CANDIDATE OATH JUDICIAL OFFICE

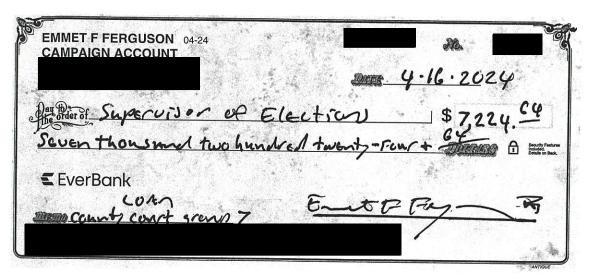
Check box **only** if you are seeking to qualify as a write-in candidate:

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APR 16 2024

DUVAL COUNTY ELEC.

☐ Write-in candidate	OFFICE USE ONLY
Cand	idate Oath
Name to appear on ballot: Enuct F. Fo	
Check box if two last names without hy	
Check box if name includes nickname. (For use of a nic	ckname, you must complete the Nickname Affidavit on reverse side.)
I swear or affirm that I am a candidate for the judicial office of; my legal residence i	The control of the co
I am a qualified elector of the state and of the territorial juris the constitution and laws of Florida to hold the judicial office I have qualified for no other public office in the state, the ter	sdiction of the court to which I seek election; I am qualified under to which I desire to be elected or in which I desire to be retained; rm of which office or any part thereof runs concurrent to the office to resign pursuant to s. 99.012, Florida Statutes; and I will support
Florida and of the United States of America, and being emp	ed and when term of office begins): I am a citizen of the State of cloyed by or an officer of the court system and a recipient of public ar or affirm that I will support the Constitution of the United States
Statement of Outstandi	ing Fines, Fees, or Penalties
I owe outstanding fines, fees, or penalties, that cumulatively excee	ed \$250, for ethics or campaign finance violations (s. 105.031(4) F.S.).
YES, I Do	NO, I Do Not
If you do, you must also specify the amount owed and each e	entity that levied the same on the reverse side.
XE F Fe Register of Candidate	
	Emaily Address
Address of Legal Residence City	State ZIP Code
STATE OF FLORIDA COUNTY OF	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below:
online notarization OR physical presence this day of OR Produced Identification Type of Identification Produced: FL Driver Lic	BRENDA K BYLES NOTARY PUBLIC STATE OF FLORIDA NO. HH 409028 MY COMMISSION EXPIRES AUG. 15, 2027
DS-DE 303JU (Eff. 10/2023)	Rule 1S-2.0001, F.A.C.



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DUVAL COUNTY FLEC.



2023 Form 6 - Full and Public Disclosure of Financial Interests

APR 1 6 2024

Filed with COE: 04/09/2024

General Information

Name:

Hon Emmet Fewell Ferguson III

CONFIDENTIAL

Address:

County:

Duval

AGENCY INFORMATION

Organization

Suborganization

Title

Judicial Circuit (4Th)

Elected Constitutional Officer

County Judge

CANDIDATE FOR

Position

Agency Name

Position sought or held

County Judge

4th Judicial Circuit, Duval County Florida

4th Judicial Circuit, County Court

Judge

Net Worth

My Net Worth as of <u>December 31, 2023</u> was \$4,105,000.00.

Filed with COE: 04/09/2024

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 \$ 100,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
{REDACTED}	\$ 1,200,000.00
{REDACTED}Jacksonville, Florida (1/4 ownership)	\$ 1,250,000.00
Stringfellow Partners LLP/Ocean Grove Partners LLP	\$ 1,700,000.00
Charles Schwab/Nationwide/Ameriprise Brokeragee Account	\$ 488,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Mortgage {REDACTED}	TIAA Bank 501 Riverside Avenue Jacksonville FL 32202	\$ 250,002.00
Home Equity Line of Credit	Southstate Bank P.O. Box 9602 Winter Haven Florida 33883	\$ 385,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 04/09/2024

Income					
Identify each separate source a income. Or attach a complete Please redact any social securit posted to the Commission's well I elect to file a copy of my 2	copy of your 20: y or account nu bsite. 023 federal inco	23 federal incor mbers before a	ne tax return, including all W	/2s, schedules, law requires th	and attachments.
PRIVIARY SOURCES OF INCOIVE					1
Name of Source of Income Exceeding \$1,000		Address of Source of Income			Amount
State of Florida		Tallahassee, Florida			\$ 148,000.00
SECONDARY SOURCES OF INCOM	- 	or Sources of	tc. of businesses owned by r	Principa	n): Il Business of Source
N/A				7.00.00	
<u>L'</u>		<u></u>	.1		

Filed with COE: 04/09/2024

Business Entity # 1	
Name of Business Entity	Stringfellow Partners LLP
Address of Business Entity	2244 Saint Johns Avenue Jacksonville FL 32204
Principal Business Activity	Real Estate Holdings
Postion Held with Entity	None
I own more than a 5% Interest in the Business	Yes
Nature of my Ownership Interest	20% owner
Business Entity # 2	
Name of Business Entity	Ocean Grove Partners LLP
Address of Business Entity	2244 Saint Johns Avenue Jacksonville FL 32204
Principal Business Activity	Real Estate Holdings
Postion Held with Entity	None
l own more than a 5% Interest in the Business	Yes
Nature of my Ownership Interest	20% owner

Filed with COE: 04/09/2024

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 Form 6 and that the facts stated in it are true.

Emmet Fewell Ferguson III

Digitally signed: 04/09/2024

Filed with COE: 04/09/2024



APR 16 2024

