CANDIDATE OATH -											
JUDICIAL OFFICE		RECEIVED									
Check box only if you are seeking to quali write-in candidate:	y as a		PR 27 AMII:								
Write-in candidate	MIAN	II-DADE COUNT ONS DEPARTM									
	Candida	te Oath	OF	FICE USE ONLY							
		Florida Statutes)									
I, LIZZET MARTINEZ											
(Print name above as you wish it to appear o hyphen, check box □. (See page 2 - Comp Although a write-in candidate's name is not pri	ound Last N	lames). No change can be m	ade after the er	nd of qualifying.							
am a candidate for the judicial office of Miami-Da	de County	y Court Judge	3	, <u>11th</u> ,							
	((Office)	(District #)	(Circuit #)							
32 ; my legal residence is Miami-Dade		County	, Florida; I am a	qualified elector							
(Group #)											
of the state and of the territorial jurisdiction of the ca Laws of Florida to hold the judicial office to which I of no other public office in the state, the term of which resigned from any office which I am required to re Constitution of the United States and the Constitution Section 876.05, Florida Statutes, oath (only applied Florida and of the United States of America, and be funds as such employee or officer, do hereby solem and of the State of Florida.	lesire to be office or any sign pursua n of the Stat cable if elect ing employe	elected or in which I desire to y part thereof runs concurrent int to Section 99.012, Florida te of Florida. red and when term of office be ed by or an officer of the court	be retained; I have the office I s with the office I s Statutes; and I gins): I, a citized system and a re	ave qualified for eek; and I have will support the n of the State of cipient of public							
Candidate's Florida Voter Registration Number (lo	cated on you	r voter information card): 1093	95452								
Phonetic spelling for audio ballot: Print name pho ballot as may be used by persons with disabilities (see Lee-set Mahr-tee-nez											
X (305)34	3-3014	lizzetm72@gn	nail.com								
Signature of Candidate Telephone I	Jumber		Email Address								
1041 Mariana Ave Coral G	ables	FL	331	33134							
Address City		ZIP Code									
STATE OF FLORIDA		Signature of Notary Public									
COUNTY OF FLORIDA	-11	Print, Type, or Stamp Commissione		ublic below:							
Sworn to (or affirmed) and subscribed before me thi day of <u>APIZE</u> , 20 <u>19</u> . Personally Known: <u>v</u> or Produced Identification: <u></u> Type of Identification Produced: <u></u>	<u>; 25</u>	MIRIALIS SANCHEZ MY COMMISSION # EXPIRES: Januar Bonded Thru Notary Publ	GG 067814 y 30, 2021								

FORM 6 FULL AND PUBLIC DISCLO	SURE	2017
Please print or type your name, mailing address, agency name, and position below:	STS FOR	OFFICE USE ONLY:
LAST NAME — FIRST NAME — MIDDLE NAME: MARTINEZ, LIZZET		
MAILING ADDRESS:		
PO Box 253542		
·		
CITY :ZIP :COUNTY :MIAMI33135Miami-Dade	<i>.</i>	201 ELM
NAME OF AGENCY :		RECEIVE
Miami-Dade County Court NAME OF OFFICE OR POSITION HELD OR SOUGHT :		R 2 PHS
County Court Judge, Group 32, 11th Judicial Circuit	- 	DEP
CHECK IF THIS IS A FILING BY A CANDIDATE		AHI
PART A NET WORTH		- 55 MEN
Please enter the value of your net worth as of December 31, 2017 or a more c		
culated by subtracting your <i>reported</i> liabilities from your <i>reported</i> assets, so ple		
My net worth as of <u>April 25</u> , 20 <u>18</u> was \$	941,061.0	,5
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 numi furnishings; clothing; other household items; and vehicles for personal use, whether owned or lee The aggregate value of my household goods and personal effects (described above) is \$	smatic items; art objects ased.	; household equipment and
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instruction)		VALUE OF ASSET
See Attached		
	A DISCONDERING SHOW	
PART C LIABILITIES		
LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4): NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY
See Attached		
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:		
NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY
See Attached		
CE FORM 6 - Effective January 1, 2018 (Continued on reverse side)		PAGE 1

