

**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, John D. Fry,

(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, 17,  
(Office) (District #) (Circuit #)

1; 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): 101388054

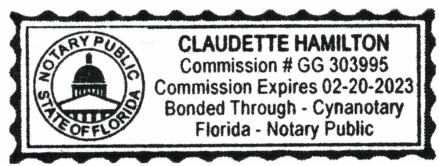
**Phonetic spelling for audio ballot:** Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

**X** John D. Fry 954 1831-1673 Delta109@att.net  
Signature of Candidate Telephone Number Email Address  
201 SE 65T Fort Lauderdale FL 33301  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF BROWARD

Claudette Hamilton  
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 20 day of APRIL, 2022  
Personally Known  OR Produced Identification   
Type of Identification Produced: \_\_\_\_\_



2022 APR 20 AM 10:02

SUPERVISOR OF ELECTIONS

**General Information**

Name: John D. Fry  
Address: Central Courthouse 201 S.E 6th Street Rm WW5125, Fort Lauderdale , FL 33301  
County: Broward

**AGENCY INFORMATION**

Organization	Suborganization
Judicial Circuit (17Th)	Elected Constitutional Officer

**CANDIDATE FOR**

Position	Agency Name	Position sought or held
County Judge	Broward County Judge	Group 1

**Net Worth**

My Net Worth as of April 11, 2022 was \$ 2,807,986.43.



**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
Primary Residence	\$ 3,000,000.00
Bank of America Checking	\$ 11,634.00
Wells Fargo Checking	\$ 55,975.00
Wells Fargo Investments (stocks)	\$ 970,109.00
Fidelity Investments (stocks)	\$ 270,890.43

**Liabilities**

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Wells Fargo Credit Line	PO BOX 14411, Des Moines IA 50306	\$ 264,027.00
Wells Fargo Mortgage	PO BOX 14411, Des Moines IA 50306	\$ 1,386,595.00

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
Salary (Florida)	200 E. Gaines St. Tallahassee FL., 32399	\$ 148,770.00
Keiser University (Teaching)	1900 W. Commercial Blvd. Suite 180, Ft. Lauderdale FL. 33309	\$ 29,400.00

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.

John D. Fry



Digitally signed: 4/11/2022

Filed with COE: 04/11/2022

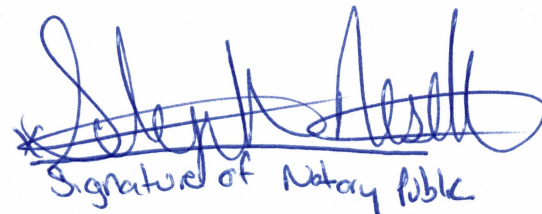
State of Florida

County of Broward

Sworn to (or affirmed) and subscribed before me this 11th  
day of April, 2022.

Personally know:  or Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_



Signature of Notary Public



STEPHANIE NESBITT  
Commission # GG 911430  
Expires December 21, 2023  
Bonded Thru Budget Notary Services



**RECEIPT** DATE April 20, 2022 No. 279138

RECEIVED FROM John D. Fry \$ 6255.08

Six Thousand Two Hundred Fifty Five 08/100 DOLLARS

FOR RENT  
 FOR Qualifying Fee

ACCOUNT # <u>1026</u>	<input type="checkbox"/> CASH
PAYMENT <u>6255.08</u>	<input 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 20 AM 10:08