

**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 15 AM 10: 58

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT OFFICE USE ONLY

**Candidate Oath**

(Section 105.031, Florida Statutes)

I, Stephanie R. Silver

(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 #)

20 ; 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): 10948909

**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.]

StefAHnee R. SILver

**X** [Signature] (305) 520-4220 stephaniersilver@gmail.com  
Signature of Candidate Telephone Number Email Address

Address City State 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 15th day of April, 2020.  
Personally Known: \_\_\_\_\_ or Produced Identification:   
Type of Identification Produced: Florida Driver's License



**EMILIO GALINDO**  
Commission # GG 964024  
Expires March 1, 2024  
Bonded Thru Budget Notary Services

**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:  
SILVER, STEPHANIE

MAILING ADDRESS:  
1130 WASHINGTON AVENUE

CITY : MIAMI BEACH      ZIP : 33139      COUNTY : MIAMI-DADE

NAME OF AGENCY :  
ELEVENTH JUDICIAL CIRCUIT

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
MIAMI-DADE COUNTY COURT JUDGE, GROUP 20

CHECK IF THIS IS A FILING BY A CANDIDATE

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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 March 31, 2020 was \$ 475,043.25.

**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 \$ 74,000

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

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Wells Fargo Checking Account, P.O. Box 6995, Portland, Oregon 97228	\$192,938
Loan to Stephanie Silver Jud. Campaign, 2600 S. Douglas Rd. #900, Coral Gables, FL 33134	\$40,500
Voya Financial 457 Retirement Account (see attached), PO Box 99070, Hartford, CT, 06199	23,552.41
JPMorgan Chase Investment Account (see attached), 10301 S. Dixie Hwy, Pinecrest, FL 33156	\$169,982.84

**PART C -- LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Voya Financial (Loan), PO Box 99070, Hartford, CT 06199	\$5,660
Lincoln Automotive Financial (auto lease), PO Box 6248, Dearborn, MI 48126	\$9,770

**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
State of Florida	200 E. Gaines Street, Tallahassee, FL 32399	151,822.00

**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
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	N/A	N/A	N/A
PRINCIPAL BUSINESS ACTIVITY	N/A	N/A	N/A
POSITION HELD WITH ENTITY	N/A	N/A	N/A
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	N/A	N/A	N/A
NATURE OF MY OWNERSHIP INTEREST	N/A	N/A	N/A

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**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 15th day of

April, 2020 by Stephanie R. Silver

[Signature]  
 (Signature of Notary Public--State of Florida)



**EMILIO GALINDO**  
 Commission # GG 964024  
 Expires March 1, 2024  
 Bonded Thru Budget Notary Service

Emilio Galindo  
 Print, Type, or Stamp Commissioned Name of Notary Public)

[Signature]  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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

Type of Identification Produced Florida Driver's 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**

STEPHANIE R. SILVER  
FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS  
FORM 6  
2019 FORM

Attachment

PAGE 1, PART B ASSETS:

RETIREMENT ACCOUNTS:

Voya Financial – Retirement

American Funds AM Balanced R4	445 shares	\$12,099.26
Baron Growth Fund Ret	51 shares	\$2,529.37
Vanguard Mid Cap Index Fund Inst.	95 shares	\$2,217.45
JP Morgan Mid Cap Growth Fund	179 shares	\$2,566.05
Vanguard Sm-Cap Value Index Fund	157 shares	\$1,712.70
American Funds New Perspective	72 shares	\$2,427.58

SUBTOTAL on Form 6: \$23,552.41

INVESTMENT ACCOUNTS:

JP Morgan Chase – Investment

JP Morgan Deposit Sweep	1 qty	\$12,776.60
JP Morgan Exchange	74 shares	\$1,406.74
Fidelity Salem Str R	5 shares	\$455.93
Six Circles TR Intl Unconst. Equity	797 shares	\$5,691.67
Six Circles TR US Unconst. Equity	1055 shares	\$9,835.65
SDPR S&P 500	76 shares	\$19,589
Vanguard Index	34 shares	\$8,214.34
American Century Mun TR	1233 shares	\$14,011.66
Bernstein Sanford	1076 shares	\$15,340.38
Blackrock Mun Bd FP	1260 shares	\$13,564.23
Dodge & Cox Income Fund	395 shares	\$5,445.12
Ishares Trust	40 shares	\$5,333.60
Ishares Trust	32 shares	\$3,887.36
JP Morgan Trust II	1,149 shares	\$12,248.31
Six Circles TR	350 shares	\$3,477.10
Rowe T Price Summit Mun	1362 shares	\$16,247.94
Pimeo Low Duration Fund	374 shares	\$3,646.97
Tax Exempt Bd	1429 shares	\$18,780.24

SUBTOTAL on Form 6: \$169,982.84

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

No. 7723338

RECEIVED FROM Stephanie R. Silver DATE 04 / 15 / 20  
MONTH DAY YEAR

ADDRESS 2600 South Douglas Road, Suite 900 CASH \$ \_\_\_\_\_  
Coral Gables STREET ADDRESS FL 33134 CHECKS \$ 6,072.88  
CITY STATE ZIP

AMOUNT OF: six thousand seventy two DOLLARS, AND eighty eight CENTS TOTAL \$ 6,072.88

FOR PAYMENT OF: Qualifying Fee Group 20

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

**Stephanie R Silver Campaign Account**  
2600 South Douglas Road, Suite 900  
Coral Gables, FL 33134  
305-445-0777

IBERIABANK  
Coral Gables, FL

4/10/2020

PAY TO THE ORDER OF Miami-Dade County \$ 6,072.88  
Six thousand seventy two & 88/100 DOLLARS

MEMO Qualifying Fee 2020  
County Court Judge, Group 20

Stephanie R Silver Campaign Account

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