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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BROWARD COUNTY SUPERVISOR OF ELECTIONS

		OFFICE USE ONLY			
Candidate Oath					
Name to appear on ballot: Joseph "Joe" Zager					
Check box if two last names without hyp	hen. (Name cannot be d	hanged after qualifying.)			
Check box if name includes nickname. (For use of a nick	kname, you must complete the	Nickname Affidavit on reverse side.)			
I swear or affirm that I am a candidate for the judicial office of	unty Judge	, (District #)			
17th , 16 ; my legal residence is (Group or Seat #)		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 Florida and of the United States of America, and being employed funds as such employee or officer, do hereby solemnly sweat and of the State of Florida.	oyed by or an officer of the	e court system and a recipient of public			
Statement of Outstanding Fines, Fees, or Penalties					
I owe outstanding fines, fees, or penalties, that cumulatively excee	d \$250, for ethics or campai	gn finance violations (s. 105.031(4) F.S.).			
YES, / Do	NO, I Do Not X				
If you do, you must also specify the amount owed and each en	ntity that levied the same o	n the reverse side.			
X (954)888-81	170	electjosephzager@gmail.co			
Signature of Candidate Telephone Numbe	r FL	Email Address			
Address of Legal Residence City	On A State	ZIP Code			
STATE OF FLORIDA					
COUNTY OF BROWARD	Print Type or Stamp Co	Public ommissioned Name of Notary Public below:			
Sworn to (or affirmed) and subscribed before me by means of	, may type, or examp ec	with soloned reality of reality 1 abile below.			
online notarization \(\text{OR} \) physical presence \(\text{This } \) day of \(\text{APLL} \) \(\text{C} \) Personally Known \(\text{OR} \) Produced Identification \(\text{Type of Identification Produced:} \)	MYC	A HERNANDEZ-RODRIGUEZ DMMISSION # HH 451329 RES: December 13, 2027			
DS-DE 303JU (Eff. 10/2023)		Rule 1S-2.0001, F.A.C.			

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8.36				шы	B	Laine

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):

N/A

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
NA	
l	
Affidavit of	Nickname (Only required if using nickname for the ballot.)
My legal name is Joseph Zager affidavit are true and correct.	. I am over the age of eighteen (18) and the contents of this
My nickname is Joe	I am generally known by this nickname or have used it as part
of my legal name. I have not created th	e nickname to mislead voters. My nickname does not imply I am some other person, constitute me with a cause or issue, or that is obscene or profane.
Signature of Candidate:	
STATE OF FLORIDA COUNTY OF BROWARD	A NAA
COUNTY OF	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below:
Sworn to (or affirmed) and subscribed be	efore me by means
of online notarization OR phy	
this 24 day of ARL Personally Known OR Produc	TATIANA HERNANDEZ-RODRIGUEZ MY COMMISSION # HH 451329 EXPIRES: December 13, 2027
Type of Identification Produced:	ou de la company

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

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

General Information

Name: Joseph Zager

Address: 533 NE 3RD AVE STE R1, FT LAUDERDALE, FL 33301

County: Broward

Organization Suborganization Title

N/A

CANDIDATE FOR

Position Agency Name Position sought or held

County Judge 17th Judicial Circuit, County Court Judge, County Court Judge, 17th Circuit,

Broward County Group 16

Net Worth

My Net Worth as of December 31, 2023 was \$ 400,691.47.

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:

	Value of Asset
Primary Residence	\$ 500,000.00
Truist accounts Personal	\$ 111,526.49
Chase accounts Personal	\$ 19,048.24
Vanguard 401(k)	\$ 37,158.85
ZAGERLAW, PA	\$ 24,015,52

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Valon Mortgage, Inc	PO Box 660043, Dallas, TX 75266-0043	\$ 251,273.72
MIDFLORIDA	PO BOX 8008, Lakeland, FL 33802-8008	\$ 39,783.91

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of		Amount of Liability
N/A		

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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.

l 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
ZAGERLAW PA	533 NE 3RD AVE STE R1	\$ 83,000.00
Charles Rutenberg Realty	2201 W Prospect RD, STE 200, FT. Lauderdale, FL 33309	\$ 1,856.25

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		al Business y of Source
N/A				

		WIES, SHE	296841665	
Interest	ts in Specified Bus	sinesses		
			10 MH 5 P	
Business	Entity # 1			
N/A				

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.

Joseph Zager

Digitally signed: 04/23/2024

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SUPERVISOR OF ELECTIONS

