CANDIDATE OATH -JUDICIAL OFFICE

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

RECEIVED

2018 APR 23 PM 12: 42

MIAMI-DADE COUNTY

Write-in candidate	ELECTIONS DELAKTMEN#		
	. OFFICE USE ONLY		
Candidate Oath			
(Section 105.03	1, Florida Statutes)		
1 ATTACK	-		
(Print name above as you wish it to appear on the ballo	ot. If your last name consists of two or more names but has no		
hyphen, check box . (See page 2 - Compound Last	t Names). No change can be made after the end of qualifying.		
	e ballot, the name must be printed above for oath purposes.)		
am a candidate for the judicial office of	ort Judge 1		
. 0	(Office) (District #) (Circuit #)		
; my legal residence is M. D.	County, Florida; I am a qualified elector		
(Group #)			
of the state and of the territorial jurisdiction of the court to wh	ich 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	be elected or in which I desire to be retained; I have qualified for any part thereof runs concurrent with the office I seek; and I have		
	uant to Section 99.012, Florida Statutes; and I will support the		
Constitution of the United States and the Constitution of the S	state of Florida.		
Section 876.05, Florida Statutes, oath (only applicable if ele	ected and when term of office begins): I, a citizen of the State of		
funds as such employee or officer, do hereby solemnly swear	byed by or an officer of the court system and a recipient of public r 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 y	our voter information card): 169244631		
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.]			
X1 (2000 1301 377	18473 STE VOTE DORKET & GMO		
Signature of Candidate Telephone Number	Email Address		
Address City	State ZIP Code		
STATE OF FLORIDA	Signature of Notary Public		
COUNTY OF Mign - Lone	Print, Type, or Stamp Commissioned Name of Notary Public below:		
Sworn to (or affirmed) and subscribed before me this 23 day of, 20 Personally Known: or Produced Identification:	WILFRED CASTRO MY COMMISSION # GG69508 EXPIRES: February 05, 2021		
Type of Identification Produced:			

FORM 6	FULL AND PUBLIC DISCL	OSURE	2017
Please print or type your name, mailing address, agency name, and position below	OF FINANCIAL INTERI	ESTS FOR	OFFICE USE ONLY:
LAST NAME — FIRST NAME — MIDI Barket, Michael George	DLE NAME:		E 22 F
MAILING ADDRESS: 19 West Flagler Street			RECE 2018 APR 23 MIAMI-DAG ELECTIONS
Suite 406			ETICTI)
CITY : Miami	ZIP: COUNTY: 33130 Miami-Dade		23 PM 12: 4-1 DADE COUNTY NS DEPARTHENT
NAME OF AGENCY:	icent		HENTY :
NAME OF OFFICE OR POSITION HE County Judge (Group 40)	LD OR SOUGHT :		
CHECK IF THIS IS A FILING BY A CA	NDIDATE 🔯		
culated by subtracting your repo	PART A NET WORTH net worth as of December 31, 2017 or a more orted liabilities from your reported assets, so poril 20, 20 was \$	please see the instructi	ions on page 3.]
following, if not held for investment furnishings; clothing; other household The aggregate value of my household ASSETS INDIVIDUALLY VALUED AT	cts may be reported in a lump sum if their aggregate va purposes: jewelry; collections of stamps, guns, and nu d items; and vehicles for personal use, whether owned or \$4 d goods and personal effects (described above) is \$	mismatic items; art objects; leased. 10,000.00	
See Attached	33E1 (Specific description is required - see instruction	лів р.4)	3,134,485.56
	PART C LIABILITIES	· 医克里克兰 有多种 大型林顿巴克克森	
LIABILITIES IN EXCESS OF \$1,000 (S	ee instructions on page 4):		
NAME AND ADDRES Citi Credit Card 703	S OF CREDITOR	1 - 2 -	\$8,000.00
American Express 7	400 1877 Lauisville L.	40290	\$2,000.00
Bank of America 7	15319 (11: -1 TE	12000	\$6,000.00
Ford Motor Credit	39045 Solois O	0 (1810	\$25,000.00
JOINT AND SEVERAL LIABILITIES NO			
NAME AND ADDRES	S OF CREDITOR		AMOUNT OF LIABILITY
44			
Į.			



