## **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

			THI IC	FFICE USE ONLY		
Candidate Oath						
(Section 105.031, Florida Statutes)						
I, Jeff Cynamon						
(Print name above as you wish it to hyphen, check box ☐. (See page Although a write-in candidate's nam	2 - Compound Last Na	ames). No change can b	oe made after the e	end of qualifying.		
am a candidate for the judicial office of	Miami-Dade County	Court Judge		, <u>//</u> ,		
			(District #)	(Circuit #)		
02 ; my legal residence is (ad	dress exempt) Miar	mi-Dade Co	unty, 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.						
and of the state of Fields.						
Candidate's Florida Voter Registration	Number (located on you	r voter information card): 1	09091155	a		
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.]						
v our	( )		_			
X ///5~	(305) 535-9992	jcynamon(				
Signature of Candidate	Telephone Number		Email Address			
P.O. Box 414890	Miami Beach	Florida		3141		
Address	City	State	ZIP	Code		
STATE OF FLORIDA		Signature of Notary Pu	ublic			
COUNTY OF MIAMI-DADE		Print, Type, or Stamp Commis		Public below:		

Rule 1S-2.0001, F.A.C.

FORM 6 FULL AND PUBLIC DISCLOSURE	2017
Please print or type your name, mailing address, agency name, and position below:  OF FINANCIAL INTERESTS  FOR	OFFICE USE ONLY:
LAST NAME — FIRST NAME — MIDDLE NAME:	
Cynamon, Jeff	
MAILING ADDRESS:	
P.O. Box 414890	2
	S S R
CITY: MIAMIBEACH ZIP: COUNTY:	至 更 四
North Bay Village 33141 Miami-Dade	皇上而
NAME OF AGENCY: Miami-Dade County / 11th Judicial Circuit	RECEIVED 2018 MAY -1 AM II: 36
NAME OF OFFICE OR POSITION HELD OR SOUGHT:	5 5
County Court Judge Group 02	
CHECK IF THIS IS A FILING BY A CANDIDATE	TY 6
PART A NET WORTH	
Please enter the value of your net worth as of December 31, 2017 or a more current date. [Note: 1	Net worth is not cal-
culated by subtracting your reported liabilities from your reported assets, so please see the instruction	
My net worth as of <u>April 30</u> , 20 <u>18</u> was \$ <u>3,091,081.83</u>	
My flet worth as of, 20 was \$\psi	·
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 can following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.	ategory includes any of the household equipment and
The aggregate value of my household goods and personal effects (described above) is \$ _138,950.00	
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:	
DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Residence Real Property, Miami-Dade County, Florida (address exempt)	1,892,859.00
IRA, Vanguard, P.O. Box 1101, Valley Forge PA 19483	174.054.55
Bank Account, Wells Fargo, 760 41 St, Miami Beach & Chase, 6916 Collins Ave., Miami	36,373.81
Please see attached continuation sheet.	848,844.47
PART C LIABILITIES	
LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):	
NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:  NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	
, ,,	

			- INCOME		
copy of your 2017 federal incom attaching your returns, as the law	e tax return, including all W2 w requires these documents	s, schedules, a be posted to th	e Commission's website.	ial 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	e's, schedules, and attactments AY need not complete the remainder of Pa	art D.]H17 11: 36	
PRIMARY SOURCES OF INCO	ME (See instructions on pa	ge 5):	ADDRESS OF SOURCE OF INCOME	NDE COUNTY	
NAME OF SOURCE OF INCO				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Law Offices of Jeff P. C	ynamon, P.A.	1700 79 S	t. Cwy, Ste 160, N. Bay Villa	age, FL 162,000.00	
				· ·	
SECONDARY SOURCES OF IN	ICOME [Major customers, cli	ents, etc., of bu	usinesses owned by reporting persons	see instructions on page 5]:	
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS		ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
NIA					
P.	ART E INTERESTS I	N SPECIFIE	D BUSINESSES [Instructions on	page 6]	
	BUSINESS ENTITY		BUSINESS ENTITY # 2	BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY	Law Offices of Jeff P. Cyna	mon, P.A.			
	1700 79 St Cwy, Ste 160, North Bay Villa	nge, Fl 33141			
	Law Firm				
POSITION HELD WITH ENTITY	President				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes				
NATURE OF MY OWNERSHIP INTEREST	100%				
		PART F -	TRAINING		
For office	rs required to complete	annual eth	ics training pursuant to section	112.3142, F.S.	
	I CERTIFY THAT I H	AVE COM	PLETED THE REQUIRED 1	TRAINING.	
OA	TH		TY OF MARTINE	2600	
I, the person whose name app			to (or affirmed) and subscribed before		
beginning of this form, do depo	ose on oath or affirmation		ON , 2018 by Je	St Chouse	
and say that the information disclosed on this form					
and any attachments hereto is true, accurate, (Signature of Notary Public State of Fiving FRED CASTRO					
and complete.  MY COMMISSION # GG69508  EXPIRES: February 05, 2021  (Print, Type, or Stamp Commission of Notary Public)					
FILE					
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE  Type of Identification Produced					
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.					
Preparation of this form by a CPA or attorney does not reneve the hier of the responsibility to sign the form under oath.					

Law Offices of Jeff P. Cynamon, P.A.'s Bank Account, Wells Fargo, 760 41 St, Miami Beach, FL: \$36,048.70.

Law Offices of Jeff P. Cynamon, P.A.'s 2011 Subaru Impreza: \$8,682.00.

Law Offices of Jeff P. Cynamon, P.A., 1700 79 Street Causeway, Suite 160, N. Bay Village, Florida: \$654,000.00.

Loan to Campaign: \$150,113.77.

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## OFFICIAL RECEIPT MIAMI-DADE COUNTY-FLORIDA

No. 7359960

COUNTY	MIAMI-DADE COUNTY			
	RECEIVED FROM Jeff	Cymomon	<b>Date</b> 5	TH DAY YEAR
	Address 1700 Ke	nnedy Consensy, Soute 16	Cash \$	
	North Boy Vill	STREET ADDRESS JULIE 16 STREET ADDRESS JULIE 16 STATE  STATE  STATE  COUNTY COURT JURIS  ATED, COMPLETED AND SIGNED	3/4/ <b>C</b> HECKS \$	<u> </u>
AMOUNT OF:	ve Thousand Five Hun	edized Two Dollars, and 20	_ CENTS TOTAL \$	-5,520.8
For Payment	or: Carolifying Fe	2. County Count Judge	Group 2	
THIS RECEIP	T NOT VALID UNLESS D	ATED, COMPLETED AND SIGNED	BY AUTHORIZED EN	APLOYEE OF DEPARTMEN
DEPT.: Elec	Tions	By:	Vannow My	
FOR OFF	ICE USE ONLY			
TRANS	Subsidiary	INDEX CODE	Ѕивовјест	Amount
107.01-1 6/04				207
	JEFF CYNAMON CA	AMPAIGN ACCOUNT	DATE	O18 GCHECK ARMOR
PAY TO THE ORDER OF	MIAMI-DADE C	LOUNTY HUNDRED ATWENTY DOG		\$ 5,520.80
~ FIVE I	HOUSAND + FIVE	HUNDRED ATWENTY DO	CLARS & EIGHT	DOLLARS Deposits
& Cit	ty National Bank Bci Financial Group	,	1113	
FOR QUA	TY COURT GROUP O	2.	for form	19

HARTIN THE RESERVE

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MIAMI-DADE COUNTY