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: 38

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

		OFFICE US	SE ONLY	
Candic	date Oath	4		
(Section 105.031, Florida Statutes)				
I, DIANA GONZALEZ-WHYTE				
(Print name above as you wish it to appear on the ball hyphen, check box □. (See page 2 - Compound Las Although a write-in candidate's name is not printed on the	t Names). No change can i	be made after the end of qu	alifying.	
am a candidate for the judicial office of COUNTY COUR	T JUDGE	, , 11	,	
	(Office)	(District #) (Circu	uit #)	
10 ; my legal residence is MIAMI-DADE	Co	unty, Florida; I am a qualified	l 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.				
and of the State of Florida.				
Candidate's Florida Voter Registration Number (located on y	your voter information card): 1	01881558		
	on the line below as you w	ish it to be pronounced on the	ne audio didates.]	
Candidate's Florida Voter Registration Number (located on y Phonetic spelling for audio ballot: Print name phonetically ballot as may be used by persons with disabilities (see instruction)	on the line below as you w ons on page 2 of this form): [ish it to be pronounced on the	ne audio didates.]	
Candidate's Florida Voter Registration Number (located on your properties of the pro	on the line below as you w ons on page 2 of this form): [ish it to be pronounced on the Not applicable to write-in can	ne audio didates.]	
Candidate's Florida Voter Registration Number (located on your phonetic spelling for audio ballot: Print name phonetically ballot as may be used by persons with disabilities (see instruction DEE AH NAH GOO NSA LEZ HYPHEN WH EI T	on the line below as you w ons on page 2 of this form): [ish it to be pronounced on the Not applicable to write-in cand	ne audio didates.]	
Candidate's Florida Voter Registration Number (located on your phonetic spelling for audio ballot: Print name phonetically ballot as may be used by persons with disabilities (see instruction DEE AH NAH GOO NSA LEZ HYPHEN WH EI T	on the line below as you w ons on page 2 of this form): [ish it to be pronounced on the Not applicable to write-in cand	ne audio didates.]	
Candidate's Florida Voter Registration Number (located on your properties of the control of the	on the line below as you wons on page 2 of this form): // DIANA@J	ish it to be pronounced on the Not applicable to write-in cand	ne audio didates.]	
Candidate's Florida Voter Registration Number (located on your properties of the pro	on the line below as you wons on page 2 of this form): // DIANA@J	ish it to be pronounced on the Not applicable to write-in cand	didates.]	
Candidate's Florida Voter Registration Number (located on your properties of the control of the	on the line below as you wons on page 2 of this form): // DIANA@J	UDGEDIANA.COM Email Address ZIP Code Libic Lib	didates.]	

FORM 6 FULL AND PUBLIC DISCLOSURE 2017				
Please print or type your name, mailing address, agency name, and position below:	ESTS TE FOR	OFFICE USE ONLY:		
LAST NAME — FIRST NAME — MIDDLE NAME: Gonzalez-Whyte Diana	2018 MAY - I	PM 4: 38		
MAILING ADDRESS: 1130 Washington Ave	MIAMI-DADE ELECTIONS DE	COUNTY PARTMENT		
2nd Floor		4		
CITY: ZIP: COUNTY: Miami Beach 33139 Miami-Dade	¥=			
NAME OF AGENCY : Eleventh Judicial Circuit	,			
NAME OF OFFICE OR POSITION HELD OR SOUGHT : County Court Judge Group 10	-			
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 culated by subtracting your <i>reported</i> liabilities from your <i>reported</i> assets, so My net worth as of, 20 was \$	please see the instruction	Net worth is not calons on page 3.]		
PART B ASSETS HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate va following, if not held for investment purposes: jewelry; collections of stamps, guns, and nu furnishings; clothing; other household items; and vehicles for personal use, whether owned on the aggregate value of my household goods and personal effects (described above) is \$ ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:	ımismatic items; art objects; ır leased.	itegory includes any of the household equipment and		
DESCRIPTION OF ASSET (specific description is required - see instructi	ons p.4)	VALUE OF ASSET		
11219 N. Kendall Drive Unit C208 Miami, FL 33176		186,000.00		
Retirement System P.O. BOX 1495 LINCOLN SHIRE, IL		23,630.00		
Florida Prepaid College PO Box 31088 Tampa, FL 33631-3088		\$6,591.18		
Suntrust Bank P.O. BOX 305183 NASHVILLE TN		30,091.04		
PART C LIABILITIES				
LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4): NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY		
KINECTA Credit Union 1440 Rose Garden Ave		9,405.00		
Federal Loan Servicing P.O. Box 60610 Harrisburg, PA		196,000.00		
Chase Mortgage P.O Box 0241696 Columbus, OH		26,900.00		
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY		
none				

