

**CANDIDATE OATH
JUDICIAL OFFICE**

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

Write-in candidate

RECEIVED

APR 25 2024

DUVAL COUNTY ELEC.
By CF

OFFICE USE ONLY

Candidate Oath

Name to appear on ballot: Shayla E. Lee

Check box if two last names without hyphen. (Name cannot be changed after qualifying.)

Check box if name includes nickname. (For use of a nickname, you must complete the Nickname Affidavit on reverse side.)

I swear or affirm that I am a candidate for the judicial office of County Court Judge (Office) _____ (District #) _____
4th (Circuit #), 9 (Group or Seat #); my legal residence is Duval County, Florida;

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 applicable if elected and when term of office begins): I am 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.

Statement of Outstanding 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 entity that levied the same on the reverse side.

X Shayla Lee _____
Signature of Candidate Telephone Number Email Address
904-399-1111 _____
Address of Legal Residence City State ZIP Code
Jacksonville, FL 32218

STATE OF FLORIDA
COUNTY OF Duval

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence
this 25th day of April, 2024.
Personally Known OR Produced Identification
Type of Identification Produced: _____

Shawna Powell
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:



Community First Credit Union of Florida
Memorandum Record

NO. 0101

DATE 4/25/24

TO SUE

FOR qualifying

AMOUNT 7,224.04

SHAYLA E LEE FOR COUNTY COURT JUDGE GROUP 9

Campaign account

0101

DATE 4/25/2024

PAY
To The Order Of

Supervisor of Elections

\$ 7,224.04

Seven thousand two hundred twenty four dollars and 04/100 cents

COMMUNITY
Credit Union **FIRST**

Shayla Lee



General Information

Name: Shayla E Lee JD
Address: [REDACTED] PID 264847
County: Duval

AGENCY INFORMATION

Organization	Suborganization	Title
Public Defender; 4Th Circuit	Employees	Assistant Public Defender

CANDIDATE FOR

Position	Agency Name	Position sought or held
County Judge	Duval County	County Court Judge Group 9

Net Worth

My Net Worth as of January 1, 2024 was -\$ 217,733.40.

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2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 04/25/2024

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 \$ 12,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
real property [REDACTED]	\$ 173,984.00
Bank Accounts Vystar Credit Union	\$ 5,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
US Bank	200 South Sixth St, Minneapolis, MN 55401	\$ 165,659.20
NelNet	121 South 13th St, Ste 201, Lincoln, NE 68508	\$ 223,058.20
Vystar Credit Union	1831 Dunn Avenue, Jacksonville, FL 32218	\$ 10,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 04/25/2024

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
State of Florida salary	200 E Gaines Street, Tallahassee, Fl 32399	\$ 81,449.28

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			

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 Form6 and that the facts stated in it are true.

Shayla Lee

Digitally signed: 04/25/2024

Filed with COE: 04/25/2024