CANDIDATE OATH –	
STATE AND LOCAL PARTISAN OFFICE	SUPERVISOR OF ELECTIONS
Check applicable one:	
Candidate with party affiliation	2020 JUN - 8 PM 12: 1 2
Candidate with no party affiliation	PALM BEACH COUNTY, FL
☐ Write-in candidate	OFFICE USE ONLY
Candi	date Oath
Dial Duadahawa	1)(a), Florida Statutes)
I, <u>Ric L. Bradshaw</u> (Print name above as you wish it to appear on the ballo	t. If your last name consists of two or more names but has no
hyphen, check box 🔲 . (See page 2 - Compound Last	Names). No change can be made after the end of qualifying. he ballot, the name must be printed above for oath purposes.)
am a candidate for the office of Palm Beach Coun	
(Office	
; my legal residence is Palm Beach	County, Florida; I am a qualified elector
(Group or Seat #)	ce to which I desire to be nominated or elected; I have qualified for
	any part thereof runs concurrent with the office I seek; and I have
The state of the s	oursuant to Section 99.012, Florida Statutes; and I will support the
Constitution of the United States and the Constitution of the S	
	ent of Party 1)(b), Florida Statutes)
(Complete Statement of Party only if you are seeking to qualif	y for nomination as a party candidate.)
I am a member of the Democratic	Party; I have not been a registered member of any other political
	ng the general election for which I seek to qualify; and I have paid
the assessment levied against me, if any, as a candidate for s I am a member.	aid office by the executive committee of the political party, of which
	440444500
Candidate's Florida Voter Registration Number (located on	your voter information card): <u>112111526</u>
Phonetic spelling for audio ballot: Print 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 instruct Rick L. Brad-Shaw	ions on page 2 of this form): [Not applicable to write-in candidates.]
X (561) 660-2	2520 RicBradshawforSheriff@gmail.com
Signature of Candidate Telephone Number	
6901 Okeechobee Blvd. Suite D5-L20 West Palm Address City	Beach Florida 33411
STATE OF FLORIDA	Kimm Leebore
COUNTY OF PALM BEACH	Sighature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below:
Sworn to (or affirmed) and subscribed before me by 📈 physical or	
\Box online presence this <u>5th</u> day of <u>June</u> , 2020.	KIM M. LEEBOVE
Personally Known: X or Produced Identification:	Expires January 10, 2021 Bonded Thru Troy Fain Insurance 800-385-7019
Type of Identification Produced:	

DS-DE 301SL (Rev. 04/20)

	SUDE	2010
FORM 6 FULL AND PUBLIC DISCLO		2019
Please print or type your name, mailing address, agency name, and position below: OF FINANCIAL INTERE		DFRICE USE DINAYS
LAST NAME — FIRST NAME — MIDDLE NAME: Bradshaw Ric Landon	2020 JUN -	-8 PM 12: 12
MAILING ADDRESS:	PALM BEA	CH COUNTY, FL
Palm Beach County Sheriff's Office		
PO Box 24681		
CITY: ZIP: COUNTY: West Palm Beach 33416-4681 Palm Beach		
West Palm Beach33416-4681Palm BeachNAME OF AGENCY :		
Palm Beach County Sheriff's Office		
NAME OF OFFICE OR POSITION HELD OR SOUGHT : Sheriff		
CHECK IF THIS IS A FILING BY A CANDIDATE		
PART A NET WORTH		
Please enter the value of your net worth as of December 31, 2019 or a more of	current date. [Note: N	let worth is not cal-
culated by subtracting your reported liabilities from your reported assets, so pl		
My net worth as of <u>May 26</u> , 20 <u>20</u> was \$ <u>2</u>	,862,978.00	
PART B ASSETS		
HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate valu following, if not held for investment purposes: jewelry; collections of stamps, guns, and num furnishings; clothing; other household items; and vehicles for personal use, whether owned or I	nismatic items; art objects; h	
The aggregate value of my household goods and personal effects (described above) is \$		
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:		
DESCRIPTION OF ASSET (specific description is required - see instruction	ns p.4)	VALUE OF ASSET
See Attached		
PART C LIABILITIES		
LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4): NAME AND ADDRESS OF CREDITOR	1	AMOUNT OF LIABILITY
See Attached		
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY
See Attached		

CE FORM 6 - Effective January 1, 2020 Incorporated by reference in Rule 34-8.002(1), F.A.C.

