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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2018 MAY - 1 PM 4: 45

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT OFFICE USE ONLY

					FICE USE ONLY	
	Candidate Oath					
	(Section 105.031, Florida Statutes)					
۱,	Christopher "Chris" Pracitto					
	(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.)					
an	n a candidate for the judicial office of	County Court Judg	де	1 1	11th ,	
		(Offic	ce)	(District #)	(Circuit #)	
	32 ; my legal residence is	Miami-Dade	Cour	nty, Florida; I am a d	qualified elector	
(G	Group #)					
La no res	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.						
an	d of the State of Florida.					
	d of the State of Florida. ndidate's Florida Voter Registration N	umber (located on your vo	er information card):10	09716545		
Can Pho	d of the State of Florida.	name phonetically on the	line below as you wish	h it to be pronounce		
Can Pho	d of the State of Florida. ndidate's Florida Voter Registration N onetic spelling for audio ballot: Print of as may be used by persons with disab	name phonetically on the oilities (see instructions on	line below as you wish page 2 of this form): [No	h it to be pronounce ot applicable to write		
Pho ballo KF	d of the State of Florida. Indidate's Florida Voter Registration Notes and the control of the c	name phonetically on the bilities (see instructions on 1/786) 260-1212	line below as you wish	h it to be pronounce ot applicable to write comcast.net		
Pho ballo KF	ndidate's Florida Voter Registration Notes as may be used by persons with disable RIS-to-fer "kris" pra-SEE-to	name phonetically on the pilities (see instructions on $\binom{786}{260-1212}$	e line below as you wish page 2 of this form): [No	h it to be pronounce ot applicable to write comcast.net	e-in candidates.]	
Photoballo KF	d of the State of Florida. Indidate's Florida Voter Registration Notes as may be used by persons with disable RIS-to-fer "kris" pra-SEE-to Indidate of Candidate 210 SW 102 Court	name phonetically on the pilities (see instructions on $\binom{786}{260-1212}$	e line below as you wish page 2 of this form): [No	h it to be pronounce ot applicable to write comcast.net Email Address 331	e-in candidates.]	
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FORM 6	FULL AND	PUBLIC D	ISCLOSURE	2017
Please print or type your name, mailing address, agency name, and position below	OF FINA	ANCIAL IN	TERESTS	FOR OFFICE USE ONLY:
LAST NAME — FIRST NAME — MIDI Pracitto, Chr <mark>istopher</mark>	DLE NAME:			
MAILING ADDRESS: 8910 SW 102 Court				2018 PELEF
				THE TO
CITY : Miami	ZIP : 33176	COUNTY : Miami-Dade		RECEIVED 2018 MAY -1 PM 4: 45 2018 MAY -1 PM 4: 45 ELECTIONS DE PARTMEN
NAME OF AGENCY : Miami Dade County Court				PH 4:
NAME OF OFFICE OR POSITION HEI Miami Dade County Court Judge, Gro	LD OR SOUGHT : oup 32, 11th Judicial	Circuit		5
CHECK IF THIS IS A FILING BY A CA	NDIDATE 🔽			ক্ষা
	PA	ART A NET WO	RTH	
Please enter the value of your repo				
My net worth as of				
wy net worth as of		, 20 <u></u>	was \$	
HOUSEHOLD GOODS AND PERSON. Household goods and personal effect 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 purposes: jewelry; colled ditems; and vehicles for digoods and personal e	ections <mark>of stamps,</mark> gur r personal use, whethe	gregate value exceeds \$1 ns, and numismatic items; er owned or leased.	,000. This category includes any of the art objects; household equipment and
DESCRIPTION OF A	SSET (specific descrip	otion is required - see	e instructions p.4)	VALUE OF ASSET
See Attached		ad Aprilius la reprinte prime fed deputins with parts interprint in the compression in commence with a compression of		
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	PA	ART C <mark>LIAB</mark> ILI	ΓΙES	
LIABILITIES IN EXCESS OF \$1,000 (S NAME AND ADDRES		ge 4):		AMOUNT OF LIABILITY
See Attached				
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NAME AND ADDRES Small Business Administration; Ad-		er, CO 80259	and more administrative and the state of the second state of the second state of the state of the second s	AMOUNT OF LIABILITY 10,329.20
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		is the special of the state of		