		PART D	INCOME	1	
Identify each separate source ar copy of your 2017 federal incom attaching your returns, as the la	e tax return, including all W2	s, schedules, ar	nd attachments. Please redact any sc	sources of income. Or attach a complete cial security or account numbers before	
I elect to file a copy of m	y 2017 federal income tax re d attach a copy of your 2017	turn and all W2' tax return, you	s, schedules, and attachments. need not complete the remainder of F	Part D.]	
PRIMARY SOURCES OF INCO				- 1 , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
NAME OF SOURCE OF INC	OME EXCEEDING \$1,000		ADDRESS OF SOURCE OF INCOM	18,000.00	
	The first meeting				
State of Florida		P.O. BOX 68	30 Tallahassee FL 32314	151,821.96	
SECONDARY SOURCES OF I	NCOME [Major customers, cl	ents, etc., of bu	sinesses owned by reporting person-	-see instructions on page 5]:	
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS		ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
N/A	OF BOSINESS	INCOME	OF GOOKGE		
. I - la ule celle la leve con les	APETE DIFFERENCES I	N CDECIEVE	D DUCINESCES Hastanetions of	n nogo 61 em	
, ,	BUSINESS ENTITY		D BUSINESSES [Instructions of BUSINESS ENTITY # 2	BUSINESS ENTEY #3	
NAME OF BUSINESS ENTITY	N/A		· · · · · · · · · · · · · · · · · · ·	AM AN	
ADDRESS OF				NS C	
BUSINESS ENTITY PRINCIPAL BUSINESS				08 - 111	
ACTIVITY				AC P	
POSITION HELD WITH ENTITY				28 7 77	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS				E S	
NATURE OF MY OWNERSHIP INTEREST				Φ	
	第一的原始在16世界/斯·斯尔斯特在18年	PART F - 1	FRAINING		
For office	ers required to complete		cs training pursuant to section	n 112.3142, F.S.	
			PLETED THE REQUIRED		
O _A	ATH	STATE COUN	OF FLORIDA MIAMI	-Dade	
I, the person whose name app	ears at the	Sworn	to (or affirmed) and subscribed befor	re me this 30 day of	
beginning of this form, do dep	ose on oath or affirmation	A	$D(i \mid A) = 20 \% \text{ by } D(i)$	iana Gonzalez-Whyte	
and say that the information d	isclosed on this form	Y	1 0 0/15		
				CAROLINA VALENZAMO	
and any attachments hereto is	true, accurate,	Signat	ure of Notary PublicState of Florida	CAROLINA VALENZA K	
and any attachments hereto is and complete.	true, accurate,	Can	olina Valenzano	MY COMMISSION # GG GG EXPIRES: April 18, 2021	
<u>.</u>	true, accurate,	(Print,	Type, or Stamp Commissioned Name	MY COMMISSION # GG GG EXPIRES: April 18, 2021 of Notary Public Bonded Thru Budget Notary See	
and complete.		(Print,	Type, or Stamp Commissioned Name	MY COMMISSION # GG GG EXPIRES: April 18, 2021	
and complete.	G OFFICIAL OR CANDIDAT	(Print, Person Type o	Type, or Stamp Commissioned Name ally Known OR Pro	MY COMMISSION # GG GG EXPIRES: April 18, 2021 Bonded Thru Budget Notary Se duced Identification	
and complete. SIGNATURE OF REPORTING	G OFFICIAL OR CANDIDAT	(Print, Person Type o	Type, or Stamp Commissioned Name ally Known OR Pro	MY COMMISSION # GG GG EXPIRES: April 18, 2021 of Notary Public Bonded Thru Budget Notary See	
and complete. SIGNATURE OF REPORTING If a certified public accountar she must complete the follow	G OFFICIAL OR CANDIDAT It licensed under Chapter 4 ing statement:	Person Type o	Type, or Stamp Commissioned Name ally Known OR Profidentification Produced in good standing with the Florida the CE Form 6 in accordance with	MY COMMISSION # GG GG EXPIRES: April 18, 2021 Bonded Thru Budget Notary Se duced Identification	
and complete. SIGNATURE OF REPORTING If a certified public accountar she must complete the follow I,	G OFFICIAL OR CANDIDAT It licensed under Chapter 4 ing statement:	Person Type o	Type, or Stamp Commissioned Name ally Known OR Profidentification Produced in good standing with the Florida the CE Form 6 in accordance with	MY COMMISSION # GG GG EXPIRES: April 18, 2021 Bornded Thru Budget Notary Sended Identification Bar prepared this form for you, he or Art. II, Sec. 8, Florida Constitution,	
and complete. SIGNATURE OF REPORTING If a certified public accountar she must complete the follow I, Section 112.3144, Florida Sta and correct.	G OFFICIAL OR CANDIDAT It licensed under Chapter 4 ing statement: atutes, and the instructions	Person Type o	Type, or Stamp Commissioned Name ally Known OR Profidentification Produced in good standing with the Florida the CE Form 6 in accordance with	MY COMMISSION # GG GG EXPIRES: April 18, 2021 Bornded Thru Budget Notary Sended Identification Bar prepared this form for you, he or Art. II, Sec. 8, Florida Constitution,	
and complete. SIGNATURE OF REPORTING If a certified public accountar she must complete the follow I, Section 112.3144, Florida Sta and correct. Signature of Reporting	G OFFICIAL OR CANDIDAT It licensed under Chapter 4 ing statement: atutes, and the instructions	Person Type o 73, or attorney , prepared to the form. Up	Type, or Stamp Commissioned Name ally Known OR Profile Identification Produced in good standing with the Floridathe CE Form 6 in accordance with non my reasonable knowledge and	MY COMMISSION # GG GG EXPIRES: April 18, 2021 Bornded Thru Budget Notary Sended Identification Bar prepared this form for you, he or Art. II, Sec. 8, Florida Constitution, I belief, the disclosure herein is true	

