

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:  
**MURRAY, SR. CHARLES GORDON**

MAILING ADDRESS:  
**PO BOX 614443**

CITY : ZIP : COUNTY :  
**Miami 33261 MIAMI-DADE**

NAME OF AGENCY :  
**11th JUDICIAL CIRCUIT, STATE OF FLORIDA**

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
**MIAMI-DADE COUNTY COURT JUDGE - GROUP 38**

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, 2019 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 April 1, 20 20 was \$ 777,299.00

**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 \$ 50,000.00

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
<u>(Home)</u>	<u>\$334,808.00</u>
<u>FLORIDA STATE RETIREMENT SYATEM (Pension)</u>	<u>\$380,000.00</u>
<u>TIAA CREFF (Retirement Account)</u>	<u>\$15,442.00</u>
<u>BANK OF AMERICA (Banks Accounts)</u>	<u>\$47,272.00</u>

**PART C -- LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<u>GMC FINANCIAL, PO BOX 181145, ARLINGTON, TX 79096 (Auto Loan)</u>	<u>\$23,507.00</u>

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<u>BB&amp;T PO BOX 819, WILSON, NC 27894-0819 (Auto Loan)</u>	<u>\$25,031.00</u>
<u>WELLS FARGO HOME MORTGAGE, PO BOX 10355, DES MOINES, IA 50306</u>	<u>\$16,633.00</u>
<u>WELL FARGO HOME EQUITY, PO BOX 31557, BILLINGS, MT 59107</u>	<u>\$10,052.00</u>

**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 2019 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 2019 federal income tax return and all W2's, schedules, and attachments.  
 [If you check this box and attach a copy of your 2019 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 (Judical Salary)	200 E. GAINES STREET, TLH, FL 32399	\$151,182.19
MIAMI-DADE COLLEGE (Adj. Prof.)	11380 NW 27TH AVENUE, MIAMI, FL 33167	\$6,700.00

**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
NA	NA	NA	NA
			NA

**PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]**

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	NA	NA	NA
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			

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 ELECTIONS DEPARTMENT

**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.

STATE OF FLORIDA  
 COUNTY OF Miami - Dade

Sworn to (or affirmed) and subscribed before me by means of  
 physical presence or  online notarization, this 6 day of  
April, 2020 by Wilfred Castro

(Signature of Notary Public--State of Florida) WILFRED CASTRO  
 MY COMMISSION # GG69508  
 EXPIRES: February 05, 2021

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known \_\_\_\_\_ OR Produced Identification

Type of Identification Produced FL DL

Bendon Mway, A  
 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**

FORM 6 FULL AND PUBLIC DISCLOSURE OF 2019  
FINANCIAL INTERESTS

Part B – Assets

Personal loan to campaign \$25,000.00

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ELECTIONS DEPARTMENT

**CANDIDATE OATH -  
JUDICIAL OFFICE**

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

Write-in candidate

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

OFFICE USE ONLY

**Candidate Oath**

(Section 105.031, Florida Statutes)

I, Gordon Charles Murray, Sr.

*(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 County Judge  , 11th ,  
(Office) (District #) (Circuit #)

38 ; my legal residence is Miami-Dade  County, Florida; I am a qualified elector  
(Group #)

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): 108995444

**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.]*

GOR-dun CHARLS MUR-ree, SEE-nyer

X Gordon Murray, Sr. (786) 393-3257 info@KeepJudgeMurray.com  
Signature of Candidate Telephone Number Email Address

PO Box 014443 Miami FL 33261  
Address City State ZIP Code

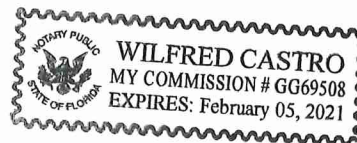
STATE OF FLORIDA  
COUNTY OF Miami-Dade

W. J. Castro  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by physical  or  
online  presence this 6 day of April, 2020.

Personally Known:  or Produced Identification:

Type of Identification Produced: FL DL





**OFFICIAL RECEIPT**  
MIAMI-DADE COUNTY-FLORIDA

No. 7723334

RECEIVED FROM Gordon Charles Murray  
ADDRESS PO Box 614443  
Miami CITY FL STATE 33261 ZIP

DATE 4 MONTH 1 DAY 6 YEAR 2020  
CASH \$ \_\_\_\_\_  
CHECKS \$ 6,072.88  
TOTAL \$ 6,072.88

AMOUNT OF: Six Thousand Seventy Two DOLLARS, AND 88/100 CENTS

FOR PAYMENT OF: Qualifying Fee - County Judge Group 38  
THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.  
DEPT.: Elections BY: Vanesse Innocent

**FOR OFFICE USE ONLY**

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

**GORDON CHARLES MURRAY  
CAMPAIGN ACCOUNT**

1004

DATE 4-6-20

PAY TO THE ORDER OF Miami-Dade County \$ 6,072.88  
Six Thousand Seventy Two Dollars <sup>88/100</sup> DOLLARS



ACH R/T 063100277

FOR Judicial qualifying fee  
County Court Group 38

Gordon Murray

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ELECTIONS DEPARTMENT