		PART D -	- INCOME		
Identify each separate source a copy of your 2017 federal inco attaching your returns, as the la	me tax return, including all W2	s, schedules, a	nd attachments. Please redact anv ⁱ s	sources of income. Or attach a complete before	e e
I elect to file a copy of a [If you check this box a	ny 2017 federal income tax re nd attach a copy of your 2017	tax return, you	's, schedules, and attachmer 2018 need not complete the remainder	Part D.]' FF 4: 45	
PRIMARY SOURCES OF INC		ge 5):	ADDRESS OF SOURCE OF INCOM	11-DADE COUNTY	
NAME OF SOURCE OF INC		4004 D : 1 1	ADDRESS OF SOURCE OF INCOM	HEYS DEPARTMENT AMOUNT	
The Law Office of Christophe	er Pracitio, PA	1221 Brickei	Ave, Ste 900 Miami Fl 33131	45,700.66	
SECONDARY SOURCES OF	NCOME [Maior customers, cli	ents, etc., of bu	sinesses owned by reporting person	-see instructions on page 51:	
NAME OF	NAME OF MAJOR	SOURCES	ADDRESS	PRINCIPAL BUSINESS	
BUSINESS ENTITY None	OF BUSINESS'	INCOME	OF SOURCE	ACTIVITY OF SOURCE	-
		Nictor and American American			_
J	PART E INTERESTS II	SPECIFIE	D BUSINESSES [Instructions o	n page 6]	
LIALAS OF	BUSINESS ENTITY	<i>‡</i> 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY	None				
ADDRESS OF BUSINESS ENTITY					
PRINCIPAL BUSINESS		A talk band by dangar war no parameters represented in the extensi			
ACTIVITY POSITION HELD				and the contract of the state o	-
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NATURE OF MY OWNERSHIP INTEREST					
		PART F. 7	FRAINING		
For office	ers required to complete		cs training pursuant to sectio	n 112.3142. F.S.	
			PLETED THE REQUIRED		
	A PRINT	STATE	OF FLORIDA		
O _A	ATH	COUNT		Loole	
I, the person whose name app		Sworn t	to (or affirmed) and subscribed befor	e me this day of	
beginning of this form, do dep			Mary , 20 18 by 6	haistopher PRAcit	to
and say that the information d			1 11-	V	
and any attachments hereto is true, accurate, and complete. (Signature of Notary Public—State of Florida) Notary Public					
CARIOS O. DIAZ State of Florida				1	
		•	ype, or Stamp Commissioned Name	My Commission Expires 0	
(Aus I)	aculto		F1 A	duced Identification <u>Commission No. G</u> G	33422
SIGNATURE OF REPORTING	OFFICIAL OR CANDIDATE	Type of	Identification Produced FL 5		
If a certified public accountan		3, or attorney	in good standing with the Florida I	Bar prepared this form for you, he or	
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.					
		mana minara inga kapingang panggalikan kapanggan kabanggan kapanggan kapanggan kapanggan kapanggan kapanggan k			
Signatu	re		- New York Control of the Control of	Date	
Preparation of this form	by a CPA or attorney de	oes not relie	ve the filer of the responsibili	ty to sign the form under oath.	
IF ANY OF PARTS A	THROUGH E ARE CO	NTINUED (ON A SEPARATE SHEET, PL	EASE CHECK HERE	

FORM 6 - ATTACHED DISCLOSURES

Christopher Pracitto

Miami Dade County Court Judge, Group 32

8910 SW 102 Court

Miami, FL 33176

Email: cpracitto@comcast.net

Phone: 786-260-1212

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PART B-ASSETS

Real Property: 8910 SW 102 Court, Miami FL 33176	\$600,000.00
Nationwide Life Insurance Policy surrender value:	\$ 91,263.18
Florida Pre-Paid College Plans	\$32,872.40
RBC Cap. IRA	\$6,024.00
Putnam Investments SEP IRA	\$52,132.19
Bank Account: Wells Fargo	\$7,188.25
Wells Fargo (SP)	\$1,898.55
Wells Fargo (JP)	\$1,389.27
2017 Jeep Grand Cherokee	\$25,000.00
Household Goods, Furnishings and Jewelry	\$60,000.00
Business: Law Office of Christopher Pracitto, P.A.	\$125,000.00

PART C-LIABILITIES

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Real Property:

MIAMI-DADE COUNTY 4,086.16 Home Financing Center 400 University Dr.

3rd Floor

Coral Gables, 33134

Credit cards: \$ 25,000.00

MOHELA Loan \$32,681.22

633 Spirit Drive

Chesterfield, Missouri 63005

Auto Loan (Space coast) \$23,190.28

PO Box 419001

Melbourne, Fl 32941

	1
MIAMI-DADE)	
COUNTY	

107.01-1 6/04

OFFICIAL RECEIPT

MIAMI-DADE COUNTY-FLORIDA

No. 7359962

SOURIN	- (h/	e Procitto	_	05 . 01 . 2018	
	RECEIVED FROM CINC	03/1901/10	DATE	MONTH DAY YEAR	
	Address \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	brille 11 Henry Ster	100 CASH	\$	
	Miami	STREET ADDRESS FL 331	31 CHECKS	\$ 5,520 .80	
Amount of	: Five trousond five	had wat Dollars, and eight	cents Total	\$5520 80	
FOR PAYMENT OF: QUELITYING FEE COMY COUT JUDGE GOOD 32					
THIS RECE	EIPT NOT VALID UNLESS E	DATED, COMPLETED AND SIGNED BY	AUTHORIZE	D EMPLOYEE OF DEPARTMENT.	
	C CCIONS	By:	111 0-01		
FOR OF	FICE USE ONLY				
Trans Subsidiary		INDEX CODE	Suвовјест	овјест Амоинт	

CAMPAIGN TO ELect

Chris Pracitto
1221 Brickell Ave, 5TE 900 5/1/2018

Date

Payto the MiAmi, F2 33131

Payto the MiAmi - Dade County

Five Thousand Frice Hundred + Twenty - Toodollars

Wells Fargo Bank, NA.
Florida Horida
Wells Fargo Bank, NA.
Florida For Qualifying Fee Group 32

For Qualifying Fee Group 32