STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

2012 APR 17 PM 3: 32

ELECTIONS DEPARTMENT

l,	JOE DA	
candidate for the office	of Courty Co	OURT JURGE 6POUP 43;
have been provided ac	cess to read and underst	and the requirements of
Chapter 106, Florida S	tatutes.	
X Signature of	Candidate	<u>Appic 17, 20/2</u> Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida

Statutes).

JUDICIAL OFFICE CANDIDATE OATH

RECEIVED

2012 APR 17 PM 3: 23

OFFICE USE ONLY

OATH OF	F CANDIDATE (Section 105.0	ELECTIONS DEPART	MENT .		
I, Joe Davis					
(PLEASE PRINT NAME AS YOU WISH IT TO AP	PEAR ON THE BALLOT * NAME MAY	NOT BE CHANGED AFTER THE	END OF QUALIFYING)		
am a candidate for the judicial office of	County Court Judge	,			
	(office)	(district #)	(circuit #)		
(group #) my legal residence is	Miami-Dade	County, Florida; I a	County, Florida; I am a qualified elector		
of the state and of the territorial jurisdiction and the Laws of Florida to hold the judicion have qualified for no other public office in office I seek; and I have resigned from a Statutes; and I will support the Constitution Section 876.05, Florida Statutes, oath	ial office to which I desire to the state, the term of which of any office which I am required n of the United States and the (only applicable if elected and who	pe elected or in which I office or any part thereof rule to resign pursuant to State Constitution of the State en term of office begins):	desire to be retained; I uns concurrent with the Section 99.012, Florida of Florida. I, a citizen of the State		
of Florida and of the United States of Ame of public funds as such employee or office the United States and of the State of Flori	erica, and being employed by er, do hereby solemnly swea	or an officer of the court	system and a recipient		
x Jae aus	(305)349-5700	jdavis@jud11.flcour	ts.org		
Signature of Candidate	Telephone Number	Email Addı	ess		
175 N.W. First Ave. Mi	ami	Florida	33128		
Address City		State	ZIP Code		
Candidate's Florida Voter Registration Nu					
* Please print name phonetically on the lin disabilities (see instructions on page 2 of t	e below as you wish it to be p his form): \$\sumset\$	ronounced on the audio	ballot for persons with		
STATE OF ELODIDA					
STATE OF FLORIDA COUNTY OF <u>Miami Dale</u>					
Sworn to (or affirmed) and subscribed I	pefore me this <u>/</u> 7 day	of April	, 20 <u>/J</u> .		
Personally Known: or		The same			
Produced Identification:			oned Name of Notary Trablic		
Type of Identification Produced:		My Comm	SSETTE NOVOA ublic - State of Florida Expires Sep 11, 2015		

FORM 6 FULL AND PUBLIC DISCLA		2011
Please print or type your name, mailing address, agency name, and position below:	ESTS CEIVE	All Andrews
LAST NAME — FIRST NAME — MIDDLE NAME: DAVIS JOE MAILING ADDRESS:	FOR OFFICE USENONLYPR 17 PM	3: 23
MAILING ADDRESS: 175 N. W. 15T AUE	raza a ozoč či	Jaty
	ELECTIONSOBEPAR	ITMENI
CITY: ZIP: COUNTY: MIAMI 33/28 MIAMI-DADE	ID No.	p d
NAME OF AGENCY: //th Jul) 1C/AL C/RCUIT	Conf. Code	
NAME OF OFFICE OR POSITION HELD OR SOUGHT :	P. Req. Code	
COUNTY COURT JUDGE 6ROUP 43	***************************************	See a Section of the
CHECK IF THIS IS A FILING BY A CANDIDATE		, was a magnetic
PART A NET WORTH	•	
Please enter the value of your net worth as of December 31, 2011, or a more current date. [Note: liabilities from your <i>reported</i> assets, so please see the instructions on page 3.]	. Net worth is not calculated by	y subtracting your reported
My net worth as of DECEMBEN 31, 20 // was	\$ 3,397,60	6.3
PART B ASSETS	·	
HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate value ex if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; a other household items; and vehicles for personal use.	art objects; household equipme	ncludes any of the following, ent and furnishings; clothing;
The aggregate value of my household goods and personal effects (described above) is \$	1/5,000	
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instructions	s page 4)	VALUE OF ASSET
HOME (ADDRESS EXEMPT FROM DISCOSURE)	Approx MKTVALUE	\$378,99/
DAVIS ASSOCIATES + PARTNERS, LTD. LLLP	• ·	\$ 708, 404
FELICE DAVIS TRUST F/B/O JOE DAVIS		\$ 656, 463
GABELLI VALUE FUND - CEASS A	- \	1,569
MERRILL LYNCH DEADY ASSETS PRIME M	ONEY	\$ 1.790
PART C LIABILITIES		
LIABILITIES IN EXCESS OF \$1,000 (See Instructions on page 4): NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY
SPACE COAST CROPT UNION P.O. BOX 4/1900/		\$14,833
MELBOURNE, FL. 32941		, ,
, , , , , , , , , , , , , , , , , , , ,		
	٠,	
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY
SUBARU MOTORS FINANCE		#3.572
P.O. BOX 78067 PHOENIX, AZ. 8506	12	

