CANDIDATE OATH -JUDICIAL OFFICE

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

Write-in candidate

RECEIVED

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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT OFFICE USE ONLY

	Candidate Oath	
	(Section 105.031, Florida Statutes	s)
I, CHIAKA IHEKWABA		,
hyphen, check box [] (see page 2 - 0	Compound Last Names). No o	name consists of two or more names but has no change can be made after the end of qualifying. The must be printed above for oath purposes.)
am a candidate for the judicial office of CO	ounty Judge	Image: section of the content of the
	(Office)	(District #) (Circuit #)
(Group #); my legal residence is Mian	ni-Dade	County, Florida; I am a qualified elector
the Laws of Florida to hold the judicial off qualified for no other public office in the sta	fice to which I desire to be el ate, the term of which office or which I am required to resign p	election; I am qualified under the Constitution and lected or in which I desire to be retained; I have r any part thereof runs concurrent with the office I bursuant to Section 99.012, Florida Statutes; and I he State of Florida.
of Florida and of the United States of Ame	rica, and being employed by o	when term of office begins): I, a citizen of the State or an officer of the court system and a recipient of or affirm that I will support the Constitution of the
Candidate's Florida Voter Registration Nu	mber (located on your voter infor	mation card): 115099716
	ties (see instructions on page 2	elow as you wish it to be pronounced on the audio 2 of this form): [Not applicable to write-in candidates.]
Chaa-kaa ee heek wan bai	J	
x Bhelwaba.	(305) 2830079	keepjudgechiaka@gmail.com
Signature of Candidate	Telephone Number	Email Address
Address	City	State ZIP Code
STATE OF FLORIDA	(00/	and and a
COUNTY OF Miomi - Dade		re of Notary Public
Sworn to (or affirmed) and subscribed before me		e, or Stamp Commissioned Name of Notary Public below:
online notarization OR physical pr	resence	MICHELLE H EDELSTEIN
this 13 day of Porl	_, 20 <u><i>22</i></u> .	Notary Public - State of Florida Commission # GG 953356 My Comm. Expires Jan 30, 2024
Personally Known OR Produced Ident	ification	Bonded through National Notary Assn.
Type of Identification Produced:		

General Information

Name:

Chiaka Ihekwaba

Address:

County:

Miami-Dade

AGENCY INFORMATION

Organization

Suborganization

Judicial Circuit (11Th)

Elected Constitutional Officer

CANDIDATE FOR

Position

Agency Name

Position sought or held

County Judge

Eleventh Judicial Circuit

County Court Judge Group 35

Net Worth

My Net Worth as of March 31, 2022 was \$ 476,658.06.

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Assets

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 effect is \$85,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset	
	\$ 321,944.00	
Bank Account - JP Morgan Chase	\$ 44,776.00	
Bank Account - Bank of America	\$ 3,051.03	
Deferred Compensation - Voya Financial	\$ 11,147.81	19
Deferred Compensation - Nationwide	\$ 1,130.45	T
Life Insurance - American National Insurance Company	\$ 45,000.00	
Florida Prepaid	\$ 10,882.85	Callege Box
FRS Investment Plan	\$ 207,004.50	Pr:
		- 4147 PE

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Navient Solutions Inc.	P. O. Box 9500 Wilkes Barre, PA 18773	\$ 10,582.46

JOINT AND SEVERAL LIABILITEIS NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		
IVA		

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
Eleventh Judicial Circuit	175 NW 1st Avenue, Miami, FL 33128	\$ 156,377.04
University Of Miami School of Law	P. O. Box 248087 Coral Gables, FL 33124	\$ 3,000.00

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Business Entity	Major Sources of Business Income	Address	Principal Business Activity of Source
N/A			

Interests in Specified Businesses

Business Entity # 1	
N/A	

Training

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you for this form year.

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Signature of Reporting Official or Candidate

Chiaka Thekwaba

Under the penalties of perjury, I declare that I have read the foregoing filing and that the facts stated in it are true.

Digitally signed: 4/13/2022

Filed with COE: 04/13/2022

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MIANN-DADE COUNTY

2021 Form 6X - Amendment to Full and Public Disclosure of Financial Interests

Filed with COE: 04/15/2022

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Name:

Chiaka Ihekwaba

Address:

{REDACTED},

County:

Miami-Dade

AGENCY INFORMATION

Organization

Suborganization

Judicial Circuit (11Th)

Elected Constitutional Officer

3: **5**

1 2 1

CANDIDATE FOR

Position

Agency Name

Position sought or held

County Judge

ELEVENTH JUDICIAL CIRCUIT

COUNTY COURT JUDGE GROUP 35

Net Worth

This section not amended by filer

Assets

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 effect is \$85,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
This section not amended by filer.	

Name of Creditor	Address of Cred	litor		Amount of Liability
This section not amended by filer.				
OINT AND SEVERAL LIABILITEIS	S NOT REPORTED	ABOVE:		
Name of Creditor	Address of Cred	litor		Amount of Liability
This section not amended by filer.				
Income				
		come which	exceeded \$1,000 during	the year, including secondary sources
dentify each separate source and	E:		exceeded \$1,000 during	the year, including secondary sources Amount
Identify each separate source a income. PRIMARY SOURCES OF INCOMI	E:	Address of		Amount
Identify each separate source a income. PRIMARY SOURCES OF INCOMI Name of Source of Income Exc	E: ceeding \$1,000	Address of 175 NW 1s omers, client	f Source of Income st Avenue, Miami, FL 3312	Amount \$ 156,377.0

Liabilities

Training

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you for this form year.

Amendment Reason

Explanation of changes why are you amending your previous form 6 submission?

I had inadvertently over reported my income including income that was not received by me in the reporting year (2021)

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing filing and that the facts stated in it are true.

Chiaka Ihekwaba

Digitally signed: 4/15/2022

Filed with COE: 04/15/2022

2022 APR 15 PM 3: 49

KIANNI-DADE CUUNTY

KIANNI-DADE CUUNTY



OFFICIAL RECEIPT

No. 7899649

COUNTY	MIAMI-DADE C	OUNTY-	-FLORII	AC													
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