CANDIDATE OATH JUDICIAL OFFICE

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

Write-in candidate

RECEIVED

2020 APR 17 PM 4: 13

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

Name and Address of the Owner, where the Owner, which is the Owner, which is the Owner, where the Owner, which is the Owner,		1		OF	FICE USE ONLY
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١,	Natalie Moore	(Section 105.031,	Florida Statutes)		
	(Print name above as you wish hyphen, check box . (See particularly Although a write-in candidate's	page 2 - Compound Last I	Names). No change can be	made after the en	d of qualifying.
am	a candidate for the judicial office	or County Judge		nector i	11 .
		чуста од на досто на пред на пред на с е на пред на пред на под на под на под на под на под на на под на на под	(Office)	(District #)	(Circuit #)
	34 ; my legal residence is	Miami-Dade	Cour	nty, Florida; I am a c	ualified elector
(G	roup #)		anne Salaninin et di gizanne et diffigi est d'imme è a usan e s''''n anne e en e		
Lav no res Cor Sec Flor	he state and of the territorial juris vs of Florida to hold the judicial of other public office in the state, the igned from any office which I am estitution of the United States and ction 876.05, Florida Statutes, of rida and of the United States of A ds as such employee or officer, of I of the State of Florida.	ffice to which I desire to be a term of which office or any n required to resign pursual the Constitution of the State (only applicable if electorica, and being employed.	elected or in which I desire y part thereof runs concurrer ant to Section 99.012, Florio te of Florida. ted and when term of office ed by or an officer of the cou	to be retained; I hant with the office I sed da Statutes; and I vibegins): I, a citizen ort system and a red	ve qualified for eek; and I have vill support the of the State of ipient of public
Can	didate's Florida Voter Registra	tion Number (located on you	ir voter information card): 11	4539256	
ballo	netic spelling for audio ballot: t as may be used by persons with t-uh-lee Mor				
X		(305)905-2095	Nata	liedmoore@me	.com
Sigr	nature of Candidate	Telephone Number		Email Address	and the continue to the continue of the contin
Addr	958	City	State	ZIP C	ode
CO	ITE OF FLORIDA UNTY OF <u>miami-back</u>		Signature of Notary Pub Print, Type, or Stamp Commission		blic below:
onlin	m to (or affirmed) and subscribed before a prosence this 17 day of Aponally Known: or Produced Identifications.	cil 20 20	MY C	YNDA T RIMART OMMISSION # GG0836 XPIRES June 26, 2021	13

Type of Identification Produced: FL Drivers License

FORM 6 FULL AND PUBLIC DISCLOSURE	2019
Please print or type your name, malling address, agency name, and position below: OF FINANCIAL INTERESTS	FOR OFFICE USE ONLY:
LAST NAME — FIRST NAME — MIDDLE NAME . Moore Natalie Drew	
MAILING ADDRESS:	
	m 22
CITY ZIP: COUNTY	PECE 2020 APR 17 PLECTIONS D
NAME OF AGENCY: State of Florida, 11th Judicial Circuit NAME OF OFFICE OR POSITION HELD OR SOUGHT:	APR 17 P
Miami-Dade County Court Judge, Group 34	The state of the s
CHECK IF THIS IS A FILING BY A CANDIDATE	25 5
PART A NET WORTH	ω (ω
Please enter the value of your net worth as of December 31, 2019 or a more current date. culated by subtracting your reported liabilities from your reported assets, so please see the	[Note: Net worth is not cal- instructions on page 3.]
My net worth as of December 31st , 20 19 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 \$1,00 following, if not held for investment purposes: jewelry, collections of stamps, guns, and numismatic items; a furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.	30. This category includes any of the rt objects; household equipment and
The aggregate value of my household goods and personal effects (described above) is \$ $90,000$	
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
See Attached	to determine the first transfer of the second and the second of the seco
	Ja Makalandada epikin keluaran apara jang inanganah kada bahan Spelandada Makalanda Bahan Milata Makalanda kenara kenara terban 1901 M
	purer un recovere regarding find for white state as a large of a sure part of a resident purple for the hidden are stated
PART C LIABILITIES	
LIABILITIES IN EXCESS OF \$1,000 (See Instructions on page 4):	
NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Nelnet (Student Loans), P.O. Box 82561 Lincoln, NE 68501	\$84,596.83
	Wile in conditions and discourse republic sequence of the School processes and the second sequence of the School S
	- An experimental section from the contract of
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	N/A

