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 26 AM 11: 31

BROWARD COUNTY

OFFICE USE ONLY

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

SUPERVISUR OF ELECTIONS		
Candidate Oath		
Name to appear on ballot: Emilio "Emi" Benitez		
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), (District #)		
17th judicial Group 32; my legal residence is 3400 N Surf Rd, Hollywood,Fl 33019 Broward County, Florida; (Group or Seat #)		
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.		
Signature of Candidate Address of Legal Residence (954)761-5801 EmilioBenitez3400@gmail.c0m Email Address Email Address State ZIP Code		
STATE OF FLORIDA COUNTY OF 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 OR Produced Identification OR Produced Identification Type of Identification Produced: Print, Type, or Stamp Commissionled Name of Notary Public Below.		

	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):			
Statem	ent of Outstanding Fines, Fees or Penalties		
candidate, shall, at the time of subscribin or penalties that cumulatively exceed \$25	each candidate, whether a party candidate, a candidate with no party affiliation, or a write-in g to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fees, 50 for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers 112, any local ethics ordinance governing standards of conduct and disclosure requirements, or		
Amount	Entity		
	N/A		
× / / / / / / / / / / / / / / / / / / /			
and the second s			
Affidavit of	Nickname (Only required if using nickname for the ballot.)		
My legal name is Emilio Benitez affidavit are true and correct.	. I am over the age of eighteen (18) and the contents of this		
	. I am generally known by this nickname or have used it as part e nickname to mislead voters. My nickname does not imply I am some other person, constitute me with a cause or issue, or that is obscene or profane.		
Signature of Candidate: MM mu Dull			
COUNTY OF COUNTY OF Signature of Notary Public			
Sworn to (or affirmed) and subscribed be	Print, Type, or Stamp Commissioned Name of Notary Public below:		
of online notarization OR physical presence this day of , 20 24.			
Personally Known OR Produced Identification Carolina Brand-Garcia My Commission			
Type of Identification Produced: HH 211397 Exp. 1/7/2026			

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

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

General Information

Name:

EMILIO BENITEZ

Address:

3400 N SURF RD APT 7, HOLLYWOOD, FL 33019

County:

Broward

Organization

Suborganization

Title

N/A

CANDIDATE FOR

Position

Agency Name

Position sought or held

County Judge

BROWARD COUNTY COURT

COUNTY COURT SEAT GROUP 32

Net Worth

My Net Worth as of <u>December 31, 2023</u> was <u>\$ 3,060,000.00</u>.

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 \$ 150,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
RESIDENTIAL PROPERTY	\$ 2,500,000.00
RESIDENTIAL PROPERTY	\$ 150,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
CHASE	3415 VISION DRIVE OH4-7214, COLUMBUS, OH 43219	\$ 80,000.00
CHASE	3415 VISION DRIVE OH4-7214, COLUMBUS, OH 43219	\$ 90,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Income					
Identify each separate source income. Or attach a complete Please redact any social secur posted to the Commission's w	e copy of your 202 fity or account nur	23 federal incon	ne tax return, including all V	V2s, schedules,	and attachments.
☐ I elect to file a copy of my	2023 federal inco	ome tax return a	and all W2s, schedules, and	attachments.	
PRIMARY SOURCES OF INCOM	E:				
Name of Source of Income Ex	ceeding \$1,000	Address of Source of Income			Amount
LAW PRACTICE		3400 NORTH SURF ROAD, HOLLYWOOD, FL		FL	\$ 122,279.00
SECONDARY SOURCES OF INCO	Name of Maj	or Sources of	Address of Source	Principa	al Business
N/A	Business' Income			Activity	of Source
Interests in Specified	Businesses				

Business Entity # 1

N/A

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.

EMILIO BENITEZ

Digitally signed: 04/26/2024

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SUPERVISOR OF ELECTIONS

RECEIPT DATE	April 26,2024 No. 279047
REDEIVED FROM CALILIO	Donites \$ 7334.14
Deven Tha Sand	Two Hordred Twenty Fair Lot lives
OFOR RENT COMIT	jing Fre
ACCOUNT # 1001 CASH	DEPUTY OF SUPERVISOR OF ELECTIONS
PAYMENT 1224 LH MONEY ORDER	FROM TO TO
BAL. DUE CREDIT	BY