# CANDIDATE OATH JUDICIAL OFFICE

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

☐ Write-in candidate

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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

OFFICE USE ONLY

	OTTION OF THE		
Candidat	te Oath		
Name to appear on ballot:_ Jacqueline "Jackie" Woodward			
Check box if two last names without hyphen.			
Check box if name includes nickname. (For use of a nickname)	ne, you must complete the Nickname Affidavit on reverse side.)		
I swear or affirm that I am a candidate for the judicial office of Coun	ty Judge , N/A (District #)		
11th ; my legal residence is M (Group or Seat #)	iami DadeCounty, 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 \$2	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 (305)444-0755	JackieWoodward2019@gm		
Signature of Candidate Telephone Number	Email Address		
Address of Legal Residence City	State ZIP Code		
STATE OF FLORIDA	Carnes Salas		
COUNTY OF MANY JOOLS	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			
this day of, 20_24.  Personally Known OR Produced Identification	CARMEN S HERNANDEZ  Notary Public - State of Florida Commission # HH 140467 My Comm. Expires Jun 12, 2025 Bonded through National Notary Assn.		
Personally Known OR Produced Identification Type of Identification Produced:			
DS-DE 303JU (Eff. 10/2023)	Rule 1S-2.0001, F.A.C.		

Phonetic Spelling of Na	me
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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):

ZHAHK-kihl-ee-nih [WUUD] + [WUHD]

### 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.

chapter 106.			
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			***
Affidavit of	Nickname (Only require	d if using nickname for the b	pallot.)
My legal name is Jacqueline Wo	oodward	I am over the age of eightee	n (18) and the contents of this
My nickname is Jackie		. I am generally known by this nic	ckname or have used it as part
of my legal name. I have not created the a political slogan or otherwise associate			some other person, constitute
a political slogari of otherwise associate	The Will a cause of issue, of the	at is obscerie of profatie.	
Signature of Candidate:	Wadly)		
STATE OF FLORIDA		^	
COUNTY OF Many Day	de	Carson S.	ta)
000000		Signature of Notary Publi	C C
Sworn to (or affirmed) and subscribed be	efore me by means	Film, Type, or Stamp Commission	ned Name of Notary Public below:
of online notarization	sical presence	-	****
this day of	20 24	Notary Public Commission	S HERNANDEZ - State of Florida n # 4H 140467
Personally Known OR Produc	ed Identification	Bonded through Na	STOC Jun 12 200F

DS-DE 303JU (Eff. 10/2023)

Type of Identification Produced:

Rule 1S-2.0001, F.A.C.

### **General Information**

Name:

Hon Jacqueline Michelle Woodward

CONFIDENTIAL

Address:

3100 PONCE DE LEON BLVD CORAL GABLES BRANCH COURT, CORAL GABLES, FL 33134

PID 276776

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** 

Judicial Circuit (11th)

County Court Judge , Group 21

#### **Net Worth**

My Net Worth as of <u>December 31, 2023</u> was \$ 1,156,456.85.

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MIAMINAS DEPARTMENT

#### **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 \$ 104,000.00.

#### ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Home Residence (protected address)	\$ 1,625,000.00
Prepaid College Fund - State of Florida CR	\$ 20,805.60
Prepaid College Fund - State of Florida MR	\$ 16,874.23
Regions Bank Accounts	\$ 14,325.29
Bank of America Simple Ira	\$ 2,223.00
Multi-Manager Growth Portfolio MR 529	\$ 44,422.97
Multi-Manager Blended Portfolio MR 529	\$ 35,964.07
U.S. Large Cap Equity Index Fund MR 529	\$ 2,659.89
Small/Mid Cap Equity Index Fund MR 529	\$ 2,893.99
Developed International Equity Fund MR 529	\$ 3,049.01
Multi-Manager Blended Portfolio CR 529	\$ 54,672.66
Loan to Campaign	\$ 105,500.00

