CANDIDATE OATH

NONPARTISAN OFFICE

(Do not use this form if a Judicial or School Board Candidate) Check box **only** if you are seeking to qualify as a write-in candidate:

SUPERVISOR OF ELECTIONS 2024 JUNIA AMIO: 31 PALES BEACH COUNTY, FL

Write-in candidate	OFFI	CE USE ONLY
Cand	lidate Oath	CE USE UNET
Name to appear on ballot: Ann Marie Sorrell Check box if two last names without hy Check box if name includes nickname. (For use of a nickname)	yphen. (Name cannot be changed after qualifying.) ickname, you must complete the Nickname Affidavit on reverse	e side.)
I swear or affirm that I am a candidate for the nonpartisan office of the nonpartisan of the nonpartisan office of the nonpartisan of the nonpartisan office of the nonpartisan of the nonpartisan office of the nonpartisan office of the nonpartisan office of the nonpartisan office of the nonpartisan of	(Office)	4 <i>(District #)</i> ounty, Florida;
I am a qualified elector under the Constitution and the Laws of have qualified for no other public office in the state, the term of whave resigned from any office from which I am required to resigned the United States and the Constitution of the State	rhich office or any part thereof runs concurrent with the office sign pursuant to Section 99.012, Florida Statutes; and I wi	e I seek; and I
I owe outstanding fines, fees, or penalties, that cumulatively	ling Fines, Fees, or Penalties ly exceed \$250, for ethics or campaign finance violations (s.	99.021(1)(d), F.S.).
If you do, you must also specify the amount owed	l and each entity that levied the same on the reverse sid	le
X Signature of Candidate (561) 868 Fieldstone Way West Palm Beach		om
Address of Legal Residence City	State ZIP Co	ode
STATE OF FLORIDA COUNTY OF Palm Beach	Signature of Notary Public	
Sworn to (or affirmed) and subscribed before me by means of	Print, Type, or Stamp Commissioned Name of Notary F	Public below:
online notarization OR physical presence this 14th day of June 20 24. Personally Known OR Produced Identification Type of Identification Produced:	Sherine Thorpe Comm.: HH 415589 Expires: Jun. 28, 2027 Notary Public - State of Florida	
DS-DE 302NP (Eff. 10/2023)	D.J. 40.0	0004 E & C
DO-DE OUTIEF (EII. INIEVEO)	Rule 1S-2	.0001, F.A.C.

	Phonetic Spelling of Name	
Phonetic spelling for the audio ballot (wish it to be pronounced on the audio ba	(not required for qualifying purposes): Print the name phonetically on the line below as you llot as may be used by persons with disabilities (see instructions on page 3 of this form):	
Ann Ma-rie Sor-rel		
Statement of Outstanding Fines, Fees or Penalties		
	FALS SEADS COUNTY IVE	
candidate, shall, at the time of subscribing or penalties that cumulatively exceed \$25	each candidate, whether a party candidate, a candidate with no party affiliation, or a write-in g to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fees, 50 for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers 112, any local ethics ordinance governing standards of conduct and disclosure requirements, or	
Amount	<u>Entity</u>	
Affidavit of I	Nickname (Only required if using nickname for the ballot.)	
My legal name isAnn Marie Sorrell this affidavit are true and correct.	I am over the age of eighteen (18) and the contents of	
uns anidavit are une and contect.		
My nickname is	. 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	
a political slogan or otherwise associate	me with a cause or issue, or that is obscene or profane.	
Signature of Candidate:	M Sonell	
STATE OF FLORIDA COUNTY OF Palm Beach		
COUNTY OF <u>falm Beach</u>	Signature of Notary Public	
Sworn to (or affirmed) and subscribed be	Print, Type, or Stamp Commissioned Name of Notary Public below:	
`	sical presence Sherine Thorpe	
this 14th day of June	Comm.: HH 415589	
	- Notary Public State of Florida	
Personally Known 🗵 OR Produce	ed Identification	
Type of identification Produced:		
DS-DF 302NP (Eff. 10/2023)	Rule 1S-2.0001, F.A.C.	

