CANDIDATE OATH JUDICIAL OFFICE

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

Write-in candidate

RECEIVED

APR 1 6 2024



OFFICE USE ONLY

Candida	ate Oath	
Name to appear on ballot: Kimberly A. Sadler		
Check box if two last names without hyphe	en. (Name cannot be changed after qualifyi	ing.)
Check box if name includes nickname. (For use of a nickname)	ame, you must complete the Nickname Affidavit	on reverse side.)
		Total I
I swear or affirm that I am a candidate for the judicial office of		, <u>(Sietale 4.41)</u>
4th Judicial Group 8; my legal residence is [Circuit #)	(Office) Duval	(District #) County, Florida;
(Circuit #) (Group or Seat #) I am a qualified elector of the state and of the territorial jurisdic		Lam qualified under
the constitution and laws of Florida to hold the judicial office to I have qualified for no other public office in the state, the term I seek; I have resigned from any office which I am required to rethe Constitution of the United States and the Constitution of the	which I desire to be elected or in which I of of which office or any part thereof runs co esign pursuant to s. 99.012, Florida Statut	desire to be retained; incurrent to the office
Section 876.05, Florida Statutes (only applicable if elected a Florida and of the United States of America, and being employ funds as such employee or officer, do hereby solemnly swear and of the State of Florida.	red by or an officer of the court system and	d a recipient of public
Statement of Outstanding	g Fines, Fees, or Penalties	
I owe outstanding fines, fees, or penalties, that cumulatively exceed	\$250, for ethics or campaign finance violations	(s. 105.031(4) F.S.).
YES, I Do	NO, I Do Not	
If you do, you must also specify the amount owed and each enti		
x		
Address of Legal Residence Telephone Number City	Email Addre	ess ZIP Code
STATE OF FLORIDA	1 1	,
COUNTY OF DUVAL	Signature of Notary Public	Kley
Sworn to (or affirmed) and subscribed before me by means of	Print, Type, or Stamp Commissioned Name of	f Notary Public below:
online notarization OR physical presence		
this <u>10</u> day of <u>April</u> , 20 <u>24</u> .	SCHOOL CIERRA ALEXXUS M FACKLER	
Personally Known OR Produced Identification	* Commission # HH 422514 Expires July 17, 2027	
Type of Identification Produced: H Driver UC	FOFFLOR EXPINES JULY 11, 202.	
DS-DE 303JU (Eff. 10/2023)	F	Rule 1S-2.0001, F.A.C.

Campaign Armsont	DATE HOW NO JOBY
PAY TO SILLUST of E THE ORDER TO THE SELECT TEMPS OF THE PAY OF THE	legions - \$ 7224 - 64 but truts for \$ 64/5x DOLLARS 1 BENEFICIAL BENEFIC
TRUIST HH	DOLLARS To Black Polish on Back.
Мемо	MP

RECEIVED

APR 1 6 2024

DUVAL COUNTY ELEC.



APR 16 2024

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 04/16/2024

General Information

Name:

Hon Kimberly Anne Sadler JD

CONFIDENTIAL

Address:

County:

Duval

AGENCY INFORMATION

Organization

Suborganization

Title

Judicial Circuit (4Th)

Elected Constitutional Officer

County Judge

CANDIDATE FOR

Position

Agency Name

Position sought or held

County Judge

4th Judicial Circuit, Duval County

County Court Judge, Group 8

Net Worth

My Net Worth as of <u>December 31, 2023</u> was \$ 944,109.37.

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 04/16/2024

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 \$ 145,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
FRS INVESTMENT- NATIONWIDE	\$ 75,463.88
LPL FINANCIAL- CASH	\$ 16,709.12
LPL FINANCIAL - Mutual Funds, Publicly Traded Funds and Interval Funds	\$ 138,836.37
BANK ACCOUNTS- TRUIST	\$ 312,177.57
Personal Residence (119.071(4)(d))	\$ 493,100.00
CARD COLLECTION	\$ 100,000.00
ANTIQUES/JEWELRY	\$ 60,000.00
2022 LEXUS	\$ 45,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

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

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor		Amount of Liability
N/A			
•		<u> </u>	

,				Filed wi	th COE: 04/16/2	
Income				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
Identify each separate source income. Or attach a complete Please redact any social secur posted to the Commission's w	e copy of your 202 ity or account nu rebsite.	23 federal incor mbers before a	ne tax return, including al ttaching your returns, as t	l W2s, schedules, he law requires th	and attachments.	
PRIMARY SOURCES OF INCOM	E :					
Name of Source of Income Ex	ceeding \$1,000	Address of So	urce of Income		Amount	
STATE OF FLORIDA		State of Florida Jimmy Patronis, Chief Financial Officer :200 E Gaines Street , Tallahassee, Florida 32399-0356		\$ 180,616.08		
Name of Business Entity	Name of Major Sources of Business' Income		Address of Source		oal Business y of Source	
N/A					· · ·	
Interests in Specified	Businesses					
Business Entity # 1					· · · · · · · · · · · · · · · · · · ·	
N/A	eri e i i i i i i i i i i i i i i i i i				·	
IN/M					_	

Filed with COE: 04/16/2024

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 Form 6 and that the facts stated in it are true.

Kimberly Anne Sadler JD

Digitally signed: 04/16/2024

Filed with COE: 04/16/2024