Part B Assets

529 SAVINGS PLAN -Florida Prepaid College Board

PO Box 31088 Tampa, FL 33631-3088 \$2,606.18

3302 40th Street Lehigh Acres, FL \$7,500.00

2074 Tribune Blvd Punta Gorda, FL \$15,000.00

Calle 56 #35-7 Medellín, Colombia \$465,000.00

DOIBMAY - 1 PM 4



OFFICIAL RECEIPT MIAMI-DADE COUNTY-FLORIDA

No. 7359961

RECEIVED FROM Diomo Gonzolez whyte					5 / 1 / 8 MONTH DAY YEAR
	Address <u>2/03</u>	Corol Way Suit	12 306	Cash	\$
	Miomi 1	ΓY	STATE Z		\$ 5,520.8
AMOUNT OF	Five Thousand Five	Gundard Two Dollars	6, AND	CENTS TOTAL	\$ 5 520 . 8
For Paymen	NT OF: Qualifying	Fep - County G	Huy Tridge	Viono 10	
THIS RECI	EIPT NOT VALID UNLES	S DATED, COMPLETE	D AND SIGNED B	Y AUTHORIZE	D EMPLOYEE OF DEPARTMEN
DEPT.: Ell	ections	,	BY: NV	Tinn & GM	
FOR OF	FICE USE ONLY		· (
Trans	Subsidiary	Ĭndex	Code	Suвовјест	Амоинт
107.01-1 6/04					

RE-ELECT DIANA GONZALEZ-WHYTE	111
CAMPAING ACCOUNT 2103 CORAL WAY SUITE 306 MIAMI, FL 33145 DATE	€7 Shield [™]
PAY TO THE MIAMI Dade County \$53	520.80
five thousand five hundred buthy ond solve	S Security Features Included Details on Back.
BankUnited 1-877-779-2265 www.bankunited.com	
CC) Group 10 MEMO Qualifying fee	IVP

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