

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

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

2016 APR 28 AM 11:46

MIAMI-DADE ELECTIONS

LAST NAME — FIRST NAME — MIDDLE NAME:
ALCOBA, RUBEN YURY

MAILING ADDRESS:
3399 NW 72 AVENUE, #211

CITY: MIAMI ZIP: 33122 COUNTY: MIAMI-DADE

NAME OF AGENCY:
STATE OF FLORIDA

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
COUNTY COURT JUDGE GROUP 15

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 28, 20 16 was \$ 125,256.00.

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
Household Goods (guns, Tr's Furniture, clothing)	10,000.00
interest Alcala Law Group PA (50% interest)	250,000.00
Mercedes E 350 2014	33,000.00
TD Waterhouse Joint Account	25,000.00
California Property 50% interest	50,000.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Student Loan	211,744
E350 Mercedes Loan	21,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
None	

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
Alcoba Law Group PA.	3398 NW 72 AVE STE 211 MIAMI FL 33122	60,000.00 per year

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			

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Alcoba Law Group PA	Alcoba title Group PA	Some Industrial USA INC
ADDRESS OF BUSINESS ENTITY	3398 NW 72 AVE STE 211 MIAMI FL 33122	3398 NW 72 AVE ST 211 MIAMI FL 33122	3398 NW 72 AVE STE 211 MIAMI FL 33122
PRINCIPAL BUSINESS ACTIVITY	Law	Florida shell company	import & export
POSITION HELD WITH ENTITY	President	President	Director
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	yes	yes	NO
NATURE OF MY OWNERSHIP INTEREST	owner/partner	owner	Director / not owner

PART F - TRAINING

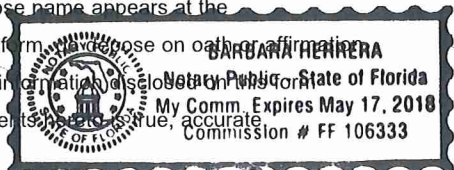
For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

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, have read and understand the contents of this form and say that the information disclosed is true, accurate and complete.



Sworn to (or affirmed) and subscribed before me this 28 day of April, 2016 by Rubén Y. Alcoba
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 FL. 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