CANDIDATE OATH - JUDICIAL OFFICE

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

Write-in candidate

RECEIVED

2018 MAY -2 AM 8: 26

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

			OFFI	CE USE ONLY		
	Candidate Oath					
	(Section 105.031	, Florida Statutes)				
١,	Rosy Anette Aponte					
	(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 Miami-Dade Count	ty Judge	i i _	11		
		(Office)	(District #)	(Circuit #)		
02	; my legal residence is 7375 SW 38 Street, N	Miami, FL 33155	County, Florida; I am a qu	alified elector		
(G	roup #)					
Lav no res	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.						
Can	didate's Florida Voter Registration Number (located on yo	our voter information ca	ard): 109392149			
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.] Row-Z Ah-net Ah-pon-tay						
X	Phys 1308 753-91	600	AZAPONACE	Daolun		
Sig	nature of Candidate Telephone Number	02154	Email Address	_		
Add	ress City	33UT State	ZIP Cod	<u> </u>		
	•••					
	ATE OF FLORIDA UNTY OF Man, Dade.	Signature of Not				
CO	UNIT OF MICHAEL BUILDING	Print, Type, or Stamp	Commissioned Name of Notary Publ	ic below:		
	orn to (or affirmed) and subscribed before me this 25.	OSCAR CHRISTIAN AGUILAR MY COMMISSION # GG066542 EXPIRES January 26, 2021				
	Personally Known: or Produced Identification: \(\frac{\frac{1}{2}}{2} \)					
Туре	Type of Identification Produced: Florida Daver License.					

FORM 6 FULL AND PUBLIC DISCLO	SURE	2017
Please print or type your name, mailing address, agency name, and position below:	TS FOR RECE	OFFICE USE ONLY:
LAST NAME — FIRST NAME — MIDDLE NAME: Aponte, Rosy Anette		
MAILING ADDRESS: 7375 SW 38 Street	2018 MAY -2 MIAMI-DAD	
	ELECTIONS D	
CITY: ZIP: COUNTY: Miami, FL. 33155 Miami-Dade	ác co	
NAME OF AGENCY: MIAMI-Dade County Judge Circuit NAME OF OFFICE OR POSITION HELD OR SOUGHT: Miami-Dade County Judge, Group 2		
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 curriculated by subtracting your <i>reported</i> liabilities from your <i>reported</i> assets, so please. My net worth as of December 31,	se see the instructio	
PART B ASSETS HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate value following, if not held for investment purposes: jewelry; collections of stamps, guns, and numisr furnishings; clothing; other household items; and vehicles for personal use, whether owned or lease. The aggregate value of my household goods and personal effects (described above) is \$ 446,298	matic items; art objects; sed.	
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:		
DESCRIPTION OF ASSET (specific description is required - see instructions Real Property Residential (Homestead), 7375 SW 38 Street, Miami, FL. 33155	VALUE OF ASSET \$462,320.00	
Furnishings, Appliances, jewelry, appliances, gun and clothing		\$30,000.00
Range Rover 2016 HSE Vehicle		\$52,000.00
(see page attached for additional Assets)		\$85,076.00
PART C LIABILITIES LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4): NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY
Penny Mac Mortgage, Mortgage / P.O. Box 514387, Los Angeles, CA 90051 for 7375 SW 38 Stree	et, Miami, FL. 33155	\$236,299.00
Fed Loans, FedLoan Servicing, P.O. Box 69184, Harrisburg, PA 17106-9184. Dalia Gonzalez, 115 Sw 36 th Ct., Miami, FL. 33126, 2 nd Mortgage 7375 SW 38 Street, Miami,	FL. 33155	\$180,000.00 \$20,000.00
Real Property Permit Lien (in Dispute for mistake and Negotiation Stage) Miami-Dispoint and Several Liabilities not reported above:	ade Unincorporated	\$10,000.00
NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY
None		

	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 in [If you check this box and attach a copy of your 201	eturn and all Wa 7 tax return, you	2's, schedules, and attachments. I need not complete the remaind	er of Part D.]		
PRIMARY SOURCES OF INCOME (See instructions on p	page 5):				
NAME OF SOURCE OF INCOME EXCEEDING \$1,000	- /	ADDRESS OF SOURCE OF IN	NCOME	AMOUNT	
K. Aporte & Assurches, PLIC	8180	NW 36 1 St. 301,	FC 37166	\$ 100,003.0	
SECONDARY SOURCES OF INCOME [Major customers, o					
NAME OF NAME OF MAJO BUSINESS ENTITY OF BUSINESS		ADDRESS OF SOURCE	II	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
N/A					
			-		
PART E INTERESTS	IN SPECIFIE	D BUSINESSES [Instruction	ons on page 6]	3 0	
BUSINESS ENTITY		BUSINESS ENTITY # 2		NESS ENTITY # 3	
NAME OF BUSINESS ENTITY R. Aprate 4 Ass	Wales Pe	10		3 7	
ADDRESS OF 8180 NUT 36 54	# 201		67	N III	
PRINCIPAL BUSINESS	, , ,		-		
POSITION HELD POSITION HELD POSITION HELD			=======================================) many	
WITH ENTITY President			3	× 00	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			20	6	
NATURE OF MY OWNERSHIP INTEREST 100 % OWNE	R				
		TRAINING			
For officers required to complet			ection 112.3142.	. F.S.	
I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.					
OATH STATE OF FLORIDA COUNTY OF MIGMI Dade					
		TY OF Miami Da	we -		
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation		to (or affirmed) and subscribed	before me this	day of	
and say that the information disclosed on this form	Az		CHRISTIAN AGUI	rette Aronte.	
and any attachments hereto is true, accurate,	101			SE 20. 2.	
and complete.	(Signa	ture of Notary Pusio State of F	MMISSION # GG06 lorida) RES January 26, 20	21	
Λ Λ	(Print,	Type, or Stamp Commissioned	Name of Notary Pul	blic)	
PULD	Person	ally Known OR	Produced Identific	eation 4 es	
SIGNATURE OF REPORTING OFFICIAL OR CANDIDAT	E Type o	f Identification Produced T	rida DHU	er Lisence.	
If a certified public accountant licensed under Chapter 4	73, or attorney	in good standing with the Flo	rida Bar prepared	this form for you, he or	
she must complete the following statement:					
I,Section 112 3144 Florida Statutes, and the instructions	, 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	:		Doto		
Preparation of this form by a CPA or attorney	loes not relie	ve the filer of the resnons	Date	ie form under oath	
	.oco not rene	to the mer of the respons	and to sign th	e loim unuel vaul.	

