

JUDICIAL OFFICE
CANDIDATE OATH

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2012 APR -3 PM 2:49

MIAMI-DADE
ELECTIONS

OFFICE USE ONLY

OATH OF CANDIDATE (Section 105.031, Florida Statutes)

I, Larry King

(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the judicial office of County Court, Eleventh,
(office) (district #) (circuit #)
41; 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.

X 

Signature of Candidate

(305) 252-5858

Telephone Number

LaKing@jud11.flcourts.org

Email Address

10710 S.W. 211th Street

Address

Miami

City

Florida

State

33189

ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109080092

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

Lar-ee K-ing

STATE OF FLORIDA

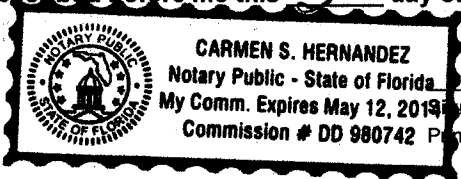
COUNTY OF Miami Dade

Sworn to (or affirmed) and subscribed before me this 3rd day of April, 2012.

Personally Known: or

Produced Identification: _____

Type of Identification Produced: _____



Carmen S. Hernandez
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public

Carmen S. Hernandez

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

FINANCIAL INTERESTS

LAST NAME — FIRST NAME — MIDDLE NAME:

KING LAWRENCE DANIEL

FOR OFFICE USE ONLY:

MAILING ADDRESS:

10710 SW 211th STREET

ID Code

ID No.

Conf. Code

P. Req. Code

MIAMI-DADE ELECTIONS

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RECEIVED

ROOM 2501

CITY:

ZIP:

COUNTY:

MIAMI

33189

MIAMI DADE

NAME OF AGENCY:

ELECTED CONSTITUTIONAL OFFICER

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

COUNTY JUDGE JUDICIAL CIRCUIT (11TH)

CHECK IF THIS IS A FILING BY A CANDIDATE

INCUMBENT

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2011, 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 DECEMBER 31, 20 11 was \$ 168,291

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.

The aggregate value of my household goods and personal effects (described above) is \$ 120,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)

VALUE OF ASSET

DEFERRED COMPENSATION PLAN - STATE OF FLORIDA

\$ 54,500

PERSONAL RESIDENCE, KENDALL, FLORIDA

\$470,000

SABADELL UNITED BANK, MIAMI, FL - CHECKING

\$ 34,539

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

DEFERRED COMPENSATION PLAN - STATE OF FLORIDA

\$ 21,135

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NATIONSTAR MORTGAGE, P.O. BOX 650783, DALLAS, TX

\$420,956

BANK OF AMERICA, P.O. BOX 5080, HARTFORD, CT

\$ 68,438

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2011 federal income tax return, including all W2's, schedules, and attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2011 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2011 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

CONTROLLER - STATE OF FLORIDA	TALLAHASSEE, FLORIDA	\$130,361

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

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 5]

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

BUSINESS ENTITY # 3

NAME OF BUSINESS ENTITY

ADDRESS OF BUSINESS ENTITY

PRINCIPAL BUSINESS ACTIVITY

POSITION HELD WITH ENTITY

I OWN MORE THAN A 5% INTEREST IN THE BUSINESS

NATURE OF MY OWNERSHIP INTEREST

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IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

OATH

STATE OF FLORIDA
 COUNTY OF Miami Dade

Sworn to (or affirmed) and subscribed before me this 3rd day of

April, 2012 by Lawrence D. King

Carmen S. Hernandez
 (Signature of Notary Public--State of Florida)

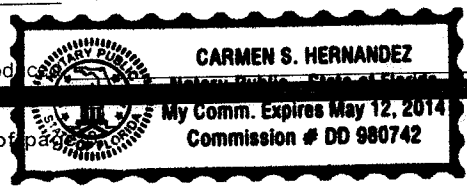
Carmen S. Hernandez
 (Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification

Type of Identification Produced Carmen S. Hernandez
 Notary Public, State of Florida

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.

Lawrence D. King
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE



FILING INSTRUCTIONS for when and where to file this form are located at the top of page 6.
 INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.
 OTHER FORMS you may need to file are described on page 6.



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 6741111

RECEIVED FROM Judge Larry King

DATE 4 / 3 / 12
MONTH DAY YEAR

ADDRESS 9485 Sunset Dr. Suite A-280
STREET ADDRESS

CASH \$ _____

Miami CITY FL STATE 33173 ZIP

CHECKS \$ 5371.20

AMOUNT OF: Five Thousand Three Hundred Seventy One DOLLARS, AND 20 CENTS TOTAL \$ 5371.20

FOR PAYMENT OF: Qualifying

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

DEPT.: Elections BY: Maria Costa

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04


JUDGE LARRY KING
CAMPAIGN ACCOUNT
9485 SUNSET DR. SUITE A-280
MIAMI, FL 33173

1022

DATE April 2, 2012 83-964 8
670

PAY TO THE ORDER OF Board of County Commissioners \$ 5,371.20

Five Thousand Three Hundred Seventy One and 20/100 DOLLARS

Sabadell United Bank 

FOR L. King Sec

Security Features Included Details on Back.

AP