

**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: JACKIE POWELL

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 17th Group 19; my legal residence is [REDACTED] Broward County, Florida;
(Circuit #) (Group or Seat #) (Office) (District #)

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 X _____

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

X [Signature] [REDACTED] keepjudgejackie2024@gmail.com
Signature of Candidate Telephone Number Email Address
[REDACTED] [REDACTED] FL [REDACTED]
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 17 day of April, 2024.
Personally Known OR Produced Identification
Type of Identification Produced: N/A

[Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:
Peggy H. Rhadigan
Notary Public
State of Florida
Comm# HH129472
Expires 5/12/2025



2024 APR 17 PM 12: 28

STROUD COUNTY
EMERGENCY SERVICES

1000

1000

1000

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):

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
0	N/A

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

My legal name is Jacqueline Powell. I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

My nickname is Jackie Powell. 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: 

STATE OF FLORIDA
COUNTY OF Broward


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 17 day of April, 2024.

Personally Known OR Produced Identification

Type of Identification Produced: N/A



Peggy H. Rhadigan
Notary Public
State of Florida
Comm# HH129472
Expires 5/12/2025

General Information

Name: Jacqueline Joan Marie Powell CONFIDENTIAL
 Address: 201 SE 6th St, Fort Lauderdale, FL 33301 PID 86275
 County: Broward

AGENCY INFORMATION

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

CANDIDATE FOR

Position	Agency Name	Position sought or held
County Judge	17th Judicial Circuit, Florida Judiciary, Broward County County	17th Judicial Circuit, County Court, Group 19

Net Worth

My Net Worth as of March 12, 2024 was \$ 537,989.22.

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 \$ 90,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
[REDACTED]	\$ 503,150.00
Savings - PNC Bank	\$ 1,833.11
Checking - PNC Bank	\$ 1,547.22
Charles Schwab	\$ 1,022.65
Life Insurance	\$ 25,000.00
Life Insurance	\$ 172,015.00
Voya	\$ 13,720.24
FRS 2030 Retirement Date Fund	\$ 70,688.31
FRS Stable Value Fund	\$ 13,839.78
FRS US Stock Market Index FUnd	\$ 28,673.95
FRS US Stock Fund	\$ 14,406.66
FRS Foreign Stock Index Fund (200)	\$ 14,385.26

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Aidvantage	P.O Box 4450 Portland OR 972-4450	\$ 65,485.05
Shellpoint	P.O. Box 740039 Cincinnati OH 45274	\$ 293,437.00
Chase Bank	P.O. Box 469030 Glendale CO 80246	\$ 32,800.00
Bridgecrest	7300 Hampton Avenue, Suite 101, Mesa AZ 85209	\$ 1,171.00

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	200 E. Gaines Street Tallahassee, FL 32399-036	\$ 172,015.00

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.

J Powell

Digitally signed: 03/12/2024

Filed with COE: 03/12/2024



RECEIPT

DATE April 17, 2024 No. 279032

RECEIVED FROM Jachie Powell \$ 1224.64

Seven Thousand Two Hundred Twenty Four ⁶⁴/₁₀₀ DOLLARS

FOR RENT Qualifying Fee

ACCOUNT	—
PAYMENT	<u>1224.64</u>
BAL. DUE	—

CASH
 CHECK
 MONEY ORDER
 CREDIT CARD

DEPUTY OF SUPERVISOR OF ELECTIONS
FROM _____ TO _____
BY S. Kellie

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BROWNS COUNTY
DEPUTY SUPERVISOR OF ELECTIONS