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 22 PM 4: 51

BROWARD COUNTY
HIDERVISOR OF ELECTIONSOFFICE USE ONLY

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

TANAAD 11A	Candidate O	ath	
Name to appear on ballot: TAMAR HA			1.50
	names without hyphen.		nanged after qualifying.)
Check box if name includes nickname.	(For use of a nickname, yo	u must complete the	Nickname Affidavit on reverse side.)
I swear or affirm that I am a candidate for the jud	licial office of County Ju	ıdge	
		(Onice)	(District #)
17 (Circuit #) , 25 (Group or Seat #) ; my	legal residence is Brov	/ard	County, Florida;
			h Leask alastian: Lam qualified under
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 appropriate and of the United States of America, funds as such employee or officer, do hereby and of the State of Florida.	and being employed by	or an officer of the	court system and a recipient of public
Statement of	f Outstanding Fin	es, Fees, or P	enalties
I owe outstanding fines, fees, or penalties, that co	umulatively exceed \$250, f	or ethics or campaig	in finance violations (s. 105.031(4) F.S.).
	S, I Do NO, I		
If you do, you must also specify the amount of	wed and each entity that	levied the same or	n the reverse side.
x Q · ·	(954) 263-7908		tamar@tamarhamiltonlaw.on
Signature of Candidate	Telephone Number	Florida	Email Address 33067
6239 NW 53 Circle Coral Sp Address of Legal Residence	City	State	ZIP Code
STATE OF FLORIDA		Leenr	Conalle
COUNTY OF TOWARD		nature of Notary	Public mmissioned Name of Notary Public below:
Sworn to (or affirmed) and subscribed before me		, ,,, =, = = = = = = = = = = = = = = =	,
online notarization OR physical pre	esence	-	
this day of	_, 20 <u>~~</u> .	Ym	Public State of Florida aru Carvallo
Personally Known OR Produced Identi Type of Identification Produced:	fication License	H	Commission H 157759 D. 7/26/2025

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):

TAMAR HAMILTON

Statement of Outstanding Fines, Fees or Penalties

Pursuant to Section 99.021(1)(d), F.S., each candidate, whether a party candidate, a candidate with no party affiliation, or a write-in candidate, shall, at the time of subscribing to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fees, or penalties that cumulatively exceed \$250 for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers and Employees under part III of chapter 112, any local ethics ordinance governing standards of conduct and disclosure requirements, or chapter 106.

Amount	Entity
N/A.	
,	
Affidavit of l	Nickname (Only required if using nickname for the ballot.)
	. I am over the age of eighteen (18) and the contents of this
of my legal name. I have not created the	. 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 with a cause or issue, or that is obscene or profane.
Signature of Candidate:	<u></u>
STATE OF FLORIDA	()
COUNTY OF DROWNED	Signature of Notary Public
Sworn to (or affirmed) and subscribed be	Print, Type, or Stamp Commissioned Name of Notary Public below:
	sical presence
this 22 day of April	Claudette Hamilton

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

Type of Identification Produced:___

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

General Information

Name:

Mrs Tamar Hamilton

Address:

6239 NW 53RD CIR, CORAL SPRINGS, FL 33067

County:

Broward

Organization

Suborganization

Title

N/A

CANDIDATE FOR

Position

Agency Name

Position sought or held

County Judge

17th Judicial Circuit, County Court Judge,

Broward County Court Judge, 17th Judicial Circuit, Group 25

Broward County

Net Worth

My Net Worth as of April 19, 2024 was \$ 495,572.00.

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 \$95,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
6239 NW 53rd Circle Coral Springs Fl 33067	\$ 995,000.00
531 Toucan Way Mandeville Manchester Jamaica	\$ 350,000.00
8747 NW 50th Street Lauderhill Fl 33351	\$ 250,000.00
Jamaica Money Market Brokers	\$ 10,000.00
2006 MERCEDES BENZ CONVERTIBLE	\$ 15,000.00



Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
GREGORY FUNDING LLC SERVICER JP MORGAN CHASE BANK	PO BOX 742335, LOS ANGELES, CA, 90074	\$ 570,000.00
PRIORITY ONE CREDIT UNION OF FLORIDA (CAR LOAN)	3000 North University Drive, SUNRISE, FL , 33322	\$ 5,000.00
LIGHT STREAM LOAN INC	PO BOX 117320, ATLANTA, GA, 30368	\$ 21,000.00
TRUIST BANK COMMERICAL LOAN	PO BOX 300, WILSON, NC 27894	\$ 91,000.00
PRIORITY ONE CREDIT UNION OF FLORIDA (VISA CREDIT CARD)	3000 North University Drive, SUNRISE, FL, 33322	\$ 2,500.00
US DEPTMENT OF EDUATION (NELNET)	121 S 13TH St Ste 201 Lincoln, NE, 68508	\$ 364,028.00
LAND ROVER FINANCIAL GROUOP	PO BOX 182055, COLUMBUS, OH 43218	\$ 36,000.00
NATIONAL HOUSING TRUST (JAMAICA)	MANDEVILLE, MANCHESTER, JA, WI	\$ 28,000.00
BEST BUY	7601 Penn Avenue South Richfield, MN	\$ 6,900.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		
4000		

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 2023 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 2023 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
TAMAR N HAMILTON PA (W2)	8747 NW 50TH ST, LAUDERHILL, FL, 33351	\$ 69,154.00
ST THOMAS UNIVERSITY SCHOOL OF LAW	16401 NW 37TH AVE, MIAMI GARDENS, FL, 33054	\$ 6,000.00
TAMAR N HAMILTON PA (BUSINESS INCOME)	8747 NW 50TH ST, LAUDERHILL, FL, 33351	\$ 6,401.00

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

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A		9	

Interests in Specified Businesses

Name of Business Entity	TAMAR N HAMILTON PA	
Address of Business Entity	8747 NW 50TH ST, LAUDERHILL, FL 3	33351
Principal Business Activity	LAW FIRM	•
Postion Held with Entity	DIRECTOR	6
I own more than a 5% Interest in the Business	Yes	SINE
Nature of my Ownership Interest	DIRECTOR	101 18:

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.

Tamar Hamilton

Digitally signed: 04/19/2024