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#### Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
PHH Mortgage Services	PO Box 24738 West Palm Beach FL 33416	\$ 636,796.58
First Horizon	P O BOX 31 MEMPHIS, TN 38101-0031	\$ 153,893.45
JPMorgan Chase Bank, N.A.	700 Kansas Lane LA4 - 4025 Monroe, LA 71203	\$ 37,630.00

#### JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor Address of Creditor		Amount of Liability	
N/A		EL M 282	

#### 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 St Tallahassee FL 32399	\$ 176,315.52

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

### **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.

# Jacqueline Woodward

Digitally signed: 04/19/2024

Filed with COE: 04/19/2024

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Ashley Lukis
Chair
Michelle Anchors
Vice Chair
William P. Cervone
Tina Descovich
Freddie Figgers
Luis M. Fusté
Wengay M. Newton, Sr.
Jim Waldman



State of Florida COMMISSION ON ETHICS P.O. Drawer 15709 Tallahassee, Florida 32317-5709 Kerrie J. Stillman Executive Director

Steven J. Zuilkowski

Deputy Executive Director/

General Counsel

(850) 488-7864 Phone (850) 488-3077 (FAX) www.ethics.state.fl.us

325 John Knox Road Building E, Suite 200 Tallahassee, Florida 32303

"A Public Office is a Public Trust"

# VERIFICATION AND RECEIPT OF SUBMISSION TO THE ELECTRONIC FINANCIAL DISCLOSURE FILING SYSTEM

This Verification and Receipt of Submission acknowledges that the Commissions on Ethics received a submission through its electronic financial disclosure filing system.

Filer Name: Hon Jacqueline Michelle Woodward

Filer PID #: 276776

Date Filed: 4/19/2024

Disclosure Received: 2023 Full and Public Disclosure of Financial Interests

Filing ID: 940044

Receipt Print Date: 4/19/2024

The foregoing is a true and accurate depiction of information contained in the electronic financial disclosure filing system held by the Florida Commission on Ethics.

This Verification and Receipt of Submission complies with Sections 112.3144(4) and 112.3145(2)(c), Florida Statutes, and, in accordance with those statutes, it may be presented to any qualifying officer by an incumbent in an elective office or any candidate holding another position subject to an annual filing requirement.

This Verification and Receipt of Submission is not a certification that the form submitted is complete or that the information entered in the form by the filer is true or correct. This Verification and Receipt of Submission is system generated, is created automatically, and its issuance does not indicate that the submission by the filer has been reviewed by Commission staff.

To see the filer's disclosure, visit https://disclosure.floridaethics.gov/PublicSearch/Filings. For questions regarding this Verification and Receipt of Submission, please contact the Florida Commission on Ethics at (850) 488-7864.

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

MIAMI-DADE MIAMI-DADE COUNTY-FLORIDA  No. 825112	1
RECEIVED FROM Sacqueline Woodward DATE 4, 18  ADDRESS 200 Biscoyne Buld Floges CASH \$	/ Z / YEAR
Mami STREET ADDRESS FL 3313/ CHECKS \$ 7229	. 64
AMOUNT OF Seven Thousand Two hundred twenty four STATE 64 ZIP  AMOUNT OF SEVEN Thousand Two hundred twenty four STATE 64 ZIP  CENTS TOTAL \$ 722	4.64
FOR PAYMENT OF: Qualitying Fee - HISC Court Judge-Group# 21	
THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPT.:	EPARTMENT.
FOR OFFICE USE ONLY	
TRANS SUBSIDIARY INDEX CODE SUBOBJECT AMOUNT	IT

WARNING: THIS DOCUMENT HAS SECURITY FEATURES IN THE PAPER

Al	
To Ka	

Campaign Account Jacqueline Woodward X City National Bank

1001

Coral Gables, FL 33134

PAY TO THE ORDER OF

April 19 2024

thousand two hundred twenty-four VOID AFTER Micomi Dade County Court
90 DAYS Judge, 11th Judical Circuit
Group 21

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

2024 APR 19 PM 4: 05

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