

**FORM 6**

**FULL AND PUBLIC DISCLOSURE  
OF FINANCIAL INTERESTS**

**2017**

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

**OF FINANCIAL INTERESTS**

FOR OFFICE USE ONLY:

**RECEIVED**  
**2018 MAY -2 PM 5: 15**  
**MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT**

LAST NAME — FIRST NAME — MIDDLE NAME:  
Sosa-Bruzon, Eleane

MAILING ADDRESS:  
8520 NW 139th Terr.  
#1601

CITY : ZIP : COUNTY :  
Miami Lakes 33016 Miami-Dade

NAME OF AGENCY :  
11th Judicial Circuit of Florida

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
Miami-Dade 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 December 31, 20 17 was \$ 221,076.95.

**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 \$ 60,000

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

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
2016 Mercedes-Benz GLA 250	\$26305
2014 Ram 1500	\$26219
Space Coast Credit Union, 8045 Wickham Rd., Melbourne, FL 32940 (Checking/Savings)	\$21566.36
Popular Bank, 7900 Miami Lakes Dr. West, Miami Lakes, FL 33016 (Checking/Savings)	\$5702.50

**PART C -- LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Chrysler Capital, PO Box 961275, Fort Worth, TX 76161 (Auto Loan)	\$1137.00
Mercedes-Benz Financial Services, PO Box 685, Roanoke, TX 76262 (Auto Loan)	\$6876.24
AES Loan Servicing, PO Box 2461, Harrisberg, PA 17105-2461 (Law School Loan)	\$71375
Education Services, PO Box 7051, Utica, NY 13504-7051	\$4995

**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 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
Landau & Associates, P.A.	1250 E. Hallandale Beach Blvd., Suit 304	\$97955.42
	Hallandale Beach, FL 33009	

**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	NONE	NONE	NONE
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
DO 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**

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.

STATE OF FLORIDA  
 COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 2<sup>nd</sup> day of

May, 20 18, by Elaine Baucom

Anne Vanessa Innocent  
 (Signature of Notary Public--State of Florida)

ANNE VANESSA INNOCENT  
 Notary Public - State of Florida  
 My Comm. Expires Jun 2, 2018  
 Commission # FF 116919

Personally Known  Produced Identification

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Type of Identification Produced Florida 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**

**PART B CONTINUED (Assets)**

8520 N.W. 139<sup>th</sup> Terrace, #1601 Miami Lakes, Florida 33016 \$300,000  
(Residence)

8960 South Hollybrook Boulevard, #105, Pembroke Pines, Florida \$80,000  
33025 (Real Estate Owned)

Florida Prepaid College Board, P.O. Box 6567, \$6961.44  
Tallahassee, FL 32314-6567 (Daughter)

Loan to Eleane Sosa-Bruzon Judicial Campaign \$30.00

**PART C CONTINUED (Liabilities)**

SunTrust Mortgage, Inc. PO Box 79041 Baltimore, \$221,324.11  
MD 21279-0041 (Residence)

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

**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 -2 PM 5:15  
MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

OFFICE USE ONLY

**Candidate Oath**

(Section 105.031, Florida Statutes)

I, Eleane Sosa-Bruzon

*(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 Miami-Dade County Court Judge, \_\_\_\_\_, 11th, \_\_\_\_\_  
(Office) (District #) (Circuit #)

33 \_\_\_\_\_; 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.

Candidate's Florida Voter Registration Number (located on your voter information card): 109473811

**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.]*

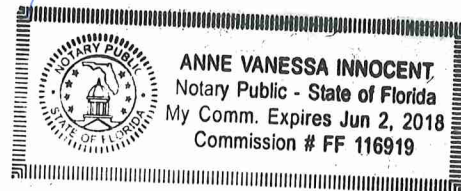
EE-lain sOHsuh broozohn

<b>X</b>	(786) 281-5264	esosabruzon@gmail.com	
<b>Signature of Candidate</b>	Telephone Number	Email Address	
8520 Nw 139th Terr, #1601	Miami Lakes	FL	33016
Address	City	State	ZIP Code

STATE OF FLORIDA  
COUNTY OF Miami-Dade

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

Sworn to (or affirmed) and subscribed before me this 2<sup>nd</sup> day of May, 2018.  
Personally Known: \_\_\_\_\_ or Produced Identification:   
Type of Identification Produced: Florida Driver License





OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 7359967

RECEIVED FROM Eleane Sosa-Bruzon

DATE 5 / 2 / 18
MONTH DAY YEAR

ADDRESS 8004 NW 154th Street #577
STREET ADDRESS

CASH \$

City Miami Lakes State FL ZIP 33016

CHECKS \$ 5,520.80

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

TOTAL \$ 5,520.80

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: [Signature]

FOR OFFICE USE ONLY

Table with columns: TRANS, SUBSIDIARY, INDEX CODE, SUBJECT, AMOUNT. Multiple empty rows for data entry.

107.01-1 6/04

ELEANE SOSA-BRUZON ELECTION COMMITTEE
CAMPAIGN ACCOUNT
8004 NW 154TH ST #577
MIAMI LAKES, FL 33016

1001

5/2/18 Date

Pay To The Order Of Miami-Dade County \$5,520.80
five thousand five hundred twenty and 80/100 Dollars

Bank of America
ACH R/T 063100277

For Campaign Qualification fee [Signature]

Harland Clarke

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