

**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 APR 17 AM 11:02

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

OFFICE USE ONLY

**Candidate Oath**

(Section 105.031, Florida Statutes)

I, Andrea Ricker Wolfson

(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 #)

24; 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): 109974105

**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.]

An-dree-a Rick-er Wolf-son

**X** [Signature] (786) 218-9845 andrearickerwolfson@gmail.com  
Signature of Candidate Telephone Number Email Address

Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Miami-Dade

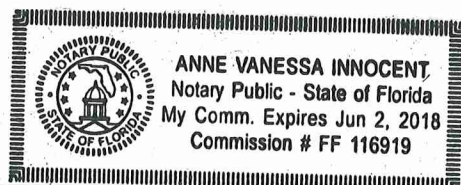
[Signature]  
Signature of Notary Public

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

Sworn to (or affirmed) and subscribed before me this 17<sup>th</sup>  
day of April, 2018.

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

Type of Identification Produced: Florida Driver License



**FORM 6**

**FULL AND PUBLIC DISCLOSURE**

**2017**

**OF FINANCIAL INTERESTS**

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

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

LAST NAME — FIRST NAME — MIDDLE NAME:

Ricker Wolfson Andrea Dottie

MAILING ADDRESS:

Richard E. Gerstein Justice Building  
1351 NW 12<sup>th</sup> Street, Ste. 402

CITY:

Miami, FL

ZIP:

33125

COUNTY:

Miami-Dade

NAME OF AGENCY:

State Courts

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

County Court Judge - Group 24

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 10, 20 18 was \$ 1,732,000.00

**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 \$ 50,000.00

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

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Single-family home [redacted]	650,000.00
2005 19-foot Cudacraft boat	15,000.00
Stock (T. Rowe Price)	78,000.00
Bank Acct - Home Fed. Bank of Hollywood, 900 N. Fed. Highway, Hallandale Beach, FL 33009	10,000.00

**PART C -- LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
U.S. Dept. of Education - P.O. Box 530260, Atlanta, GA 30353-0230	90,000.00
KHESLC - P.O. Box 24328, Louisville, KY 40224	15,000.00
Home Fed. Bank of Hollywood - 900 N. Fed Highway, Hallandale Beach, FL 33009	185,000.00
Wells Fargo - P.O. Box 660455, Dallas, TX 75266-0455	201,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Not applicable	



**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
State Courts Salary	200 E. Gaines, St., Tallahassee, FL 32399	138,020.00

**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
Not applicable			

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Not applicable		
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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 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**

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 Dade

Sworn to (or affirmed) and subscribed before me this 10<sup>th</sup> day of April, 20 18 by Andrea Ricker Wilson

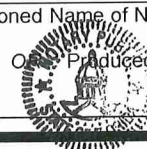
Janet Samper  
 (Signature of Notary Public--State of Florida)

Janet Samper  
 (Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known  Other Produced Identification  Commission # GG173717

Type of Identification Produced Expiry: January 28, 2022

[Signature]  
 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**

FORM 6 - Andrea Ricker Wolfson - ADDENDUM

Part B - Assets, Cont...

402 North Dixie Highway, Lake Worth, FL 33460	400,000.00
406 North Dixie Highway, Lake Worth, FL 33460	450,000.00
Raymond James Cash + Brokerage Acct. - 880 Carillon Pkwy, St. Petersburg, FL 33716	250,000.00
TD Ameritrade Acct. - 255 Alhambra Circle, Ste. 120 Coral Gables, FL 33134	20,000.00
1809 N. Dixie Highway, Lake Worth, FL 33460 (half owner)	135,000.00
437 Northwood Road, West Palm Beach, FL 33407	350,000.00

Part C - Liabilities, Cont...

Estate of Kuno Kramer (mortgage) - James Wearn, 410 Evenia Street, #5, West Palm Beach, FL 33401	185,000.00
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Part D - Income, Cont...

1809 N. Dixie Highway, Lake Worth, FL 33460	- 0 -
437 Northwood Road, West Palm Beach, FL 33407	30,000.00
402 N. Dixie Highway, Lake Worth, FL 33460	36,000.00
406 N. Dixie Highway, Lake Worth, FL 33460	48,000.00

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT





**OFFICIAL RECEIPT**  
MIAMI-DADE COUNTY-FLORIDA

No. 7415287

RECEIVED FROM Andrea Dottie Ricker Wolfson

DATE 4 / 17 / 18  
MONTH DAY YEAR

ADDRESS 3399 SW 3rd Ave  
STREET ADDRESS  
Miami CITY FL STATE 33145 ZIP

CASH \$ \_\_\_\_\_

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 Judge Group 24

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT

DEPT.: Elections

By: [Signature]

**FOR OFFICE USE ONLY**

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

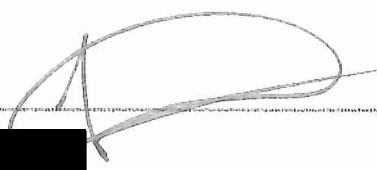
ANDREA DOTTIE RICKER  
WOLFSON CAMPAIGN ACCOUNT  
3399 SW 3rd Ave  
Miami, FL 33145

4/17/18 DATE 1014  
CHECK AMOUNT

PAY TO THE ORDER OF Miami - Dade County \$ 5,520.80  
Five thousand five hundred twenty and 80/100 DOLLARS  
Photo Safe Deposit® Details on back



FOR Qualifying Fee - COUNTY JUDGE GROUP 24



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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT