CANDIDATE OATH JUDICIAL OFFICE

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

Write-in candidate

2024 APR 22 PM 12: 02

BROWARD COUNTY SUPERVISOR OF ELECTIONS

		OFFICE USE ONLY		
	Candidate Oath			
Name to appear on ballot: Jennifer Wigand	Hilal			
		anged after qualifying.)		
Check box if name includes nickname. (F	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 judicia	al office of County Judge			
33-0	(Office)	(District #)		
17 (Circuit #) , 30 (Group or Seat #) ; my leg	gal 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 cum	nulatively exceed \$250, for ethics or campaig	n finance violations (s. 105.031(4) F.S.).		
	, I Do NO, I Do Not X			
If you do, you must also specify the amount owe		n the reverse side.		
x Min D		reelectjudgehilal@gmail.cor		
Signature Candidate Te	elephone Number	Email Address		
Address of Legal Residence Ci	State State	ZIP Code		
STATE OF FLORIDA Commission #	нн 318069	K. Klean		
COUNTY OF ROLL EXPIRES January	Signature of Notary	Public mmissioned Name of Notary Public below:		
Sworn to (or affirmed) and subscribed before me by				
this 16th day of A PR:	20 <u>2 4</u>	i i		
Personally Known OR Produced Identifica	ation			
Type of Identification Produced:				
DS-DE 303JU (Eff. 10/2023)		Rule 1S-2.0001, F.A.C.		

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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):

Jenn-i-fur Wig-and Hill-all

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

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	
NIA	N/1A		
1 4/1-1	/ / / / /		
Affidavit of	Nickname (Only require	ed if using nickname for	the ballot.)
		20 12 12 12 12 12 13 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15	
My legal name isaffidavit are true and correct.		I am over the age of e	eighteen (18) and the contents of this
My nickname is		. I am generally known by	this nickname or have used it as part
My nickname is of my legal name. I have not created that a political slogan or otherwise associate	e nickname to mislead voters.	My nickname does not imply	y I am some other person, constitute
a pointed disguit of otherwise associate	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	iat is obscerie of profatie.	
Signature of Candidate:	PW		
STATE OF FLORIDA SURY PLUS	BIBI R. KHAN	1	111
COUNTY OF BY MORE	Commission # HH 318069	1616	L. Lever.
OF FLORE	Expires January 30, 2027	Signature of Notary	Public Imissioned Name of Notary Public below:
Sworn to (or affirmed) and subscribed b	efore me by means	r ink, yype, or dramp don	inissioned Name of Notary Public below.
of online notarization OR physical properties of the physical properties	ysical presence		
this 100 day of April			
20 V V V V V V V V V V V V V V V V V V V	ced Identification		
Type of Identification Produced:			

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

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 Jennifer Wigand Hilal

Filer PID #: 221231

Date Filed: 2/29/2024

Disclosure Received: 2023 Full and Public Disclosure of Financial Interests

Filing ID: 938633

Receipt Print Date: 4/17/2024

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.

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 02/29/2024

General Information

Name:

Hon Jennifer Wigand Hilal

CONFIDENTIAL

Address:

201 SE 6TH ST RM 6129 BROWARD COUNTY COURTHOUSE, FT LAUDERDALE, FL 33301

PID 221231

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, 17th Circuit,

Broward County

Group 30

Net Worth

My Net Worth as of February 28, 2024 was \$ 5,052,256.99.

Filed with COE: 02/29/2024

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 $\frac{$350,000.00}{}$.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset	
	\$ 2,500,000.00	
Second Home-	\$ 2,400,000.00	
Seacoast Bank- Personal Account	\$ 42,763.66	
American Express- Personal	\$ 188,900.31	
American Express- Personal	\$ 260,109.03	
Marcus by Goldman Sachs- Personal	\$ 260,221.70	
Marcus by Goldman Sachs- Personal	\$ 261,381.02	
South State Bank- Personal Account	\$ 27,681.85	
Wells Fargo- Personal Account	\$ 25,013.98	
Voya Retirement Account	\$ 275,474.40	
E-Trade Account	\$ 39,022.05	
UTMA Capital Group- Child 1	\$ 105,726.33	
529 Child 2	\$ 46,574.93	
529 Child 3	\$ 10,144.37	
Florida Pre-Paid Child 1	\$ 20,880.20	
Florida Pre-Paid Child 2	\$ 27,185.00	
Florida Pre-Paid Child 3	\$ 27,998.65	

Filed with COE: 02/29/2024

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor Address of Creditor		Amount of Liability	
PennyMac-Mortgage on Homestead	PO Box 30597, Los Angeles, CA 90030	\$ 423,778.61	
South State Bank- Mortgage on home in South Carolina	200 East Broad Street, Greenville, SC 29601	\$ 1,316,979.03	

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
17th Judicial Circuit, Broward County, Florida	201 SE 6th Street, Ft. Lauderdale, Fl 33301	\$ 180,616.08

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				

Filed with COE: 02/29/2024

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.

Jennifer Wigand Hilah

Filed with COE: 02/29/2024

2024 APR 18 PM 2: 18

BRUWARD COUNTY ALL PRYISING OF FIRETIONS

REC	CEIP	T DATE:	April 18,2024 No. 279033
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BAL. DUE		CREDIT	BY