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PART D INCOME Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or affach a complete copy of your 2019 federal income tax return, including all W2s, schedules, and attachments. Please reduct 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 INCO			go 5):				1 3			
NAME OF SOURCE OF INC	OMI	E EXCEEDING \$1,000			DURCE OF INCOME	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.		MOUNT		
State of Florida			200 E. G	Saines Street	Tallahassee, l	FI 32399	\$147,08	5.01		
SECONDARY SOURCES OF I	NCC	DME (Major customers, cli	ents etc. of t	ousinesses owned by	reporting person—s	ee instructio	ns on page 5			
NAME OF BUSINESS ENTITY		NAME OF MAJOR OF BUSINESS'	SOURCES	, AI	DDRESS SOURCE	, 1	PRINCIPAL E	BUSINESS		
N/A	955449 (SESSA)	N/A	1994 (5517) ki ili ili jambar ng tip Silab Vilami Awellyan yilan n	N/A				***************************************		
	DOMESTIC STATES	and the state of t	13 M173 13 B3 11 M W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				<u> Aggarini promo no dinone y espet des beste aes</u>			
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I	AR	T E – INTERESTS I	SPECIFII	ED BUSINESSES	[Instructions on	page 61				
Pilleranniaan, propprogrammer despussement en	,	BUSINESS ENTITY #	ł 1	BUSINESS EN	ITITY # 2	BUSIN	IESS ENTITY	′#3		
NAME OF BUSINESS ENTITY	N/	Α	ļr	N/A		N/A				
ADDRESS OF BUSINESS ENTITY		<u> </u>		establica, una esprende de comitation de principa de colonidad de principa de la composição de la composição de	<u>essential proprieta de la circa del la circa de la ci</u>		al magn) is a to break you probably beginning the vise the br	#1.00-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0		
PRINCIPAL BUSINESS	***************************************	<u>kuuspuudomakkenteeten (engennaan yassa turjan valtya hannasseen metusa metusa tursaan teesen v</u>		and a filled the latest and dark for an any property and a second party of the second	**************************************	marinam marini accessi advant marindo (redici) te	A CONTRACTOR OF THE CONTRACT SECURITION	NAMES OF THE OWNER OWNE		
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NATURE OF MY OWNERSHIP INTEREST							A	D M		
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			C. C. C. C. C. C. C. C.	TRAINING		440 0440	200	7 11		
For officers required to complete annual ethics training pursuant to section 112.3142, Fig. 171										
☐ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING. △ ☐ ☐										
O.A	T	Ή		E OF FLORIDA	, > 10		五三	. 0		
OATH				Swom to (or affirmed) and subscribed before me by means of						
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beginning of this form, do depose on dain or all minds										
and any attachments hereto is				pril	20 00 by Nat	ane pre	W 1110	DIE.		
and complete. (Signal/re of Notary Public-State of Florida) LYNDA TRIMAR										
0 1/1			(co.g. re	U. S.				MISSION # GGP		
1 29 g G Con 3C						RES June 26, 20				
	1		Perso	nally Known	OR Produ	ced Identific	ation			
SIGNATURE OF RENORTING	RE	FICIAL OR CANDIDATE						Team and discount seems of receiving with		
\sim \sim \sim			Iype (or ideumcation Llod	uced FL DG:	UC15 61	cerse.	THE STREET OF THE STREET OF THE STREET		
If a certified public accountant			3, or attorne	y in good standing	with the Florida Ba	ir prepared	this form for	you, he or		
she must complete the following			nranarad	the CF Form 6 in	accordance with A	rt II Sar A	Florida Ca	nstitution		
Section 112.3144, Florida Stat	utes	s, and the instructions to	the form. U	pon my reasonable	e knowledge and b	elief, the dis	sclosure her	ein is true		
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 Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.										
Preparation of this form l	y a	CPA or attorney do	es not reli	eve the filer of the	ne responsibility	(to sign f)	ie torm ur	ider 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 7th 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

400 (01 00

Bank Accounts

Citibank N.A.

P.O. Box 6201

Sioux Falls, SD 57117

\$38,621.89

Bank Accounts

\$1,175.98

Wells Fargo

P.O. Box 6995

Portland, OR 97228

ELECTIONS DEPARTMENT

	OFFICIAL RECEIPT						No. 7723345						
GOUNTY	RECEIVED FROM	FLORIDA N	100C	~ '\o	D	DATE M	HTNC	/DAY) (
	Address 200 50 (0(0) (00) 6 CITY	STREET ADDRE	STATE	331 mt. zip	34 0	ASH	\$ \$	6,0	072	-:- <u>-</u> :- <u>-</u> :- <u>-</u> :- <u>-</u> :- <u>-</u> :- <u>-</u> : <u>-</u> :	<u>38</u> 38		
AMOUNT OF: SIX PROUSE OF SEVERN TWO DOLLARS, AND EIGHT CENTS TOTAL \$ 58													
THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT. DEPT.: BY: WILLIAM OF THE STANDARD SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.													
FOR OFFICE USE ONLY													
Trans	Subsidiary Index Code				Ѕивовјест			Amount					
107.01-1 6/04													
	Natalie Moore Campaig 2600 South Douglas Road, Suite Coral Gables, FL 33134	ecklaak** SEGURITY FE/ n 900	Атинев Цетер, ок	F	Regions Banloral Gables, F	k	PYING =	4	[10]	101 202	$\hat{\mathcal{L}}$		
PAY TO THE ORDER OF	liami-Dade	County						\$ 6	,07:	2. 8	<u>8</u>		
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MIAMIS	DADE COUNTY C	ממן אנוס	Œ							,			
MEMO QUALIFYING FEE 2020 4ROUP 34									WP arrecesses				
Natalie Moore	Campaign									101	6		

MIAMI-DADE COUNTY SLEECTIONS DEPARTMENT

2020 APR 17 PM 4: 52

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