

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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2020 APR 17 PM 4:13

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

OFFICE USE ONLY

Candidate Oath

(Section 105.031, Florida Statutes)

I, Natalie Moore

(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 (Office) District # 11 Circuit #

34 ; 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): 114539256

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.]

Nat-uh-lee Mor

X [Handwritten Signature]

(305) 905-2095

Nataliedmoore@me.com

Signature of Candidate

Telephone Number

Email Address

Address

City

State

ZIP Code

STATE OF FLORIDA

COUNTY OF miami-dade

[Handwritten Signature: Lynda J. Rimart] 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 17 day of April, 2020

Personally Known: or Produced Identification: [checked]

Type of Identification Produced: FL Drivers License



LYNDA T RIMART MY COMMISSION # GG083613 EXPIRES June 26, 2021

FORM 6

FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

2019

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME: Moore Natalie Drew

MAILING ADDRESS:

CITY: ZIP: COUNTY:

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

NAME OF OFFICE OR POSITION HELD OR SOUGHT: Miami-Dade County Court Judge, Group 34

CHECK IF THIS IS A FILING BY A CANDIDATE [X]

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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 31st, 2019 was \$ 270,860.18

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 \$ 90,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Table with 2 columns: DESCRIPTION OF ASSET (specific description is required - see instructions p.4) and VALUE OF ASSET. Row 1: See Attached

PART C -- LIABILITIES

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

Table with 2 columns: NAME AND ADDRESS OF CREDITOR and AMOUNT OF LIABILITY. Row 1: Nelnet (Student Loans), P.O. Box 82561 Lincoln, NE 68501, \$84,596.83

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Table with 2 columns: NAME AND ADDRESS OF CREDITOR and AMOUNT OF LIABILITY. Row 1: N/A, 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 W2's, 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	200 E. Gaines Street Tallahassee, FL 32399	\$147,085.01

**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	N/A	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	N/A	N/A
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
DO 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 17 day of

April, 2020 by Natalie Drew Moore

Lynda J. Trimart  
 (Signature of Notary Public--State of Florida)

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

**LYNDA TRIMART**  
 MY COMMISSION # GG083613  
 EXPIRES June 26, 2021

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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

Type of Identification Produced FL Drivers License

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

**Natalie Moore**  
**2019 Form 6 Addendum**  
**Part B – Assets**

Florida Retirement System	Total Value: \$160,594.83
Department of Retirement	
P.O. Box 9000	
Tallahassee, FL 32399	
FRS 2045 Retirement Fund (2045)	\$36,130.07
FRS U.S. Stock Market Index Fund (120)	\$59,796.82
FRS Large Cap Stock Fund (320)	\$3,582.08
FRS Small/Mid Cap Stock Fund (330)	\$61,085.86
Florida Prepaid Accounts	\$10,184.04
Florida Prepaid College Savings Plan	
P.O. Box 6567	
Tallahassee, FL 32314	
Investment Account	\$3,880.63
(All individual investments within the account are valued at under \$1000)	
Stash	
500 7 <sup>th</sup> Avenue	
New York, NY 10018	
Loan to Campaign to Keep Judge Natalie Moore	\$60,000.00
Campaign to Keep Judge Natalie Moore	
c/o Riesco & Company LLC	
2600 S. Douglas Road, Suite 900	
Coral Gables, FL 33134	
Bank Accounts	\$38,621.89
Citibank N.A.	
P.O. Box 6201	
Sioux Falls, SD 57117	
Bank Accounts	\$1,175.98
Wells Fargo	
P.O. Box 6995	
Portland, OR 97228	

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT





OFFICIAL RECEIPT  
MIAMI-DADE COUNTY-FLORIDA

No. 7723345

RECEIVED FROM Natalie Moore

DATE 04, 17, 20  
MONTH DAY YEAR

ADDRESS 2600 South Douglas Road, Suite 900  
Coral Gables STREET ADDRESS FL 33134  
CITY STATE ZIP

CASH \$ \_\_\_\_\_  
CHECKS \$ 6,072.88  
TOTAL \$ 6,072.88

AMOUNT OF: Six thousand seventy two DOLLARS, AND eight CENTS

FOR PAYMENT OF: Qualifying Fee Group 34

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.  
DEPT.: elections BY: Will Castro

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

CASH ONLY IF ALL CheckLock™ SECURITY FEATURES LISTED ON BACK INDICATE NO TAMPERING OR COPYING

Natalie Moore Campaign  
2600 South Douglas Road, Suite 900  
Coral Gables, FL 33134

Regions Bank  
Coral Gables, FL

1016

4/10/2020

PAY TO THE ORDER OF Miami-Dade County \$ 6,072.88

Six thousand seventy two & 88/100 DOLLARS

MIAMI-DADE COUNTY COURT JUDGE  
MEMO Qualifying Fee 2020  
GROUP 34

Natalie Moore Campaign

1016

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

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