

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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

RECEIVED
 2020 APR 23 PM 4:26
 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

LAST NAME — FIRST NAME — MIDDLE NAME
 Spector Shaun

MAILING ADDRESS
 2101 SW 24 Street

CITY ZIP COUNTY
 Miami 33145 Miami-Dade

NAME OF AGENCY
 State of Florida, Eleventh Judicial Circuit

NAME OF OFFICE OR POSITION HELD OR SOUGHT
 Miami-Dade County Court Judge, Group 24

CHECK IF THIS IS A FILING BY A CANDIDATE

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 23, 2020 was \$ -205,256.36

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 \$ 3,640

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Bank Account (BB&T), 2 S Biscayne Blvd., Ste 140, Miami, FL 33131	\$31,861.43
Bank Account (Citibank), PO Box 6500, Sioux Falls, SD 57117	\$1,080.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Student Loans (Navient Solutions, LLC), P.O. Box 9640, Wilkes-Barre, PA 18773-9640	\$217,010.40
Student Loans (Discover Bank), PO Box 30947, Salt Lake City, UT 84130	\$18,884.37

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE.

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Student Loans (Navient Solutions, LLC), P.O. Box 9640, Wilkes-Barre, PA 18773-9640	\$217,010.40
Student Loans, (Discover Bank), PO Box 30947, Salt Lake City, UT 84130	\$18,884.37

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 W2s, 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
The Law Offices of Shaun Spector, PLLC	2332 Galiano Street, Second Floor Coral Gables, FL 33134	\$78,690.40

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
The Law Offices of Shaun Spector	6 Credit + Healthy, Inc	4711 W. Oakland Pl Blvd, Sunny, FL 33351	Financial Technology
			Financial Technology

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

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 23 day of
April, 2020 by Shaun Spector

Lazaro Alonso
 (Signature of Notary Public—State of Florida)

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



SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known OR Produced Identification
 Type of Identification Produced

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