CANDIDATE OATH JUDICIAL OFFICE

Check box *only* if you are seeking to qualify as a write-in candidate:

Write-in candidate

RECEIVED

2018 APR 16 AM 10: 00

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

OFFICE USE ONLY							
Candidate Oath							
, Florida Statutes)							
(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.)							
(Office) (District #) (Circuit #)							
County, Florida; I am a qualified elector							
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): 109844493							
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.]							
x Mily () 12 (305) 303-4692 milena 4 judge @							
Email Address amail. Lov							
State ZIP Code							
Signature of Notary Public							
Print, Type, or Stamp Commissioned Name of Notary Public below:							
ANNE VANESSA INNOCENT Notary Public - State of Florida My Comm. Expires Jun 2, 2018 Commission # FF 116919							

FORM 6 FULL AND PUBLIC DISCL	2017	
Please print or type your name, mailing address, agency name, and position below:	ESTS FOR	OFFICE USE ONLY:
LAST NAME — FIRST NAME — MIDDLE NAME:		
Abrey Milena MAILING ADDRESS:		
MAILING ADDRESS:		2018
Dode		生 专 四
CITY: COUNTY:	T. C	RIGHT CHI
NAME OF AGENCY:		and beautiful production of the second
County Court Judge Court 43	ق - -	PM 2:5
NAME OF OFFICE OR POSITION HELD OR SOUGHT:	ī	5
CHECK IF THIS IS A FILING BY A CANDIDATE	,	nort.
PART A NET WORTH		
PART A NET WORTH Please enter the value of your net worth as of December 31, 2017 or a more	current date. [Note: N	Net worth is not cal-
culated by subtracting your reported liabilities from your reported assets, so p	olease see the instruction	ons on page 3.]
My net worth as of <u>December</u> , 20 <u>∏</u> was \$ _	\$ 20,060	. CO
PART B ASSETS		
HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate val following, if not held for investment purposes: jewelry; collections of stamps, guns, and nur furnishings; clothing; other household items; and vehicles for personal use, whether owned or	mismatic items; art objects;	tegory includes any of the household equipment and
The aggregate value of my household goods and personal effects (described above) is \$	The state of the s	0
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:		
DESCRIPTION OF ASSET (specific description is required - see instruction)	ons p.4)	VALUE OF ASSET
Jeep Wingler		10,000.00
these hold equipment turnishings		20,000
+BD Meticement Account		90,000,
		STEEL STORY STORY
PART C LIABILITIES LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):		
NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY
AES Student Dan - PO Box Lyb HA	41.50013, PA 1710S	80 000,00
Sallie mas student loan - POBOX 9533	Wilker-	12000,00
Suntrust car loan -	BALLE, PA	15000,00
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:	18773	
NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY
N/a		
,		

		PART D -	- INCOME	
Identify each separate source ar copy of your 2017 federal incom attaching your returns, as the la	ne tax return, including all W2s	s, schedules, a	oduring the year, including secondary sound attachments. Please redact any social e Commission's website.	urces of income. Or attach a complete al security or account numbers before
			e's, schedules, and attachments. The need not complete the remainder of Par	t D.]
PRIMARY SOURCES OF INCO	ME (See instructions on pa	ge 5):		
NAME OF SOURCE OF INC	OME EXCEEDING \$1,000		ADDRESS OF SOURCE OF INCOME	AMOUNT
Milena Abr	eu PA			477750.00
	,			
SECONDARY SOURCES OF IN	NCOME [Maior customers, clie	ents, etc., of bu	usinesses owned by reporting personse	e instructions on page 51:
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS'	SOURCES	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
nlg				
.,				
D	ADT F INTEDESTS IN	SDECIEIE	D DISINESSES Hystometicas on a	
r.	BUSINESS ENTITY #		D BUSINESSES [Instructions on p BUSINESS ENTITY # 2	· .
NAME OF	λ / / Λ		BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
BUSINESS ENTITY ADDRESS OF	/\/ //~			07
BUSINESS ENTITY				A PR
PRINCIPAL BUSINESS ACTIVITY				DAI SE
POSITION HELD				. Marian
I OWN MORE THAN A 5%				ROUNT M
INTEREST IN THE BUSINESS NATURE OF MY				₹ N
OWNERSHIP INTEREST				里 5
		PART F - '	ΓRAINING	
For office	rs required to complete	annual ethi	cs training pursuant to section 1	12.3142, F.S.
			PLETED THE REQUIRED TR	
O.A.	TH	STATE COUN	OF FLORIDA IY OF Miami-Dode	
I, the person whose name appe				a this 117h days
beginning of this form, do depo		Sworn	to (or affirmed) and subscribed before m	e this day of
and say that the information dis		- the	, 20 18 by Mile	ma A. Abreu
and any attachments hereto is	true, accurate,	(Cianat	Vnme Somess WHINIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	MINIMUM MINIMU
and complete.		(Signat	ANN	IE VANESSA INNOCENT
		(Print, 7	Type, or Stamp Commission of National Stamp of	Notang Public - State of Florida
$MA \cdot I$) ()		OF FLORING CO	Ommission # FF 116919
/// lile	Suc		willing the state of the state	
SIGNATURE/OF REPORTING	OFFICIAL OR CANDIDATE	Type of	Identification Produced Horida	11 Ven Killmise
If a certified public accountant she must complete the following		3, or attorney	in good standing with the Florida Bar	prepared this form for you, he or
l	Ü	. prepared t	he CE Form 6 in accordance with Art.	II Sec. 8 Florida Constitution
Section 112.3144, Florida Stat	utes, and the instructions to	the form. Up	on my reasonable knowledge and bel	ief, the disclosure herein is true
and correct.				
Signature	<u> </u>			Data
		es not relie	ve the filer of the responsibility t	Date the form under oath
IF ANY OF PARTS A	THROUGH E ARE CO	NTINUED (ON A SEPARATE SHEET, PLEA	SE CHECK HERE



OFFICIAL RECEIPT MIAMI-DADE COUNTY-FLORIDA

No. 7415286

CASH \$
$33/45$ Checks \$ 5520 . 86
proup 43
SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT
BY: Hy Inno En
Subobject Amount
1

Campaign to Elect Milena Abreu 2103 Coral Way STE 304 Miami, Florida 33145-2630	<u>4/16/2018</u>
PAY TO the order of	S S 20 80 ed 1/2014 B Dollars Ascertly tenture pendie on back The secretly tenture

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