qual Fee Group 35  MP

LOOK FOR FRAUD PREVENTING FEATURES INCLUDING THE SECURITY SQUARE AND HEAT REACTIVE INK DETAILS ON BACK



OFFICIAL RECEIPT  
 MIAMI-DADE COUNTY-FLORIDA

No. 7129558

RECEIVED FROM ANTONIO JIMENEZ DATE 4 / 22 / 16  
MONTH DAY YEAR

ADDRESS 2 S. Biscayne Blvd. Suite # 3760 CASH \$ \_\_\_\_\_  
STREET ADDRESS  
MIAMI FL 33131 CHECKS \$ 5,520.80  
CITY STATE ZIP

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

FOR PAYMENT OF: Qualifying FEE County Court Judge Grp 35

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT  
 DEPT.: Elections By: YOLANDA WASHINGTON

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

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