

**CANDIDATE OATH
JUDICIAL OFFICE**

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2024 APR 15 PM 1:26

MIAMI-DADE
ELECTIONS

OFFICE USE ONLY

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

Write-in candidate

Candidate Oath

Name to appear on ballot: ELEANE SOSA-BRUZON

Check box if two last names without hyphen. (Name cannot be changed after qualifying.)

Check box if name includes nickname. (For use of a nickname, you must complete the Nickname Affidavit on reverse side.)

I swear or affirm that I am a candidate for the judicial office of County Judge (Office) N/A (District #)

11 (Circuit #), 33 (Group or Seat #); my legal residence is MIAMI-DADE COUNTY County, Florida;

I am a qualified elector of the state and of the territorial jurisdiction of the court to which I seek election; I am qualified under the constitution and 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 to the office I seek; I have resigned from any office which I am required to resign pursuant to s. 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 (only applicable if elected and when term of office begins): I am 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.

Statement of Outstanding Fines, Fees, or Penalties

I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 105.031(4) F.S.).

YES, I Do _____ NO, I Do Not X

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X Signature of Candidate (305) 445-0777 Telephone Number esosabruzon@gmail.com Email Address

Address of Legal Residence City State ZIP Code

STATE OF FLORIDA
COUNTY OF miami-dade

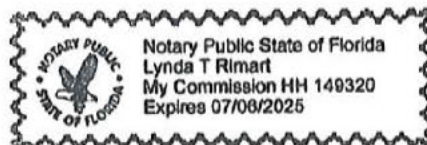
Lynda T. Rimart
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence

this 15 day of April, 2024.

Personally Known OR Produced Identification

Type of Identification Produced: FL Drivers License



Phonetic Spelling of Name

Phonetic spelling for the audio ballot (not required for qualifying purposes): Print the 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 3 of this form):

EH l ee ae n s OH s uh b r oo z oh n

Statement of Outstanding Fines, Fees or Penalties

Pursuant to Section 99.021(1)(d), F.S., each candidate, whether a party candidate, a candidate with no party affiliation, or a write-in candidate, shall, at the time of subscribing to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fees, or penalties that cumulatively exceed \$250 for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers and Employees under part III of chapter 112, any local ethics ordinance governing standards of conduct and disclosure requirements, or chapter 106.

Amount	Entity
N/A	N/A

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Affidavit of Nickname (Only required if using nickname for the ballot.)

My legal name is _____ . I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

My nickname is _____ . I am generally known by this nickname or have used it as part of my legal name. I have not created the nickname to mislead voters. My nickname does not imply I am some other person, constitute a political slogan or otherwise associate me with a cause or issue, or that is obscene or profane.

Signature of Candidate: _____

STATE OF FLORIDA

COUNTY OF _____

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means of online notarization OR physical presence

this _____ day of _____, 20____.

Personally Known OR Produced Identification

Type of Identification Produced: _____

General Information

Name: Hon Eleane Sosa-Bruzon CONFIDENTIAL
 Address: Dade County Courthouse 73 West Flagler Street, Miami, FL 33128 PID 207470
 County: Miami-Dade

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Circuit (11Th)	Elected Constitutional Officer	County Court Judge

CANDIDATE FOR

Position	Agency Name	Position sought or held
County Judge	11th Judicial Circuit	County Court Judge, <i>Group 33</i>

Net Worth

My Net Worth as of April 12, 2024 was \$ 1,307,933.91.

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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 \$ 60,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Address Confidential (Residential), [REDACTED] -	\$ 1,500,000.00
Address Confidential (Residential), Pembroke Pines, FL 33025	\$ 200,000.00
2021 Jeep Wrangler Sahara	\$ 36,000.00
Chase Bank (Savings/Checking)	\$ 20,000.00
Wells Fargo (Savings)	\$ 12,000.00
FL Prepaid College Plan	\$ 18,952.06
Voya Financial Investments	\$ 27,332.94
FRS Investment Plan	\$ 146,931.71
American Express (Savings)	\$ 12,233.00

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Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Mr. Cooper	P.O. Box 105178	\$ 456,065.59
Discover Home Loan	P.O. Box 660592, Dallas, TX 75266	\$ 183,950.00
Firstmark Services	P.O. Box 82546, Lincoln, NE 68501	\$ 1,111.92
Mohela	633 Spirit Drive, Chesterfield, MO 63005	\$ 54,102.15
Ally Bank	P.O. Box 951, Horsham, PA 19044	\$ 6,434.14
Lightstream	P.O. Box, Wilson, NC 27894	\$ 23,852.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

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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 2023 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 2023 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
State of Florida	200 E. Gaines Street, Tallahassee, FL 32399	\$ 176,720.88

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

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

Interests in Specified Businesses

Business Entity # 1
N/A

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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.

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form6 and that the facts stated in it are true.

Eleana Sosa-Bruzon

Digitally signed: 04/14/2024

Filed with COE: 04/14/2024

MIAMI-DADE
ELECTIONS

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OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No.8251113

RECEIVED FROM Eleana Sosa - Bruzon Campaign Account DATE 4 / 15 / 2024
MONTH DAY YEAR

ADDRESS 2600 South Douglas Road Suite 900 CASH \$
STREET ADDRESS

Coral Gables CITY FL STATE 33134 ZIP CHECKS \$ 7,224.64

AMOUNT OF: Seven Thousand Two Hundred Twenty-four DOLLARS, AND 64/100 CENTS TOTAL \$ 7,224.64

FOR PAYMENT OF: Qualifying Fee - MDC Court Judge Group #33

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.

DEPT.: Elections BY: YOLANDA WASHINGTON

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

ELEANE SOSA-BRUZON CAMPAIGN ACCOUNT Regions Bank 0106
 2600 South Douglas Road, Suite 900
 Coral Gables, FL 33134 4/9/2024

PAY TO THE ORDER OF MIAMI-DADE COUNTY \$**7,224.64

Seven Thousand Two Hundred Twenty-Four and 64/100***** DOLLARS

MIAMI-DADE COUNTY

MEMO 2024 QUALIFYING FEE/MDC county court judge, group #33

ELEANE SOSA-BRUZON CAMPAIGN ACCOUNT 0106
 MIAMI-DADE COUNTY 4/9/2024
 2024 QUALIFYING FEE/MDC COUNTY COURT JUDGE, 7,224.64
 GROUP #33

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