

**CANDIDATE OATH  
JUDICIAL OFFICE**

2024 APR 22 PM 12: 01

BROWARD COUNTY  
SUPERVISOR OF ELECTIONS

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

Write-in candidate

OFFICE USE ONLY

**Candidate Oath**

Name to appear on ballot: Melinda (Mindy) Kirsch Brown

Check box if two last names without hyphen.  (Name cannot be changed after qualifying.)

Check box if name includes nickname.  (For use of a nickname, you must complete the Nickname Affidavit on reverse side.)

I swear or affirm that I am a candidate for the judicial office of County Judge (Office), 4th (District #)

17th (Circuit #), 23 (Group or Seat #); my legal residence is Broward 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 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 \$250, for ethics or campaign finance violations (s. 105.031(4) F.S.).

YES, I Do \_\_\_\_\_ NO, I Do Not <sup>X</sup> \_\_\_\_\_

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

**X** Melinda Kirsch Brown (954) 647-8145 mindy\_brown@msn.com  
Signature of Candidate Telephone Number Email Address

Address of Legal Residence City State ZIP Code

STATE OF FLORIDA

COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me by means of  
online notarization  OR physical presence

this 9<sup>th</sup> day of April, 2024

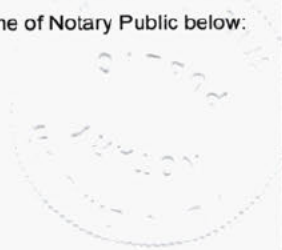
Personally Known  OR Produced Identification

Type of Identification Produced: \_\_\_\_\_

Alan G. Ehrlich  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public below:



ALAN G. EHRlich  
Commission # HH 052020  
Expires November 30, 2024  
Bonded Thru Budget Notary Services



2024 APR 12 PM 12:12

BRIDGEVILLE  
PA 15005



POSTAGE WILL BE PAID BY ADDRESSEE  
NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**Phonetic Spelling of Name**

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):

Melinda (Mindy) Kirsch Brown

**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

**Affidavit of Nickname (Only required if using nickname for the ballot.)**

My legal name is Melinda Darlene Kirsch Brown. I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

My nickname is Mindy Brown. I am generally known by this nickname or have used it as part of my legal name. I have not created the nickname to mislead voters. My nickname does not imply I am some other person, constitute a political slogan or otherwise associate me with a cause or issue, or that is obscene or profane.

Signature of Candidate: Melinda Kirsch Brown

STATE OF FLORIDA

COUNTY OF Broward

Alan G. Ehrlich

Signature of Notary Public

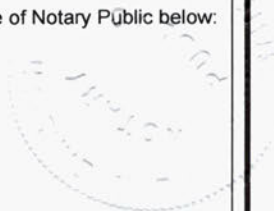
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means of online notarization  OR physical presence  this 9th day of April, 2024 Personally Known  OR Produced Identification

Type of Identification Produced: \_\_\_\_\_



ALAN G. EHRlich  
Commission # HH 052020  
Expires November 30, 2024  
Bonded Thru Budget Notary Services







**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](http://www.ethics.state.fl.us)**

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

***"A Public Office is a Public Trust"***

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**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 Melinda Kirsch Brown  
Filer PID #: 94905

Date Filed: 4/11/2024  
Disclosure Received: 2023 Full and Public Disclosure of Financial Interests  
Filing ID: 940576

Receipt Print Date: 4/11/2024

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.

**General Information**

Name: Hon Melinda Kirsch Brown  
 Address: 201 SE 6th St Rm 5131, Ft Lauderdale, FL 33301 PID 94905  
 County: Broward

**AGENCY INFORMATION**

Organization	Suborganization	Title
Judicial Circuit (17Th)	Elected Constitutional Officer	County Judge

**CANDIDATE FOR**

Position	Agency Name	Position sought or held
County Judge	17th Judicial Circuit, County Court Judge	County Court Judge Judicial Circuit (17th)

**Net Worth**

My Net Worth as of December 31, 2023 was \$ 680,000.00.

**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 \$ 92,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
[REDACTED]	\$ 850,000.00
Lake Property 309 LakeSide Dr. Albany, KY 42602	\$ 75,000.00
Wells Fargo P.O. Box 6995 Plantation, Florida (954) 473-7869	\$ 14,045.02
Wells Fargo P.O. Box 6995 Plantation, Florida (954) 473-7869	\$ 21,913.00
First Florida Credit Union, PO Box 43310 - Jacksonville, Florida 32203-3310	\$ 3,830.70

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 04/11/2024

**Liabilities**

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
First Florida Credit Union Home Improvement	P.O. Box Jacksonville, FL 32203-3310	\$ 40,145.00
First Florida Credit Union Car loan	P.O. Box Jacksonville, FL 32203-3310	\$ 27,378.00
Bank of America	P.O. Box 31785, Tampa FL 33631-3785	\$ 50,200.00
Sheffield Financial	P.O. Box 580229, Charlotte, NC 28258-0229	\$ 34,326.84

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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



**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	201 SE 6th St. Fort Lauderdale, Florida 33301	\$ 174,660.24

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 Form6 and that the facts stated in it are true.

**Melinda Kirsch Brown**

Digitally signed: 04/11/2024

Filed with COE: 04/11/2024



# RECEIPT

DATE April 12, 2024 No. 279030

RECEIVED FROM Melinda Kirsch Brown \$ 7224.64

Seven Thousand Two Hundred Twenty Four - 64/100 DOLLARS

FOR RENT Qualifying Fee

ACCOUNT	<u>1200</u>
PAYMENT	<u>7224.64</u>
BAL. DUE	<u>—</u>

- CASH
- CHECK
- MONEY ORDER
- CREDIT CARD

DEPUTY OF SUPERVISOR OF ELECTIONS  
FROM \_\_\_\_\_ TO \_\_\_\_\_  
BY SKM

2024 APR 12 PM 12:19

BOHARL COUNTY  
DIVISION OF ELECTIONS