				1. Marchan	
Identify each separate source and copy of your 2019 federal income attaching your returns, as the law I elect to file a copy of my [If you check this box and PRIMARY SOURCES OF INCOM NAME OF SOURCE OF INCOM City of West Palm Beach Palm Beach County Sheri SECONDARY SOURCES OF INCOM NAME OF BUSINESS ENTITY	requires these documents 2019 federal income tax re attach a copy of your 2019 E (See instructions on pa ME EXCEEDING \$1,000 ff's Office	xceeded \$1,000 ts, schedules, a be posted to the turn and all W2 tax return, you age 5): 430 Lake PO Box 24 ients, etc., of bu R SOURCES	e Commission's website. I's, schedules, and attachments. need not complete the remainde <u>ADDRESS OF SOURCE OF INF</u> Blvd. #209 PBG, FL 33 4681	2020 J ^{r of} Part DJ <u>come</u> 410	UN - 8 PM I2: 12 BEACH COUNTY, FL AMOUNT \$123,545.00 \$180,404 (salary)
			N/M		
PA NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5% INTEREST IN THE BUSINESS NATURE OF MY OWNERSHIP INTEREST	RT E INTERESTS II BUSINESS ENTITY M/A		D BUSINESSES [Instruction BUSINESS ENTITY # 2 \mathcal{N}/\mathcal{A}	• •	$\frac{51}{N/A}$
	PART F - TRAINING For officers required to complete annual ethics training pursuant to section 112.3142, F.S. I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.				
OATH I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete. Signature of BEPORTING OFFICIAL OR CANDIDATE SIGNATURE OF BEPORTING OFFICIAL OR CANDIDATE State Of FLORIDA Country of Palm Beach Sworn to (or affirmed) and subscribed before me by means of Physical presence or online notarization, this 21 th day of Physical presence or online notarization, this 21 th day of Physical presence or Online notaris the physical presence			<u>27th</u> day of Bradshaw Annette Marvin		
If a certified public accountant I she must complete the following I, Section 112.3144, Florida Statu and correct.	g statement:	prepared	the CE Form 6 in accordance	with Art II S	Sec. 8. Florida Constitution
Signature				C	Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

X

SUPERVISOR OF ELECTIONS

2020 JUN - 8 PM 12: 12

Ric L. Bradshaw Sheriff of Palm Beach County PALM BEACH COUNTY, FL 2019

Part B – Assets

House	6068 Currituck Road	Kitty Hawk, NC	\$ 1,100,000.00
House	8016 Cranes Pointe Way	West Palm Beach	\$ 989,000.00
House	310 Danube Street	Nags Head, NC	\$ 349,000.00
Lot	Lot 5, Rivers Edge	Hertford, NC	\$ 122,500.00
Hartford Ins (401) (A)P.O. Box 1583 Hartford,	СТ	\$ 727,112.00
WPB Police Pens	sion (DROP)		\$ 282,283.00
FRS Investment I	Plan		\$ 529,962.00
Savings	Wells Fargo		\$ 61,624.00
Savings	First Choice Credit Union		\$ 17,575.00
Checking	First Choice Credit Union		\$ 16,887.00
Checking	Wells Fargo		\$ 13,084.00
		Sub Total	\$ 4,209,027.00
Household Good	ls/Personal Effects		\$ 209,000.00
		Total	\$ 4,418,027.00

Part C Liabilities

Joint & Several Liabilities

Wells Fargo Home Mortgage (NC)	\$ 683,272.00
Wells Fargo Home Mortgage (FL)	\$ 642,010.00
Wells Fargo Home Mortgage (NC)	\$ 141,814.00
Wells Fargo Line of Credit	\$ 10,955.00
LandRover Financal - Chase	\$ 76,998.00

Total \$ 1,555,049.00

Net Worth \$2,862,978.00

SUPERVISOR OF ELECTIONS

2020 JUN - 8 PM 12: 12

<u>Part D – Income</u>

PALM BEACH COUNTY, FL

WPB – Pension

PBC Sheriff's Office

\$ 123,545.00
\$ 180,404.00