

**FORM 6**

**FULL AND PUBLIC DISCLOSURE**

**2017**

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

**OF FINANCIAL INTERESTS**

**RECEIVED FOR OFFICE USE ONLY:**

LAST NAME — FIRST NAME — MIDDLE NAME:

BEOVIDES, GINA

2018 APR 26 PM 5:16

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

MAILING ADDRESS:

73 WEST FLAGLER STREET, ROOM 418

CITY :

MIAMI

ZIP :

33130

COUNTY :

MIAMI-DADE

NAME OF AGENCY :

11TH JUDICIAL CIRCUIT, STATE OF FLORIDA

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

MIAMI-DADE COUNTY COURT JUDGE, GROUP 39

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 \$ 80,253.55.

**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
BANK ACCOUNTS, JP MORGAN CHASE BANK	12,747.13
FLORIDA RETIREMENT SYSTEM INVESTMENT ACCOUNT 401-A	122,326.00
VOYA DEFERRED COMPENSATION, GOVERNMENT PLAN, STATE OF FLORIDA	3,133.10
AUTOMOBILE LEASE VALUE, 2017 MINI COOPER CONVERTIBLE	8,421.80

**PART C -- LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NAVIENT LAW SCHOOL LOAN, PO BOX 9640, WILKES BARRE, PA 18773	30,057.15
AMERICAN EDUCATION SERVICES CONSOLIDATED SCHOOL LOAN PO BOX 2461, HARRISBURG, PA 17105-2461	57,157.33
MINI FINANCIAL SERVICES, PO BOX 9001065, LOUISVILLE, KY 40290-1065	19,160.00

**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
STATE OF FLORIDA, JEFF ATWATER	200 E. Gaines Street, Tallahassee, FL 32399	\$133,554.00

**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
N/A	N/A	N/A	N/A

**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	N/A	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			

MIAMI-DADE COUNTY  
 ELECTIONS DEPARTMENT  
 20 APR 26 PM 5:17  
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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**

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 18 day of

April, 20 18 by Gina Beavides

Lynda J. Rimart  
 (Signature of Notary Public--State of Florida)

Lynda J. Rimart  
 (Print, Type, or Stamp Commissioned Name of Notary Public)

**LYNDA T RIMART**  
 MY COMMISSION # **GG003613**  
 EXPIRES **June 26, 2021**

Personally Known \_\_\_\_\_ OR Produced Identification

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Type of Identification Produced FL Drivers 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, JOSE A. NIESCO, 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, GINA BEOVIDES

(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 #)

39 ; 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): 109864510

**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.]

j EE n uh b ee o v IH d eh s

X (305) 349-7148 keepjudgegina@aol.com  
Signature of Candidate Telephone Number Email Address

Address City State ZIP Code

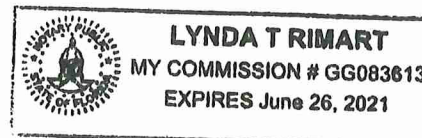
STATE OF FLORIDA  
COUNTY OF Miami-Dade

Lynda J Rimart  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me this 18  
day of April, 2018.

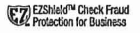
Personally Known: \_\_\_\_\_ or Produced Identification:

Type of Identification Produced: FL Driver's License



**GINA BEOVIDES CAMPAIGN**

2600 S DOUGLAS RD STE 900  
CORAL GABLES, FL 33134



DATE 4/26/18

PAY TO THE ORDER OF Miami Dade County \$ 5520.80

five thousand five hundred twenty + 80/100 DOLLARS

FOR Qualifying fee group 39  
SUNTRUST ACH RT 081000104 County Court Judge



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

No. 7359952

RECEIVED FROM Gina Beovides

DATE 04, 26, 2018  
MONTH DAY YEAR

ADDRESS 2600 S. Douglas Rd Ste 900  
Coral Gables STREET ADDRESS FL 33134  
CITY STATE ZIP

CASH \$ \_\_\_\_\_  
CHECKS \$ 5,520.80  
TOTAL \$ 5,520.80

AMOUNT OF: Five thousand five hundred twenty DOLLARS, AND eighty CENTS

FOR PAYMENT OF: Qualifying Fee County Court Judge Group 39

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

DEPT.: elections By: Will Castro

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TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

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 ELECTIONS DEPARTMENT