STATE OF FLORIDA

SUPERVISOR OF ELECTIONS 2024 JUN 14 AM 10: 31 FALST BEACH COUNTY, FL

COUNTY OF

I,Ann Marie Sorrell	, a candidate for Supervisor of Soil and Water Conservation District,
meet the qualifications pursuant to secti	ion 582.19(1), Florida Statutes, to serve on the governing body of the
Soil and Water Conservation District.	
I am an eligible voter who reside	es in the district, and (select at least one of the following):
	red after 10 years of being engaged in, agriculture as defined in s.
570.02 Florida Statutes	
I am employed by an agricultura	
I own, lease, or am actively emp	ployed on land classified as agriculture under s.193.461 Florida Statutes
Signature of Candidate	
Address Line 1: 858 Fields	stone Way
Address Line 2:	
City: West Palm Beach	
State: Florida	
Zip Code: 33413	
Sworn to and subscribed before me this	s_14th day of <u>Tune</u>
at <u>Palm Beach</u> , F	Sherine Thorpe Comm.: HH 415589 Expires: Jun. 28, 2027 Notary Public - State of Florida

Ashley Lukis Chair **Michelle Anchors** Vice Chair William P. Cervone **Tina Descovich** Freddie Figgers Luis M. Fusté Wengay M. Newton, Sr., Jim Waldman



State of Florida **COMMISSION ON ETHICS** P.O. Drawer 15709 Tallahassee, Florida 32317-5709

Kerrie J. Stillman **Executive Director**

Steven J. Zuilkowski Deputy Executive Director/ General Counsel 1111:27

(850) 488-7864 Phone (850) 488-3077 (FAX)

www.ethics.state.fl.us

325 John Knox Road **Building E, Suite 200** Tallahassee, Florida 32303

"A Public Office is a Public Trust"

VERIFICATION AND RECEIPT OF SUBMISSION TO THE ELECTRONIC FINANCIAL DISCLOSURE FILING SYSTEM

This Verification and Receipt of Submission acknowledges that the Commissions on Ethics received a submission through its electronic financial disclosure filing system.

Filer Name: Ms Ann Marie P Sorrell

Filer PID #: 286286

Date Filed: 6/14/2024

Disclosure Received: 2023 Statement of Financial Interests

Filing ID: 968722

Receipt Print Date: 6/14/2024

The foregoing is a true and accurate depiction of information contained in the electronic financial disclosure filing system held by the Florida Commission on Ethics.

This Verification and Receipt of Submission complies with Sections 112.3144(4) and 112.3145(2)(c), Florida Statutes, and, in accordance with those statutes, it may be presented to any qualifying officer by an incumbent in an elective office or any candidate holding another position subject to an annual filing requirement.

This Verification and Receipt of Submission is not a certification that the form submitted is complete or that the information entered in the form by the filer is true or correct. This Verification and Receipt of Submission is system generated, is created automatically, and its issuance does not indicate that the submission by the filer has been reviewed by Commission staff.

To see the filer's disclosure, visit https://disclosure.floridaethics.gov/PublicSearch/Filings. For questions regarding this Verification and Receipt of Submission, please contact the Florida Commission on Ethics at (850) 488-7864.

2023 Form 1 - Statement of Financial Interests

SUPERVISOFILED with COE: 06/14/2024

General Information

FALM SEACH SUITETO F.

Name:

Ms Ann Marie P Sorrell

Address:

5840 Corporate Way Ste 250, West Palm Bch, FL 33407

PID 286286

County:

Palm Beach

AGENCY INFORMATION

Organization Suborganization Title

Palm Beach Soil & Water Cons. Dst.

Board of Supervisors

Chairperson

CANDIDATE FOR

Position Agency Name Position sought or held

Special District Palm Beach Soil & Water Conservation

District

Supervisor, Seat 4

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2023.

Primary Sources of Income

PRIMARY SOURCE OF INCOME (Over \$2,500) (Major sources of income to the reporting person) (If you have nothing to report, write "none" or "n/a")

Source's Address	Description of the Source's Principal Business Activity
5840 Corporate Way, Ste 250 West Palm Beach, FL 33407	Marketing & Public Relations Services
	5840 Corporate Way, Ste 250 West Palm

SUPERVISOR Filed with COE: 06/14/2024

Secondary Sources of Income

1021 JUN 14 MII: 27

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (If you have nothing to report, write "none" or "n/a")

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

Real Property

REAL PROPERTY (Land, buildings owned by the reporting person) (If you have nothing to report, write "none" or "n/a")

Location/Description

1192 Peak Rd. Lantana, FL 33462

Intangible Personal Property

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over\$10,000) (If you have nothing to report, write "none" or "n/a")

Type of Intangible	Business Entity to Which the Property Relates	
Bank Account	Guardian Financial	
Roth IRA	American Fund	

SUPFRIVIAGE	
2Filed with COE: 06/14/2024	4

Liabilities		PALM DEACH COUNTY, FI
LIABILITIES (Major debts valued ove (If you have nothing to report, writ		The first of the f
Name of Creditor	Address of Creditor	
	and the second s	

Interests in Specified Businesses

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses) (If you have nothing to report, write "none" or "n/a")

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.

SUPERVISOR OF With COE: 06/14/2024

Signature of Filer

PALE DE ACH COMPANY

Ann Marie Sorrell

Digitally signed: 06/14/2024

Filed with COE: 06/14/2024