

**CANDIDATE OATH –  
JUDICIAL OFFICE**

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

Write-in candidate

2020 APR 23 PM 5:40

BROWARD COUNTY  
SUPERVISOR OF ELECTIONS OFFICE USE ONLY

**Candidate Oath**

(Section 105.031, Florida Statutes)

I, SEAN CONWAY

(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 #)

31 ; 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): 102185181

**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.]

SHAWN CONWAY

|  |                  |                         |
|--|------------------|-------------------------|
| <b>X</b>  | (954) 527-8529   | seanconwaylaw@gmail.com |
| Signature of Candidate   | Telephone Number | Email Address           |
| 110 SE 6th ST, #1700   | Ft. Lauderdale   | FL 33301                |
| Address  | City             | State ZIP Code          |

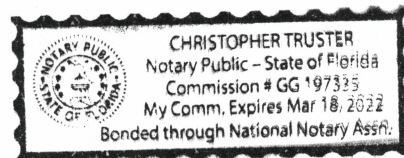
STATE OF FLORIDA  
COUNTY OF Broward

  
**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 23 day of April, 2020

Personally Known:  or Produced Identification:

Type of Identification Produced: FIDE C500799712080



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

**OF FINANCIAL INTERESTS**

**FOR OFFICE USE ONLY:**

LAST NAME — FIRST NAME — MIDDLE NAME:

CONWAY SEAN

MAILING ADDRESS:

110 SE 6th ST

Suite 1700

CITY :

Ft. Lauderdale

ZIP :

33301

COUNTY :

BROWARD

NAME OF AGENCY :

17th Circuit of Florida

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

County Court Judge

CHECK IF THIS IS A FILING BY A CANDIDATE

2020 APR 23 PM 5:40  
 BROWARD COUNTY  
 SUPERVISOR OF ELECTIONS

**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 4/20, 20 20 was \$ \$648,951.

**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 \$ 45,000

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

| DESCRIPTION OF ASSET (specific description is required - see instructions p.4)          | VALUE OF ASSET |
|---|----------------|
| 2 HOUSES: 317 NW 45 CT, Oakland Park \$250k; 1991 NW 32 ST, Oakland Park \$275k         | \$525,000      |
| Bank United Checking  | \$13,300       |
| Merrill Lynch IRA's: a. Trad. \$73,351; b. Roth: \$22,252                               | \$95,603       |
| Merrill Lynch: a. 2 Investment Accts.: \$104,982; b. Savings: \$35,410 c. Chkg. \$6,936 | \$147,328      |

**PART C -- LIABILITIES**

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

| NAME AND ADDRESS OF CREDITOR          | AMOUNT OF LIABILITY |
|---------------------------------------|---------------------|
| Merrill Lynch - line of equity credit | \$177,280           |
|                                       |                     |
|                                       |                     |

**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 W2's, 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      |
|--|---|-------------|
| Sean Conway Law Firm, Inc.                 | 110 SE 6th ST, #1700, Ft. Laud., FL 33301 | \$90,093.26 |
|  |   |             |

**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.

STATE OF FLORIDA

COUNTY OF Broward

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

physical presence or  online notarization, this 23 day of

CHRISTOPHER TRUSTER  
 Notary Public - State of Florida  
 Commission # GG 197335  
 My Comm. Expires Mar 18, 2022  
 Bonded through National Notary Assn.

April, 2020 by Sean Conway  
 (Signature of Notary Public--State of Florida)

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known

OR Produced

Type of Identification Produced FLDC C50079970080

CHRISTOPHER TRUSTER  
 Notary Public - State of Florida  
 Commission # GG 197335  
 My Comm. Expires Mar 18, 2022  
 Bonded through National Notary Assn.

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**

# RECEIPT

DATE 4/23/2024

No. 378650

RECEIVED FROM Sean Conway

\$ 6,072.88

Six thousand seventy-two dollars <sup>xv</sup>/<sub>xx</sub>

DOLLARS

FOR RENT  
 FOR Qualifying Fee

|          |             |           |
|----------|-------------|-----------|
| ACCOUNT  | <u>9997</u> |           |
| PAYMENT  | <u>6072</u> | <u>88</u> |
| BAL. DUE | <u>0</u>    |           |

- CASH
- CHECK
- MONEY ORDER
- CREDIT CARD

DEPUTY OF SUPERVISOR OF ELECTIONS

FROM \_\_\_\_\_ TO \_\_\_\_\_

BY [Signature]