

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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

RECEIVED
 2018 APR 16 PM 2:51
 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

LAST NAME — FIRST NAME — MIDDLE NAME:

Abreu Milena

MAILING ADDRESS:

[REDACTED]

CITY: ZIP: COUNTY:

11th Judicial Circuit Dade

NAME OF AGENCY:

County Court Judge Group 43

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

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, 20 17 was \$ \$ 20,000.00.

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 \$ \$ 20,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Jeep Wrangler	10,000.00
Household equipment + furnishings	20,000.00
FBS Retirement Account	90,000.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
AES Student loan - PO Box 2461 Harrisburg, PA 17105	80,000.00
Sallie Mae student loan - PO Box 9533 Wilkes-Barre, PA	12,000.00
SunTrust car loan - 799 Brickell Plaza Miami, FL 33131 18773	15,000.00

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
Milena Abreu, PA	[REDACTED]	\$ 77,750.00
	[REDACTED]	

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		
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			

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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 16th day of

April, 20 18 by Milena A. Abreu

Anne Vanessa Innocent
(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commission Expires Jun 2, 2018)

Personally Known _____ Produced Identification

Type of Identification Produced Florida Driver License



Milena Abreu
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



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 7415286

RECEIVED FROM Milena Abreu
ADDRESS 2103 Coral Way Ste 304
Miami CITY FL STATE 33145 ZIP

DATE 4 / 16 / 18
MONTH DAY YEAR
CASH \$ _____
CHECKS \$ 5,520 . 80
TOTAL \$ 5,520 . 80

AMOUNT OF: Five Thousand Five Hundred and Twenty DOLLARS, AND 80 CENTS

FOR PAYMENT OF: Qualifying Fee - County Judge Group 43

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT
DEPT.: Elections BY: [Signature]

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

Campaign to Elect Milena Abreu
2103 Coral Way STE 304
Miami, Florida 33145-2630

0008

4/16/2018

PAY TO the order of Miami-Dade County \$ 5,520.80
five thousand five hundred twenty and 80/100 Dollars

Wells Fargo
4299 NW 36 Street
Miami Springs FL 33166

Memo County Court Judge, Group #43
Qualifying fee [Signature] MP

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