# **CANDIDATE OATH -JUDICIAL OFFICE**

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

Write-in candidate

# RECEIVED

2022 APR 22 PM 4: 28

MAMI-CADE COUNTY ELECTIONS DEPARTMENT

	OFFICE USE O	NLY				
Candidate Oath						
(Section 105.031, Florida Statutes)						
I, Scott Janowitz ,						
	If your last name consists of two or more names but has n	10				
	ames). No change can be made after the end of qualifying	g.				
Although a write-in candidate's name is not printed on the b	allot, the name must be printed above for oath purposes.)					
am a candidate for the judicial office of County Judg		_ ,				
	Office) (District #) (Circuit #)					
42 ; my legal residence is Miami-Dade	County, Florida; I am a qualified elect	or				
of the state and of the territorial jurisdiction of the court to wh						
the Laws of Florida to hold the judicial office to which I des qualified for no other public office in the state, the term of wh						
seek; and I have resigned from any office which I am required will support the Constitution of the United States and the Cons	d to resign pursuant to Section 99.012, Florida Statutes; and					
		oto.				
Section 876.05, Florida Statutes, oath (only applicable if ele of Florida and of the United States of America, and being em						
public funds as such employee or officer, do hereby solemn						
United States and of the State of Florida.						
Candidate's Florida Voter Registration Number (located on yo	ur voter information card): 109695953					
Phonetic spelling for audio ballot: Print name phonetically or	n the line below as you wish it to be pronounced on the auc	dio				
ballot as may be used by persons with disabilities (see instruction	is on page 2 of this form): [Not applicable to write-in candidat	tes.j				
SKAHT (rhyme: dot) JAN-o-wits						
x 8pt (305) 569-	2543 retainjudgejanowitz@gmail.co	m				
Signature of Candidate / Telephone Number	Email Address					
Address City	State ZIP Code					
STATE OF FLORIDA	I de la la terreta					
COUNTY OF miami - Dade	Signature of Notary Public	-				
Sworn to (or affirmed) and subscribed before me by means of	Print, Type, or Stamp Commissioned Name of Notary Public below	:				
online notarization OR physical presence	\$4444444444AAAAAAAAAAAAAAAAAAAAAAAAAAA					
this <u>22</u> day of <u>April</u> , 20 <u>22</u> .	Notary Public State of Florida Lynda T Rimart					
	Tylida i Kimari W Commission HH 149320 Expires 07/06/2025					
Personally Known OR Produced Identification Francisco Produced Identification Francisco Produced Identification In Ident						
Type of Identification Produced: FL Driver License						

## 2021 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 04/22/2022

**General Information** 

Name:

Hon Scott M Janowitz

Address:

3100 PONCE DE LEON BLVD CORAL GABLES BRANCH COURT, CORAL GABLES, FL 33134-6817

County:

Miami-Dade

**AGENCY INFORMATION** 

Organization

Suborganization

Title

Judicial Circuit (11Th)

**Elected Constitutional Officer** 

County Court Judge

**CANDIDATE FOR** 

Position

Agency Name

Position sought or held

County Judge

11th Judicial Circuit

County Court Judge

group 42

### **Net Worth**

My Net Worth as of April 18, 2022 was \$ 425,000.00.

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### **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 \$20,000.00.

#### ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset	
Primary Residence	\$ 485,000.00	
Cash and saving accounts (USAA)	\$ 19,400.00	ra 2
Car - Lincoln	\$ 17,000.00	THE S 7
Retirement IRAs (Raymond James)	\$ 186,000.00	THE PROPERTY OF
Mutual Fund s (Growth Fund of America)	\$ 23,000.00	55 23 m
Checking (Chase)	\$ 3,600.00	7777 <b>2</b> 2000
Deferred Compensation (Nationwide- FRS)	\$ 2,600.00	32 -
FRS Investment Plan	\$ 40,000.00	語 28

### Liabilities

#### LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Chase (Mortgage)	700 Kansas Lane, Monroe, LA 71203	\$ 280,000.00
Aidvantage	PO Box 9635, Wilkes Barre, PA 18773	\$ 32,700.00
USAA (Car Loan)	9800 Fredericksburg Road, San Antonio, TX 78288	\$ 18,000.00

#### JOINT AND SEVERAL LIABILITEIS NOT REPORTED ABOVE:

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

Filed with COE: 04/22/2022

## 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, FL 32399	\$ 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.

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# **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.

# **Scott Janowitz**

Digitally signed: 4/22/2022

Filed with COE: 04/22/2022

2022 APR 22 PM 4: 29

MIAMI-DADE COUNTY

## **OFFICIAL RECEIPT** MIAMI-DADE COUNTY-FLORIDA

No. 7900358

COUNTY	Received From	+ Janowitz		Date	4,22,	22
	Address 200 S	ON DOUGLOS ROOM OLES FL STATE	Suite 900 33134 ZIP	CASH CHECKS	MONTH DAY \$	YEAR
Amount of:_	Six trasserd twoherds	ed fifty file Dollars, and eig	CENTS	Total	\$ 6,255	<u> </u>
For Payment	OF: (XVAlitying F	fee Canty Judg	e Grou	Q 42	<u> </u>	
		PATED, COMPLETED AND SIG	1 1/1	THORIZEI	D EMPLOYEE OF DEP	ARTMENT
DEPT.:	elections	B	c:	CVZ	NO	
	FICE USE ONLY	T				
Trans	Subsidiary	Index Code	Su	вовјест	Amount	
107.01-1 6/04						
PAY TO THE ORDER OF	COTT JANOWITZ CAMPAIC 600 South Douglas Road, Suite 90 Coral Gables, FL 33134 ami-Dade County	00	Regions Bar Coral Gables,	FL	4/11/2022 \$**6,255.08	Details on Back
Six Thousand	d Two Hundred Fifty-Five	and 08/100************	*******	******	****** DOLLAF	
	i-Dade County  Ide Connty Court Judgualifying Fee 114 circuit	e ,group42	Whattaelment	A		्रह्
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