

**CANDIDATE OATH –
JUDICIAL OFFICE**

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

Write-in candidate

SUPERVISOR OF ELECTIONS
2022 APR 25 PM 12:00

OFFICE USE ONLY

Candidate Oath

(Section 105.031, Florida Statutes)

I, Kim Theresa Mollica

(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.)

I am a candidate for the judicial office of County Judge _____, _____, _____
(Office) (District #) (Circuit #)



14 _____; 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): 102269775

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.]
Kim Teresa Mollika

X 		<u>reelectjudgekim@gmail.com</u>	
Signature of Candidate	Telephone Number	Email Address	
<u>1600 W. Hillsboro Blvd. Suite 142</u>	<u>Deerfield Beach</u>	<u>FL</u>	<u>33442</u>
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 means of
online notarization OR physical presence
this 14 day of APRIL, 2022
Personally Known OR Produced Identification
Type of Identification Produced: _____



MICHELE MORGILLO
Commission # HH 162723
Expires October 31, 2025
Bonded Thru Budget Notary Services

STATE OF CALIFORNIA
COUNTY OF [illegible]
[illegible]

SUPERVISOR OF ELECTIONS
2022 APR 19 PM 4:23

General Information

Name: Hon Kim Theresa Mollica
 Address: 1600 W HILLSBORO BLVD STE 142, DEERFIELD BCH, FL 33442-1655
 County: Broward

AGENCY INFORMATION

Organization	Suborganization
Judicial Circuit (17Th)	Elected Constitutional Officer

CANDIDATE FOR

Position	Agency Name	Position sought or held
County Judge	Judicial Circuit (17th) Elected Constitutional Officer	Elected Constitutional Officer - County Court Judge

Net Worth

My Net Worth as of December 31, 2021 was \$ 2,176,324.00.

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 \$ 50,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Residence [REDACTED] Request Confidentiality FS. Chapter 119	\$ 1,000,000.00
Mollica Family Revocable Trust Wells Fargo PO Box 6995 Portland Oregon Checking, Savings, CD	\$ 1,409,708.00
Lexus Auto 2019 (own not lease)	\$ 48,000.00
Wells Fargo PO Box 6995 Portland Oregon Checking	\$ 11,313.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Wells Fargo Mortgage Home	PO Box 6915 Portland OR	\$ 319,778.00
Lexus Financial Services Auto	PO Box 5855, Carol Stream, IL	\$ 22,919.00

JOINT AND SEVERAL LIABILITEIS NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	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.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
State of Florida	200 E. Gaines St. Tallahassee, Florida	\$ 156,377.04

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Business Entity	Major Sources of Business Income	Address	Principal Business Activity of Source
N/A			

Interests in Specified Businesses

Business Entity # 1

N/A

Training

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you for this form year.

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing filing and that the facts stated in it are true.

Kim Theresa Mollica



Digitally signed: 4/18/2022

Filed with COE: 04/18/2022

RECEIPT DATE April 19, 2022 No. 279137

RECEIVED FROM Kim Theresa Mallica \$ 6255.08

Six Thousand Two Hundred Fifty Five ^{08/100} DOLLARS

FOR RENT FOR Qualifying Fee

ACCOUNT	<u>#10000</u>	<input type="checkbox"/> CASH
PAYMENT	<u>6255.08</u>	<input checked="" type="checkbox"/> CHECK
BAL. DUE	<u>—</u>	<input type="checkbox"/> MONEY ORDER
		<input type="checkbox"/> CREDIT CARD

DEPUTY OF SUPERVISOR OF ELECTIONS

FROM _____ TO _____

BY [Signature]

3-11

SUPERVISOR OF ELECTIONS

2022 APR 19 PM 4:29