CANDIDATE OATH JUDICIAL OFFICE

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

Write-in candidate

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

2024 APR 25 PM 2: 37

BROWARD COUNTY SUPERVISOR OF ELECTIONS

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

	Jvvnte-in candidate			OFFICE USE ONLY
		Candidate	Oath	
Name to	appear on ballot: Alejandro "A	lex" Arreaza	S 19	<u> </u>
		st names without hyphen.	(Name cannot be cha	anged after qualifying.)
	Check box if name includes nickname.	(For use of a nickname	e, you must complete the N	lickname Affidavit on reverse side.)
I swear o	or affirm that I am a candidate for the ju	udicial office of County	/ Judge	<u> </u>
			()	(District #)
17th (Circu	Group 10; m	y legal residence is 680	Rock Hill Ave, Davie F	FI 33325 broward County, Florida;
the cons I have q I seek; I	titution and laws of Florida to hold ualified for no other public office in	the judicial office to wh the state, the term of h I am required to res	nich I desire to be elect which office or any par ign pursuant to s. 99.0	I seek election; I am qualified under ed or in which I desire to be retained; t thereof runs concurrent to the office 12, Florida Statutes; and I will support
Florida funds a	and of the United States of America	a, and being employed	by or an officer of the	pegins): I am a citizen of the State of court system and a recipient of public t the Constitution of the United States
1	Statement	of Outstanding I	Fines, Fees, or Pe	enalties
I owe ou	utstanding fines, fees, or penalties, that	cumulatively exceed \$2	50, for ethics or campaigr	n finance violations (s. 105.031(4) F.S.).
	,	YES, I Do N	O, I Do Not X	
If you d	o, you must also specify the amoun	t owed and each entity	that levied the same on	the reverse side.
\mathbf{x}	2000	(954)565-7743		alex@alexmylawyer.com
-	e of Candidate	Telephone Number	Florida	Email Address 33325
680 Rock	K Hill Ave Davie of Legal Residence	City	State	ZIP Code
	OF FLORIDA YOF Brown		Signature of Notary	Public
Sworn to	o (or affirmed) and subscribed before m			mmissioned Name of Notary Public below:
	otarization OR physical April	presence 🔀 , 20 24 .	ST. TOO	Shameika Williams
Persona	Ily Known OR Produced Ide	ntification 🔀	OFFLOR	Commission # HH 485497 Commission Expires 01-25-2028 Bonded Through - Cynanotary Florida - Notary Public

	Phonetic Spell	ling of Name
Phonetic spelling for the audio ballot (wish it to be pronounced on the audio bal	not required for qualifying policy lot as may be used by perso	ourposes): Print the name phonetically on the line below as you ons with disabilities (see instructions on page 3 of this form):
Stateme	ent of Outstanding	Fines, Fees or Penalties
candidate, shall, at the time of subscribing or penalties that cumulatively exceed \$25	g to the oath or affirmation, s o for any violations of s. 8, A	a party candidate, a candidate with no party affiliation, or a write-in state in writing whether he or she owes any outstanding fines, fees, Art. II of the State Constitution, the Code of Ethics for Public Officers not governing standards of conduct and disclosure requirements, or
Amount		Entity
	*	
Affidavit of	Nickname (Only requ	uired if using nickname for the ballot.)
My legal name is Alejandro Arre	aza	. I am over the age of eighteen (18) and the contents of this
affidavit are true and correct.		Tam over the age of eighteen (19) and the centeries of the
My nickname is Alex Arreaza of my legal name. I have not created the a political slogan or otherwise associate		I am generally known by this nickname or have used it as parters. My nickname does not imply I am some other person, constitute or that is obscene or profane.
Signature of Candidate:		
STATE OF FLORIDA		0.1
COUNTY OF Brownsy.		Signature of Notary Public
Sworn to (or affirmed) and subscribed be	efore me by means	Print, Type, or Stamp Commissioned Name of Notary Public below
	vsical presence	
this 25th day of April	, 20 <u>24</u> .	Shameika Williams
	ed Identification	Commission # HH 485497 Commission Expires 01-25-2028 Bonded Through - Cynanotary
Type of Identification Produced:	ier License	Florida - Notary Public
DS-DE 303JU (Eff. 10/2023)		Rule 1S-2.0001, F.A.C.

General Information

Name:

Alejandro Arreaza

Address:

680 rock hill ave, davie, FL 33325

County:

Organization

Suborganization

Title

N/A

CANDIDATE FOR

Position

Agency Name

Position sought or held

County Judge

17th judicial circuit, cpunty court judge group 10, broward county

Broward County Court Judge Group

10

Net Worth

My Net Worth as of <u>December 31, 2023</u> was \$ 2,655,000.00.

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 \$20,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
680 Rock hill Ave Davie Fl 33325	\$ 680,000.00
320 W Oakland Park Blvd, Wilton Manor Fl 33311	\$ 690,000.00
105 4B Royal Park Dr, Oakland Park, Fl 33309	\$ 220,000.00
265 32nd Ave, Vero Bch Fl	\$ 350,000.00
7055 lucky Dr, Jacksonville Fl	\$ 140,000.00
4714 Castlewood Dr, Jacksonville Fl	\$ 145,000.00
3115 lansdell Dr, Jacksonville Fl	\$ 150,000.00
5060 Princely Ave, Jacksonville Fl	\$ 150,000.00
3400 la moya ave Jacksonville Fl	\$ 130,000.00
Roth Ira (stocks)	\$ 55,000.00
2007 Chevy Avalanche	\$ 6,000.00
2021 Chevy Colorado	\$ 21,000.00
2015 Volvo	\$ 6,000.00
2007 Chevy Van	\$ 8,000.00
2002 Ford F150	\$ 2,500.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Family home	Florida	\$ 89,000.00
office building (Banco Popular)	Puerto Rico	\$ 90,000.00
Caliber	Florida	\$ 20,000.00
Baker financial	Jacksonville Fl	\$ 80,000.00
Caliber	Jacksonville	\$ 105,000.00
Wells Fargo	Florida	\$ 20,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Income	Section Consults					
Identify each separate source an income. Or attach a complete concepted to the Commission's web	opy of your 202 or account nu site.	23 federal incon mbers before a	ne tax return, including all ttaching your returns, as th	W2s, schedules ne law requires t	and attachments.	
PRIMARY SOURCES OF INCOME:						
Name of Source of Income Excee	eding \$1,000	Address of So	urce of Income		Amount	
The Law Office of Alex Arreaza		320 W Oaklan	d Pk Blvd, Wilton Manor F	1	\$ 78,888.00	
Name of Business Entity		jor Sources of	Address of Source	Princip	on): al Business y of Source	
N/A			211112	7	A D	
* · · · · · · · · · · · · · · · · · · ·					B. B.	
	A SECTION AND A		The state of the s			
Interests in Specified Bu	usinesses			i i i i i i i i i i i i i i i i i i i		
Business Entity # 1		.0	5			varia.

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.

Alejandro Arreaza

Digitally signed: 04/24/2024

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BROWARD COUNTY SUPERVISOR OF ELECTIONS

	1
FROM	PAYMENT 7224 LA MONEY
DEPUTY OF SUPERVISOR OF ELECTION	ACCOUNT ODO1 OCASH
	OFOR RENT Qualifying Fee
1	Seven Thousand Two Hundred Twenty Four
Alex Arreaza \$7224.64	RECEIVED FROM Alejando
T DATE April 25, 2024 No. 2790	RECEIPT DATE