

**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 18 PM 12:15
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT
OFFICE USE ONLY

Candidate Oath

(Section 105.031, Florida Statutes)

I, Samuel Joseph "Sam" Slom

(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 Miami-Dade Eleventh
(Office) (District #) (Circuit #)

3 ; 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): 108953678

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.]

Sa-moo-el Jo-sef Slom

Samuel Joseph Slom (305) 548-5187 judgesamuelslom@comcast.net
Signature of Candidate Telephone Number Email Address

1351 NW 12 Street #513 Miami Florida 33125
Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

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

Sworn to (or affirmed) and subscribed before me this 3rd
day of April, 2018.

Personally Known: or Produced Identification:

Type of Identification Produced: _____



ESTELA DIAZ
MY COMMISSION # FF 101334
EXPIRES: April 17, 2018
Bonded thru Budget Notary Services

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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

LAST NAME — FIRST NAME — MIDDLE NAME:
SLOM SAMUEL J.

MAILING ADDRESS:
1351 N.W. 12 Street

Room 513

CITY : ZIP : COUNTY :
Miami 33125 Miami-Dade

NAME OF AGENCY :
State of Florida Courts, 11th Judicial Circuit

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
County Court Judge, Group 3

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 \$ 1,700,258

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 \$ 145,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Residence	\$629,500
Securities, Wells Fargo, P.O. Box 5275, Sioux Falls, SD 57117	\$ 31,436
BMW 335	\$ 28,239
2008 Toyota RAV4	\$ 7,715

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Chase, P.O. Box 18263, Columbus, OH 43216	\$187,135
BMW Financial Services, P.O. Box 78066, Phoenix, AZ 85062	31,425

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<u>N/A</u>	

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 Courts	P.O. Box 6830, Tallahassee, FL 32314	\$151,821.96

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.			

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			
DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3442, 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 9th day of APRIL, 2018 by SAMUEL J. Slom

Estela Diaz
 (Signature of Notary Public--State of Florida)

ESTELA DIAZ
 MY COMMISSION # FF 101334
 (Print, Type, or Stamp Name of Notary Public)

Personally Known OR Produced Identification _____

Type of Identification Produced _____

Saul J. Slom
 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

SAMUEL J. SLOM,

PART B - ASSETS 2017 (CONTINUED)

Deferred Compensation Voya Financial 699 Walnut Street, Des Moines, IA 50309	\$823,599
US Currency, Bank United, P.O. Box 521599 Miami, FL 33152	\$250,364
US Currency, Chase, P.O. Box 182057 Columbus, OH 43218	\$ 3,009

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