 $\boldsymbol{\nu}_{i}, \boldsymbol{r}_{i}$

FORM 6 CONTINUATION - JOE DAVIS

PART B - ASSETS - DESCRIPTION OF ASSET

IRA AT CHARLES SCHWAB \$ 20,640

IRA AT OPPENHEIMER + CO.INC. \$ 173,963

MARKOWITZ RINGER TRUSTY + HARTOG \$1,219,210

P.A. EMPLOYEES PROFIT SHARING PLAN

(AS OF 9/30/11)

SABADERL UNITED BANK ACCOUNT \$ 4696

T.D. AMERITRADE MONEY MARKET \$ 5391

WATSCO CLASS A. STOCK \$ 31,45/

LOAN TO CAMPAIGN ACCOUNT \$ 150,000

PART D INCOME							
You may EITHER (1) file a complete ment identifying each separate source of Part D, below.	copy of your 2011 federal ce and amount of income v	income tax re which exceeds	turn, including all W2's, s \$1,000, including secon	chedules, and a dary sources of	ttachments income, by	, OR (2) file a sworn state- or completing the remainder	
l elect to file a copy of my 20 [If you check this box and atta	11 federal income tax retur ach a copy of your 2011 ta	n and all W2's x return, you n	s, schedules, and attachm need not complete the ren	ents. nainder of Part D	D.]		
PRIMARY SOURCES OF INCOME (NAME OF SOURCE OF INCOME		,	ADDRESS OF SOURCE	OF INCOME	1	AMOUNT	
STATE OF FLORIDA	7-7-CAPARTMGNT	200	E, GAINE	5 5TK	EET	\$ 134.280	
OF FINANCIAL			AHASSEE	FL,323			
				035			
SECONDARY SOURCES OF INCOM NAME OF BUSINESS ENTITY	#E [Major customers, clien NAME OF MAJOR S OF BUSINESS' IN	OURCES	ADDRES	S	PF	on page 5]: RINCIPAL BUSINESS CTIVITY OF SOURCE	
N/A	N/A		MA			NH	
,							
					m	**************************************	
PART	E INTERESTS IN	SPECIFIED	BUSINESSES [Inst	ructions on p	age∰	II A	
	BUSINESS ENTITY #	:1	BUSINESS ENTITY	(#2		INESS ENTITY#3	
NAME OF BUSINESS ENTITY	NIA				တ်	()	
ADDRESS OF BUSINESS ENTITY	NA				_ ™ ੂ	Manageria.	
PRINCIPAL BUSINESS ACTIVITY	MA				A g⊆		
POSITION HELD WITH ENTITY	NC/A				3	o Fi	
I OWN MORE THAN A 5%	ACI A				累~	&	
INTEREST IN THE BUSINESS NATURE OF MY	19/ H			-			
OWNERSHIP INTEREST	NIA						
IF ANY OF PARTS A TI	HROUGH E ARE CO	NTINUED (ON A SEPARATE SI	HEET, PLEAS	SE CHEC	CK HERE	
OATH			STATE OF FLORIDA Mami - Dade				
I, the person whose name appears at		Swor	rn to (or affirmed) and sub	oscribed before	me this	1 7 day of	
beginning of this form, do depose on		6	1				
and say that the information disclosed and any attachments hereto is true, a			tpr11 20	<u>/2</u> by	10e	Davis	
and complete.	scurate,				WWW.		
		(Sign	nature of Notary Public-S	tate of Fig. 183		LISSETTE NOVOA Notary Public - State of Florid	
Λ	⋖				M. J. N.	ly Comm. Expires Sep 11, 20 Commission # EE 129300	
you Milles		•	(Print, Type, or Stamp Corrimissioned Name Constant Popular)				
SIZNATURE OF REPORTING OFFIC	CIAL OR CANDIDATE	Perso	onally Known	OR Produ	ced Identif	ication	
		_					
		Туре	of Identification Produced	d			
FILING INSTRUCTIONS for when INSTRUCTIONS on who must file OTHER FORMS you may need to	this form and how to	fill it out be		ge 3.			

- 1								
								٠.
					_	_		
	МI	ı	M	I-C	١٨ı	٦.		
9			18.1	1.7	~	~	2	
•		'nΥ		7				•
- [•	10	M					٠

OFFICIAL RECEIPT MIAMI-DADE COUNTY-FLORIDA

No. 6741140

DATE 4	1 17 1 12 VEAR
CACH \$	
CHECKS \$	5 33/ 2/
CHECKS 9	<u> </u>
	<u>5,371.20</u>
43 qu	
, THORIZED EMPLO	YEE, OF DEPARTMENT.
Maria Au	75/A
ВОВЈЕСТ	Amount
oniooooonilliinka soonilooooonilliinka soolil	<u> принцина вишината в</u>
	1011
1 4/1	10/3 A / 3 63-964 8
DATE / / /	Separation of the separation o
nter -	1\$5371.20
event one	DOLLARS (1) Security Features Included.
	LOCALID OF DELAC
	Maris Aco