# 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 12: 08

BROWARD COUNTY SUPERVISOR OF ELECTIONS

OFFICE USE ONLY

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

		OFFICE USE ONLY
	Candidate Oath	
Name to appear on ballot: Woody Clermont		
Check box if two last names w	vithout hyphen. (Name cannot be change	d after qualifying.)
Check box if name includes nickname.   (For us	e of a nickname, you must complete the Nickn	ame Affidavit on reverse side.)
I swear or affirm that I am a candidate for the judicial offi	ce of County Judge	, (District #)
	(Onice)	(District #)
17th (Circuit #) , 10 (Group or Seat #); my legal res	sidence is Broward	County, Florida;
I am a qualified elector of the state and of the territor the constitution and laws of Florida to hold the judici I have qualified for no other public office in the state I seek; I have resigned from any office which I am re the Constitution of the United States and the Constitution	al office to which I desire to be elected on the term of which office or any part the equired to resign pursuant to s. 99.012, F	or in which I desire to be retained; ereof runs concurrent to the office
Section 876.05, Florida Statutes (only applicable Florida and of the United States of America, and being funds as such employee or officer, do hereby solem and of the State of Florida.	ing employed by or an officer of the cour	t system and a recipient of public
I owe outstanding fines, fees, or penalties, that cumulative		
YES, I Do_	NO, I Do Not X	
If you do, you must also specify the amount owed an	d each entity that levied the same on the	reverse side.
		clermont2004@gmail.com
	ne Number <b>Florida</b>	Email Address 33314
4169 SW 67th Ave. Apt 101A Davie Address of Legal Residence City	State	ZIP Code
STATE OF FLORIDA	S. Klillie	
COUNTY OF BROWARD	Signature of Notary Publ Print, Type, or Stamp Commiss	ic sioned Name of Notary Public below:
Sworn to (or affirmed) and subscribed before me by mean	s of	
online notarization OR physical presence		
this 25th day of April , 202  Personally Known OR Produced Identification	Comm Commissi Bonded	neika Williams lission # HH 485497 on Expires 01-25-2028 Through - Cynanotary
Type of Identification Produced: Driver Licens		da - Notary Public

Phonetic Spelling of Na	ame
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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):

WOO-DEE CLER-MAHNT

### 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.

chapter 106.			
Amount			Entity
-		_	
Affidavit of	Nickname (Only I	required if usi	ng nickname for the ballot.)
My legal name is	lermont	I a	m over the age of eighteen (18) and the contents of this
My nickname is	e nickname to mislead	voters. My nickr	generally known by this nickname or have used it as part name does not imply I am some other person, constitute scene or profane.
Signature of Candidate:			-
STATE OF FLORIDA			010
COUNTY OF BROWARD		Sig	nature of Notary Public
Sworn to (or affirmed) and subscribed be	efore me by means		t, Type, or Stamp Commissioned Name of Notary Public below:
	sical presence 🔣		
this 25th day of April	, 20 24.		Shameika Williams Commission # HH 485497 Commission Expires 11.25.2028
Personally Known OR Produc	ed Identification 🔀		Commission Expires 01-25-2028 Bonded Through - Cynanotary

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

Type of Identification Produced: Driver License

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

## **General Information**

Name:

Mr Woody Clermont

Address:

4169 SW 67TH AVE APT 101A, DAVIE, FL 33314

County:

**Broward** 

Organization

Suborganization

Title

N/A

#### **CANDIDATE FOR**

Position

**Agency Name** 

Position sought or held

County Judge

17th Judicial Circuit

County Court Judge, Group 10

#### **Net Worth**

My Net Worth as of April 16, 2024 was \$ 355,171.65.

#### **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 \$ 1,468.00.

#### ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Condominium Unit Owned, Marlboro Condominiums	\$ 207,600.00
2018 Honda HRV EX	\$ 19,515.00
2012 Porsche Boxster	\$ 23,967.00
Investment Funds Merrill Lynch	\$ 29,302.00
FRS Investment Plan Balance	\$ 114,427.00
Corebridge Valic and TIAA Balance	\$ 4,244.97

#### Liabilities

#### LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Mortgage Servicing, CHASE bank	700 Kansas Lane, Monroe LA 71263	\$ 15,917.55
Lightstream loan on Porsche Boxster	Lightstream, PO Box 117370, Atlanta GA 30368	\$ 17,075.63
Capital One loan on Honda HR-V	Capital One, PO Box 60511, City of Industry CA 91716	\$ 12,359.14

#### JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

	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
City of Miami Beach, City Attorney's Office	1700 Convention Center Drive, Miami Beach FL 33169	\$ 98,075.12

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	
Name of Business Entity	Arcana Arts, Inc.
Address of Business Entity	3168 Country Club Circle, Winter Haven, FL 33881
Principal Business Activity	E-selling
Postion Held with Entity	President
I own more than a 5% Interest in the Business	No
Nature of my Ownership Interest	Silent partner
Business Entity # 2	
Name of Business Entity	OPHELEMA TEACHING & CONSULTING CORP
Address of Business Entity	4169 SW 67 Avenue Apt 101A Davie FL 33314
Principal Business Activity	Consulting and teaching
Postion Held with Entity	President
l own more than a 5% Interest in the Business	Yes
Nature of my Ownership Interest	CEO

## **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.

## **Woody Clermont**

Digitally signed: 04/23/2024

2024 APR 25 PM 12: 11
SUPPERVISOR OF ELECTIONS

