

RECEIVED

2020 APR 20 PM 2:11

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

CANDIDATE OATH - JUDICIAL OFFICE

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

Write-in candidate

OFFICE USE ONLY

Candidate Oath

(Section 105.031, Florida Statutes)

I, Betty Capote-Erben

(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, 11 (Office) (District #) (Circuit #)

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

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): 109493578

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.]*
BE-TEE KAH-PO-TEE-UHR-BEN

[Signature] (Signature of Candidate) (305) 548-5120 (Telephone Number) bettycapote@icloud.com (Email Address)

1350 NW 12 Street, Suite 507 (Address) Miami (City) FL (State) 33125 (ZIP Code)

STATE OF FLORIDA
COUNTY OF Miami-Dade

[Signature] (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 20th day of April, 2020.
Personally Known: or Produced Identification:



LANI CAPOTE-DULL
Commission # GG 186723
Expires May 19, 2022
Bonded Thru Budget Notary Services

Type of Identification Produced: _____

FORM 6

FULL AND PUBLIC DISCLOSURE

2019

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:
Capote-Erben Betty

MAILING ADDRESS:
1350 NW 12 Street

Suite 507

CITY: Miami ZIP: 33125 COUNTY: Miami-Dade

NAME OF AGENCY:
Florida State Courts

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
County Court Judge

CHECK IF THIS IS A FILING BY A CANDIDATE

RECEIVED
 2020 APR 20 PM 2:11
 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 December 31, 20 19 was \$ 685,313.00.

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 \$ 115,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
See Attachment #1	

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
See Attachment #2	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

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
SEE ATTACHMENT #3		

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

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			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

RECEIVED
 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT
 2020 APR 20 PM 2:11

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 8th day of

April 2020 by Betty Capote-Erben

(Signature of Notary Public—State of Florida)

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

Personally Known OR Produced Identification

Type of Identification Produced _____

Betty Capote-Erben
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE


 LANI CAPOTE-DULL
 Commission # GG 186723
 Expires May 19, 2022
 Bonded Thru Budgetary Notary Services

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

Attachment #1 – Full and Public Disclosure of Financial Interest (2019)

PART B – ASSETS

1. Bank Accounts

Citibank – 1865 Washington Avenue, Miami Beach, FL 33139	\$10,314.16
Citibank – 10800 Biscayne Blvd, Suite 100, Miami, FL 33161	\$1,518.46
Capital Bank – 121 Alhambra Plaza, Suite 100, Coral Gables, FL 33135	\$120,737.19
Capital Bank (CD) – 121 Alhambra Plaza, Suite 100, Coral Gables, FL 33135	<u>\$26,973.26</u>
TOTAL:	\$159,543.07

2. Real Property

Home (address exempt pursuant to Florida Statute 119)	\$340,000.00
Second Home (address exempt pursuant to Florida Statute 119)	\$370,000.00
Woody Marion Drive, Block 6, Chipley, FL 32428 (vacant lot)	\$30,000.00
Spring Mountain Circle Lot 4, Franklin, NC 28734 (vacant lot)	<u>\$20,000.00</u>
TOTAL:	\$760,000.00

3. Deferred Comp Retirement Account

Voya Financial – 1 Orange Way, Windsor, CT 06095	\$35,769.97
--	-------------

TOTAL ASSETS:

\$955,313.04

2020 APR 20 PM 2:11
RECEIVED
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

Attachment #2 – Full and Public Disclosure of Financial Interest (2019)

PART C – LIABILITIES

1. Chase Home Mortgage – P.O. Box 78420, Phoenix, AZ 85062	\$162,611.20
2. Caliber Home Loans – P.O. Box 650856, Dallas, TX 75265	\$192,263.18
3. America Honda Finance Corp – P.O. Box 105027, Atlanta, GA 30348	\$11,040.00
4. Bank of the West – P.O. Box 4024, Alameda, CA 94501	<u>\$12,329.63</u>
TOTAL:	\$378,244.01

RECEIVED
2020 APR 20 PM 2:11
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

Attachment #3 – Full and Public Disclosure of Financial Interest (2019)

PART D – INCOME

1.	State of Florida – 200 E. Gaines Street, Tallahassee, FL	\$141,430.80
2.	Rental Income – property address exempt per FL Statute 119	\$17,444.00
3.	Rental Income – 1616 Michigan Ave, #3, Miami Beach, FL 33139 (property sold May, 2019)	<u>\$6,200.00</u>
	TOTAL:	\$165,074.80

RECEIVED
2020 APR 20 PM 2:11
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

OF FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
 Capote-Erben Betty

MAILING ADDRESS:
 1350 NW 12 Street

Suite 507

CITY: Miami ZIP: 33125 COUNTY: Miami-Dade

NAME OF AGENCY:
 Florida State Courts, 11th Judicial Circuit

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
 County Court Judge, Group 30

CHECK IF THIS IS A FILING BY A CANDIDATE

RECEIVED
 2020 APR 20 PM 2:15
 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 December 31, 20 19 was \$ 685,313.00.

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 \$ 115,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see Instructions p.4)	VALUE OF ASSET
See Attachment #1	

PART C – LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
See Attachment #2	

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 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
SEE ATTACHMENT #3		

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			
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.

STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 27th day of

April 2020 by Betty Capote-Erben

(Signature of Notary Public—State of Florida)

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

Personally Known OR Produced Identification

Type of Identification Produced _____

[Handwritten Signature]

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

2020 APR 20 PM 2:45
 RECEIVED
 MIAMI-DADE COUNTY
 ELECTION DEPARTMENT
 LANI CAPOTE-DULL
 Commission # GG 186723
 Expires May 19, 2022
 Bonded Thru Budget Notary Services

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