

**CANDIDATE OATH
JUDICIAL OFFICE**

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

Write-in candidate

2020 APR 20 PM 1:39

BROWARD COUNTY
SUPERIOR COURT

OFFICE USE ONLY

Candidate Oath

(Section 105.031, Florida Statutes)

I, **Christopher Pole**

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box . (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the judicial office of **County Judge** , , 17th ,
(Office) (District #) (Circuit #)

22 ; my legal residence is **Broward** County, Florida; I am a qualified elector
(Group #)

of the state and of the territorial jurisdiction of the court to which I seek election; I am qualified under the Constitution and the 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 with the office I seek; and I have resigned from any office which I am required to resign pursuant to Section 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, oath (only applicable if elected and when term of office begins): I, 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.

Candidate's Florida Voter Registration Number (located on your voter information card): 101346579

Phonetic spelling for audio ballot: Print 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 2 of this form): [Not applicable to write-in candidates.]

Chres-too-phur Pole

X

Signature of Candidate

Telephone Number

cpole1@gmail.com

Email Address

Address

City

Fla.

State

ZIP Code

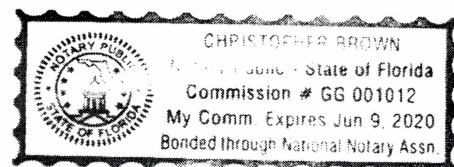
STATE OF FLORIDA

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 physical or
online presence this 8th day of April, 2020.
Type of Identification Produced:
Personally Known: or Produced Identification:



FORM 6

**FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS**

2019

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
Pole Christopher William

2020 APR 10 AM 10:43

MAILING ADDRESS:
██

2020 APR 20 PM 1:39
 SUPERVISOR OF ELECTIONS
 BROWARD COUNTY, FLORIDA

CITY: ██████████ ZIP: ██████████ COUNTY: Broward

NAME OF AGENCY
17th Judicial Circuit

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
County Court Judge

CHECK IF THIS IS A FILING BY A CANDIDATE

PART A — NET WORTH

Please enter the value of your net worth as of December 31, 2019 or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of March 6, 2020 was \$ 2,785,879.00

PART B — ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

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 effects (described above) is \$ 85,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Personal Residence	577,469.00
Fidelity Investments	2,123,410.00

PART C — LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- 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 2019 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 2019 federal income tax return and all W2s, schedules, and attachments.
 (If you check this box and attach a copy of your 2019 tax return, you need not complete the remainder of Part D.)

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
State of Florida	200 East Gaines Street, Tallahassee, Fla.	\$145,107.00

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5].

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
 COUNTY OF Bay
 Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this _____ day of
March, 2020 by _____

 (Signature of Notary Public--State of Florida)
 WENDY J. MILLER-YOST
 MY COMMISSION REF 07362
 (Print, Type, and Commissioned Name of Notary Public)
 EXPIRES: May 12, 2020
 Personally Known or Notarized by _____
 Type of Identification Produced _____

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

 Signature Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

Form 6A. Disclosure of Gifts, Expense Reimbursements or Payments, and Waivers of Fees and Charges

All judicial officers must file with the Florida Commission on Ethics a list of all reportable gifts accepted, and reimbursements or direct payments of expenses, and waivers of fees or charges accepted from sources other than the state or a judicial branch entity as defined in Florida Rule of Judicial Administration 2.420(b)(2), during the preceding calendar year as provided in Canons 5D(5)(a) and 5D(5)(h), Canon 6A(3), and Canon 6B(2) of the Code of Judicial Conduct, by date received, description (including dates, location, and purpose of event or activity for which expenses, fees, or charges were reimbursed, paid, or waived), source's name, and amount for gifts only.

Name: Christopher William Pole Work Telephone: 954-831-5597

Work Address: 201 SE 6th Street, Ft. Lauderdale Judicial Office Held: County Court Judge

1. Please identify all reportable gifts, bequests, favors, or loans you received during the preceding calendar year, as required by Canons 5D(5)(a), 5D(5)(h), and 6B(2) of the Code of Judicial Conduct.

DATE	DESCRIPTION	SOURCE	AMOUNT
	None		\$
			\$
			\$
			\$

Check here if continued on separate sheet

2. Please identify all reportable reimbursements or direct payments of expenses, and waivers of fees or charges you received during the preceding calendar year, as required by Canons 6A(3) and 6B(2) of the Code of Judicial Conduct.

DATE	DESCRIPTION (Include dates, location, and purpose of event or activity for which expenses, fees, or charges were reimbursed, paid or waived)	SOURCE
7/8-7/11/2019	County Court Judges Conference/Orlando, Fla.	State of Florida
12/2-12/3 2019	DUI Lab / Sarasota, Fla.	State of Florida
5/27-5/31/2019	Advanced Judicial College/ Orlando	State of Florida

Check here if continued on separate sheet

CONTINUE TO PAGE 2 FOR OATH

OATH

State of Florida

County of Broward

I, Christopher Pole, the public official filing this disclosure statement, being first duly sworn, do depose on oath and say that the facts set forth in the above statement are true, correct, and complete to the best of my knowledge and belief.

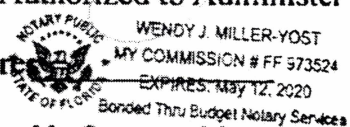
[Handwritten Signature]

(Signature of Reporting Official)

[Handwritten Signature]

(Signature of Officer Authorized to Administer Oaths)

My Commission expires



Sworn to and subscribed before me this

7th day of March, 2020

Form 6B. Report of Business Interests

Instructions: List the names of any corporations or business entities, not otherwise identified on Form 6, in which you had a financial interest as of December 31 of the preceding year. If no business interests, or the interests are already identified on Form 6, then indicate "None," or "N/A." Attach additional pages as necessary. This form is filed only with the JQC.

Name of Judge: Christopher William Pole Telephone: 954-831-5597

Address: [REDACTED] F Position: County Court Judge

<u>Name of Business Entity</u>	<u>Address of Business Entity</u>
<u>None</u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>

I certify that the foregoing information is complete, true, and correct.

[Handwritten Signature]

JUDGE'S SIGNATURE

OATH

State of Florida,
County of Broward.

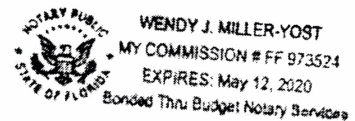
Sworn to (or affirmed) and subscribed before me by means of

physical presence or online notarization, this 9th day of March,

2020, by Christopher William Pole (Name of Judge).

[Handwritten Signature]
(Signature of Notary)

Notary Seal



Personally Known , or Produced Identification .

Identification Produced: _____

RECEIPT

DATE

09/10/2020

No.

378645

RECEIVED FROM

Christophor Pale

\$6072

Six Thousand Seven Hundred and Seventy Two

88

DOLLARS

FOR RENT

Outgoing fee

ACCOUNT

2652

PAYMENT

6072

BAL. DUE

CASH

CHECK

MONEY ORDER

CREDIT CARD

FROM

DEPUTY SUPERVISOR OF ELECTIONS

TO

BY: [Signature]