

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:

FABER ROBIN WILSON

MAILING ADDRESS:

1351 NW 12 STREET

ROOM 523

CITY:

MIAMI, FL

ZIP:

33125

COUNTY:

MIAMI-DADE

NAME OF AGENCY:

11th JUDICIAL CIRCUIT

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

COUNTY COURT JUDGE - GROUP 04

CHECK IF THIS IS A FILING BY A CANDIDATE



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 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

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, 2017 was \$ 2,645,895.50

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 \$ 250,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Primary Residence (JTWROS) [REDACTED]	1,072,735.00
Secondary Residence (JTWROS) [REDACTED]	433,607.00
2006 Acura TL	5,000.00
Annuity (JTWROS) Allianz Life Ins. Co. PO Box 1344, Minneapolis, MN 55416	91,940.93

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
CitiMortgage, Inc. PO Box 6243 Sioux Falls, SD 57117 1st Mortgage (#4603)	307,685.30
Citi Mortgage, Inc. PO Box 769004 San Antonio, TX 78245 HELOC (#4603)	72,899.54
Citi Mortgage, Inc. PO Box 6243 Sioux Falls, SD 57117 1st Mortgage (#2405)	183,212.67
Chase Bank Sapphire VISA (.7736) PO Box 1423 Charlotte, NC 28201	4,798.47

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NA	

PART D -- INCOME

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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	Tallahassee, FL 32399 200 E Gaines Street	138,542.15

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			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY		NA	
POSITION HELD WITH ENTITY			
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 112.3142, 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.

[Handwritten Signature]

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 17th day of April, 2018 by Robin FABER

[Signature]
(Signature of Notary Public--State of Florida)
ESTELADIAZ
Commission # GG 179875
(Print, and Notary Seal Stamp Commissioned Name of Notary Public)
Expires April 17, 2022
Personally Known OR Produced Identification

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.

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

Form 6 - Addendum

Part B - Assets (Cont'd)

<i>Description of Asset</i>	<i>Value of Asset</i>
Suntrust Checking (JTWROS) PO Box 85024, Richmond, VA 23285	\$ 108,328.55
Citibank Checking (JTWROS) 153 E 53 St., New York, NY 10022	\$ 1,039.21
Deferred Compensation - State of Florida / VALIC PO Box 15648, Amarillo, TX 79116	\$ 470,558.47
Charles Schwab One Acct (JTWROS) 211 Main St., San Francisco, CA 94105	\$ 768,291.26
Charles Schwab Rollover IRA 211 Main St., San Francisco, CA 94105	\$ 38,586.33
Charles Schwab Roth IRA 211 Main St., San Francisco, CA 94105	\$ 2,530.60

Part C - Liabilities (Cont'd)

<i>Name and Address of Creditor</i>	<i>Amount of Liability</i>
Barclay's Bank VISA PO Box 13337, Philadelphia, PA 19101	\$ 1,621.81
Chase British Airways VISA (..5995) PO Box 1423, Charlotte, NC 28201	\$ 1,720.43
Citibank AA Executive MC (..4310) PO Box 6500, Sioux Falls, SD 57117	\$ 22,535.05
Citibank AA Preferred MC (..5178) PO Box 6500, Sioux Falls, SD 57117	\$ 1,253.18

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