

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:  
ADEBAYO, OLANIKE ANNETTE

2018 APR 27 AM 9:21

MAILING ADDRESS:  
550 NE 124TH STREET

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

CITY : NORTH MIAMI      ZIP : 33161      COUNTY : MIAMI-DADE

NAME OF AGENCY :  
11TH JUDICIAL CIRCUIT

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
COUNTY COURT JUDGE, GROUP 33

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, 2017 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 18 was \$ 28,152.00.

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 \$ 28,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
RESIDENCE, 925 NE 199TH STREET, UNIT 207, MIAMI, FL 33179	\$150,000.00
DEFERRED COMPENSATION, 777 N CAPITOL STREET NE, WASH, DC 20002-4240	\$14,500.00
FRS RETIREMENT ACCOUNT, P.O. BOX 182797, COLUMBUS, OH 43218-2797	\$11,650.00
WESTGATE RESORTS, 5601 WINDHOVER DRIVE, ORLANDO, FL 32819-7905	\$7,000.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
RESIDENCE, SETERUS MORTGAGE, P.O. BOX 1077, HARTFORD, CT 06143-1077	\$116,588.45
AUTO, SFECU, 7800 SW 117TH AVENUE, MIAMI, FL 33183	\$11,878.71
WELLS FARGO PL LOAN, P.O. BOX 14525, DES MOINES, IA 50306-3525	\$12,595.88
WESTGATE RESORTS, 5601 WINDHOVER DRIVE, ORLANDO, FL 32819-7905	\$5,918.72

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 2017 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 2017 federal income tax return and all W2's, schedules, and attachments.  
 [If you check this box and attach a copy of your 2017 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
Criminal Conflict & Civil Regional Counsel	401 NW 2nd Ave, Ste.S310, Miami, FL 33128	\$54,000.00
FTI Consulting Acuity, LLC.	15701 Melford Blvd., Ste.2, Bowie, MD 20715	\$3,096.00

**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
Olanike Adebayo, P.A.	N/A	8362 Pines Blvd., Ste 229, Pembroke Pines, FL 33024	Legal

**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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 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 26<sup>th</sup> day of April, 20 18 by Olanike Cinnette Cidebayo.



(Signature of Notary Public--State of Florida)

Juan C. Jimenez  
 (Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known  OR Produced Identification

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Type of Identification Produced \_\_\_\_\_

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**

**CANDIDATE OATH -  
JUDICIAL OFFICE**

Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

OFFICE USE ONLY

**Candidate Oath**

(Section 105.031, Florida Statutes)

I, Olanike "Nike" Adebayo

*(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box . (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)*

am a candidate for the judicial office of COUNTY COURT JUDGE, \_\_\_\_\_, 11, \_\_\_\_\_,  
(Office) (District #) (Circuit #)

33 ; my legal residence is 925 NE 199TH STREET, UNIT 207, 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.

**Candidate's Florida Voter Registration Number** (located on your voter information card): 109565085

**Phonetic spelling for audio ballot:** Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): *[Not applicable to write-in candidates.]*

O-luh-NEE-kai Ah-dai-BEI-o

<b>X</b> <u><i>Nike Adebayo</i></u>	(786) 519-0773	olanikeadebayopa@gmail.com	
<b>Signature of Candidate</b>	Telephone Number	Email Address	
925 NE 199th Street, Unit 207	Miami	Florida	33179
Address	City	State	ZIP Code

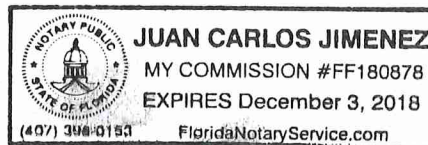
**STATE OF FLORIDA**  
**COUNTY OF** Miami Dade

**Signature of Notary Public**  
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me this 26<sup>th</sup> day of April, 2018.

Personally Known:  or Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_



CAMPAIGN OF OLANIKE ADEBAYO  
 3816 Hollywood Blvd Ste 203  
 Hollywood, FL 33021

1091

DATE 4/24/18

PAY TO THE ORDER OF Miami-Dade County \$ 5,520.80  
 Five thousand Five Hundred twenty 80/100 DOLLARS

CHECK ARMOR



FOR Qualifying Fee County Court Judge Group 33

*[Signature]*

Security Features Details on Back

MP



OFFICIAL RECEIPT  
 MIAMI-DADE COUNTY-FLORIDA

No. 7359953

RECEIVED FROM Olanike Adebayo  
 ADDRESS 3816 Hollywood Blvd Ste 203  
Hollywood STREET ADDRESS FL 33021  
 CITY STATE ZIP

DATE 4 / 27 / 18  
 MONTH DAY YEAR  
 CASH \$                       
 CHECKS \$ 5,520.80  
 TOTAL \$ 5,520.80

AMOUNT OF: Five Thousand Five Hundred Twenty DOLLARS, AND 80/100 CENTS

FOR PAYMENT OF: Qualifying Fee - County Court Judge Group 33

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

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TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

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