	PART D INCOME		
Identify each separate source and amount of income which copy of your 2017 federal income tax return, including all attaching your returns, as the law requires these documen	V2s, schedules, and attachments. F	Please redact any social s	
I elect to file a copy of my 2017 federal income tax [If you check this box and attach a copy of your 20			D.]
PRIMARY SOURCES OF INCOME (See instructions on	page 5):		
NAME OF SOURCE OF INCOME EXCEEDING \$1,000	i	OURCE OF INCOME	AMOUNT
Law Offices of Damian & Martinez	2372 NW 7th Street, M	liami, FL 33125	\$146,637.50
Rental Income	see addresses attached		福到,60页00 70
SECONDARY SOURCES OF INCOME [Major customers,			251 03
NAME OF NAME OF MAJ BUSINESS ENTITY OF BUSINES		ADDRESS F SOURCE	ACTIVITY OF SOURCE
Notapplicable			PPA PM
10			RT
PADT F INTEDESTS	IN SPECIFIED BUSINESSE	S (Instructions on page	
BUSINESS ENTIT			BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY NOT A IDPILCO			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS			
ACTIVITY 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 comple		rsuant to section 112	2.3142, F.S.
I CERTIFY THAT I	HAVE COMPLETED THI	E REQUIRED TRA	AINING.
OATH	STATE OF FLORIDA COUNTY OF	MIAMI-DADE	
I, the person whose name appears at the	Sworn to (or affirmed) ar	nd subscribed before me	this 25th day of
beginning of this form, do depose on oath or affirmation	April		+ Martinez.
and say that the information disclosed on this form		_, 20 <u>10</u> by <u>CI CC</u>	1 TURIANCE
and any attachments hereto is true, accurate,	(Signature of Notary Pub	olicState of Florida)	COLORED STATES
and complete.	1		MIRIALIS SANCHEZ MARTINEZ
	(Print, Type, or Stamp Co	ommissione	btary, PURES: January 30, 2021
AC	Personally Known	OF Provenced	Bonded Thru Notary Public Underwriters
SIGNATURE OF REPORTING OFFICIAL OR CANDIDA	TE Type of Identification Pro	oduced	in the
If a certified public accountant licensed under Chapter	473, or attorney in good standing	g with the Florida Bar pr	repared this form for you, he or
she must complete the following statement:			
I, Section 112.3144, Florida Statutes, and the instruction and correct.			, Sec. 8, Florida Constitution, f, the disclosure herein is true
Signature		·	Date
Preparation of this form by a CPA or attorney	does not relieve the filer of	the responsibility to	
	the second s	A REAL PROPERTY AND ADDRESS OF TAXABLE PARTY.	CONTRACTOR OF TAXABLE PARTY OF TAXABLE PARTY.

RECEIVED

\$ 941,061.65

Lizzet Martinez Form 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS (Attachments) FULL AND PUBLIC DISCLOSURE MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

(as of April 25, 2018)

Part B – Assets

Real Property:				
(1) 1041 Mariana Ave., Coral Gables, FL 33134	\$999,000.00			
(2) 14501 North Kendall Drive, #H-302, Miami, FL 33186	\$175,000.00			
(3) 9731 Fountainebleau Blvd., #F-108, Miami, FL 33172	\$199,000.00			
Personal Property:				
(1) IRA (American Century)	\$93,370.94			
(2) Household Goods, Furnishings, and Jewelry	\$75,000.00			
(3) Bank Account (Checking, SunTrust)	\$13,676.18			
(4) Bank Account (Money Market, SunTrust)	\$50,000.00			
(5) 2016 Mercedes Benz C300W (LEASE)	\$4,000.00			
(6) Florida Pre-Paid College Plan	\$14,267.60			
Business:				
(1) Law Offices of Damian & Martinez (my 50% share value)	\$150,000.00			
TOTAL ASSETS:	\$1,773,314.72			
Part C Liabilities				
Real Property:				

Real Property:	
(1) 1041 Mariana Ave., Coral Gables, FL 33134	\$587,012.59
Wells Fargo Home Mortgage	
PO Box 105632	
Atlanta, GA 30348-5632	
(2) 14501 North Kendall Drive, #H-302, Miami, FL 33186	\$99,745.12
Carrington Mortgage Services	
PO Box 5001	
Westfield, IN 46074	
(3) 9731 Fountainebleau Blvd., #F-108, Miami, FL 33172	\$142,117.36
Carrington Mortgage Services	
PO Box 5001	
Westfield, IN 46074	

Part C - Liabilities (Cont'd)

Other creditors:

(1) 2016 Mercedes Benz C300W—(LEASE) \$3378.00
 Mercedes Benz Financial Services
 PO Box 685
 Roanoke, TX 76262

TOTAL LIABILITIES: \$832,253.07

Part D—Income

Law Offices of Damian & Martinez 2372 NW 7th St., Miami, FL 33125 \$146,657.50

Rental Income:

-14501 N. Kendall Drive, #H-302 \$21,600.00 Miami, FL 33186 -9731 Fountainebleau Blvd., #F-108 Miami, FL 33172

TOTAL INCOME: \$ 168,257.50

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