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

V

Continuation Sheet Section B:

BMW X3 2008 Vehicle	\$9,000.00
Chase Bank Account, R. Aponte & Associates, PLLC.,	
8700 SW Coral Way, Miami, FL 33165	\$6,092.00
Chase Bank Account, R. Aponte & Associates, PLLC.,	
8700 SW Coral Way, Miami, FL 33165	\$2,055.00
Chase Bank Account, R. Aponte & Associates, PLLC.,	
8700 SW Coral Way, Miami, FL 33165	\$3,817.68
South Florida Educational Credit Union,	
7800 SW 117 Ave., Miami, FL 33183	\$7,012.32
Loan to Campaign for Judge in this race	\$56,700.00

RECEIVED 2018 MAY -2 AM 8: 26



OFFICIAL RECEIPT MIAMI-DADE COUNTY-FLORIDA

No. 7359964

ADDRESS \$ 375 5 4 38 74 5 4 5 5 20 8 STREET ADDRESS CITY STATE ZIP AMOUNT OF: First Thousand First Hundred July (Dollars, and 20 cents Total \$ 5 5 20 8 STATE ST		RECEIVED FROM 195	4 Amette Apon	1c	DATE_	5	1_2_1	18
AMOUNT OF: First House South First Humbred Twee County Great Guille Louis Amount THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT DEPT.: Flections TRANS SUBSIDIARY INDEX CODE SUBOBJECT AMOUNT AMOUNT STREET ADDRESS \$ 3530 . 30 SUBOBJECT AMOUNT AMOUNT		Address 7375 4	3874 5/120t		Cash		DAY	YEAR
AMOUNT OF: FIRE HUNDRED TO CENTS TOTAL \$ 5 5 20 . 8 FOR PAYMENT OF: COUNTY GRANT GR		,	STREET ADDRESS			7		- •
AMOUNT OF: Five They serve Five Humbred Two Dollars, and RC CENTS TOTAL \$ 5520 . 20 FOR PAYMENT OF: Could five Fee County Great Guides Large Department of the Conference of of The Conferen				TL 331	55 -6653 CHECK	s \$	5520	& (
THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMEN' DEPT.: FOR OFFICE USE ONLY TRANS SUBSIDIARY INDEX CODE SUBOBJECT AMOUNT 107.01-1 6/04	Sec.			STATE	ZIP		/	
THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMEN' DEPT.: FOR OFFICE USE ONLY TRANS SUBSIDIARY INDEX CODE SUBOBJECT AMOUNT 107.01-1 6/04	AMOUNT OF	: I've thousomet Five h	und vol / Word Dollars	5, AND <u> </u>	_ CENTS TOTAL	\$	5 520	. 91
THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMEN' DEPT.: Flections FOR OFFICE USE ONLY TRANS Subsidiary INDEX CODE Subobject Amount 107.01-1 6/04		NT OF: Queliffing	Fee County 4	Yur Gradie	Group 2		<i>i</i>	
FOR OFFICE USE ONLY TRANS SUBSIDIARY INDEX CODE SUBOBJECT AMOUNT 107.01-1 6/04	THIS RECE	EIPT NOT VALID UNLES	S DATED, COMPLETE	D AND SIGNED	BY AUTHORIZ	ED EMPL	LOYEE OF DEPA	ARTMEN'
TRANS SUBSIDIARY INDEX CODE SUBOBJECT AMOUNT OF THE PROPERTY	D ерт.: <u>£</u> //	Ections			12	/		
107.01-1 6/04	FOR OF	FICE USE ONLY						
	Trans	Subsidiary	Index	CODE	Subobject		Amount	
	07.01-1 6/04				 			
				nantananan ananan				

ROSY A 7375 SW 3	NETTE APONTE INETTE APONTE CAMPAIGN 38TH ST . 33155-6653	5/2	209
Pay to the Order of	-MIAMI-Dag	de Countre re hunded \$	\$ 5,520.80 Wendollar 6 Photo Safe
	Bank County Court Jus merica's Most Convenient Bank Fee Group:	be Ph) December
Har and Usarva	O A	y y	TO BASIC N.A.

RECEIVED

IBMAY -2 AM 8: 26

MIAMI-DADE COUNTY