Identify seath securate source and amount of income which exceeded \$1,000 during the year including security currous control as complete good of your 2017 federal income tax rebum. Including all Wicks, schedules, and distachments. Plage gread any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website \$1,000 federal income tax rebum including all Wicks, schedules, and distally provided \$1,000 federal income to exceed \$1,			PART D -	INCOME	RECE	VED	1
Ideact to file a copy of my 2017 feederal income tax return and all W2s, schedules, and state-propriets. If you check this box and attach accopy of you 2017 tax return, you need not complete ph feedingship of pit 0,000	6 0017 (1 1 1		a calculation of	and attaches blaces	ng secondary sou	rces of incor	account numbers before
NAME OF SOURCE OF INCOME EXCEEDING \$1.000 Law Office of Michael G. Barket, PA 19 W. Flagler Street, Suite 406 \$15,000.00 \$36,000.00 \$	I elect to file a copy of my 2 [If you check this box and a	2017 federal income tax re ttach a copy of your 2017	turn and all Wi tax return, you	2's, schedules, and attac u need not complete the FIF	hments.	POUNTY	′
Barket Properties, LLC 19 W. Flager Street, Suite 406 \$15,000.00 \$26,000.00	PRIMARY SOURCES OF INCOME	(See instructions on pa	ige 5):		TO LIONS DEI	PARTME	MT
Barket Properties, LLC 19 W. Flagler Street, Suite 406 SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person-see instructions on page 5]: NAME OF NAME OF NAME OF MAJOR SOURCES OF BUSINESS INCOME PART E INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6] BUSINESS ENTITY BUSINESS ENTITY # 2 BUSINESS ENTITY # 3 NAME OF BUSINESS ENTITY # 2 BUSINESS ENTITY # 3 NAME OF BUSINESS ENTITY # 3 NAME OF BUSINESS ENTITY # 3 PRINCIPAL BUSINESS PRINCIPAL BUSINESS INTURE OF BUSINESS ENTITY # 3 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. STATE OF FLORIDA CONTH 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 anyfilthylments hereto is true, accurate, and complete. Personally Known SIGNATURE OF RECONTING 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:			10 W El-			: 5	
SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person-see instructions on page 5] NAME OF NAME OF MAJOR SOURCES OF SOURCE ACTIVITY OF SOURCE BUSINESS ENTITY PART E INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6] BUSINESS ENTITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3 NAME OF BUSINESS ENTITY # 2 BUSINESS ENTITY # 3 NAME OF BUSINESS ENTITY # 3 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3 BUSINESS ENTITY # 3 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3 BUSINESS ENTITY # 2 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3 BUSINESS ENTITY # 2 BUSINESS ENTIT	Law Office of Michael G.	Barket, PA) (' · D'		201	700	
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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. STATE OF FLORIDA COUNTY OF Swan to (or affirmed) and subscribed before me this day of 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. (Print, Type, or Stamp Commit of Mark C. PLIMER, JR. Personally Known Type of Identification Produce (Print, Type, or Stamp Commit of Mark C. PLIMER, JR. Personally Known Type of Identification Produce 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,							
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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. Signature of Notary Public-State of Floridal	OWNERSHIP INTEREST						
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. 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,	OWNERSHIP INTEREST		PART F -	TRAINING		· 即是其(546)年)	
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Signature Sworn to (or affirmed) and subscribed before me this day of 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. (Signature of Notary Public.—State of Florida) Frank C. PALLER, JR. Personally Known Personally Known Type of Identification Produce (Print, Type, or Stamp Commission, & FF 118642 EXPINES: August 31, 2018 Type of Identification Produce 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.	OWNERSHIP INTEREST For officers		annual eth	ics training pursuar			
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Assets

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	ELECTIONS DEPARTMENDO.00
Dade County Federal Credit Union	LECTIONS DEPARTMANDO
University Credit Union	\$ 2,000.00
Florida Community Bank (Law Office of Michael G. Barket, PA)	\$11,000.00
Florida Community Bank (Barket Properties)	\$ 5,000.00
Etrade	\$ 5,400.00

Stock

Carnival Cruise Lines	\$6,500.00
Delta Airlines	\$5,500.00
Walt Disney	\$10,000.00

Vehicle \ Boat

2015 Ford F-150			\$25,000.00
1969 SeaCraft 20'			\$20,000.00

Personal Residence



\$528,800.00

Barket Properties, LLC

Total	Barket Properties, LLC		\$853,412.00
Rental Property	645 SW 126 th Avenue Miami, Florida	\$464,896.00	
Rental Property	3545 SW 3 rd Avenue Miami, Florida	\$388,516.00	

Papa Conch, LLC (1/3 ownership interest)

273 Pirates Road (Monroe)		\$434,694.00	
263 Pirates Road (Monroe)		\$434,694.00	
0044670 (Monroe)	Vacant Land Unbuildable	\$50.00	
00167940-001300 (Monroe)	Vacant Land Unbuildable	\$46.00	
00167940-001400 (Monroe)	Vacant Land Unbuildable	\$46.00	
00109840 (Monroe)	Vacant Land	\$ 27,537.00	
30-7826-007-1690 (Miami)	Vacant Land	\$45,312.00	
Total Papa Conch, LLC		\$942.379.00	
AND DESCRIPTION OF THE PROPERTY AND THE PROPERTY OF THE PROPER			

1/3 Michael G. Barket ownership interest

\$314,126.33

JTM Properties, LLC (1/3 ownership interest)

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212 Ponce De Leon Blvd (Miami) 1520 SW 22 nd Ter (Miami)	Rental Property Rental Property	2016 \$ P 5, 214.00 12: 42 \$ 346,842.00
1928 SW 18th Court (Miami)	Rental Property	MI\$283,237E000UNTY
Total JTM Properties, LLC		ELEGIOSE, 393 POORTMENT
1/3 Michael G Barket own	\$311 797 66	

TekRab Properties, LLC (1/3 ownership interest)

1252 SW 22 nd Street (Miami)	Rental Property	\$380,433.00
30-3122-002-0030 (Miami)	Rental Property	\$ 42,500.00
4701 NW 27th Avenue (Miami)	Rental Property	\$236,577.00
3791 Bird Road (Miami)	Rental Property	\$750,772.00
452 West Flagler Street (Miami)	Rental Property	\$412,817.00
Total TekRab Properties, LLC		\$1,823,099.00
1/3 Michael G. Barket ow	nership interest	\$607,699.66

Tiger Lily, LLC (1/3 ownership interest)

975 Cobb Road	\$1,269,750.00
Highlands, NC	
Total Tiger Lily, LLC	\$1,269,750.00
1/3 Michael G. Barket ownership interest	\$423,250.00

MIAMI-DADE)	SIA .	OFFICIAL RECEIPT MIAMI-DADE COUNTY-FLORIDA														No. 7359951											
COUNTY	Rec	RECEIVED FROM Michael G. Garke												+	DATE 04 / 23 /								<u>, 1</u>	2018			
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THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT																											
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