

**CANDIDATE OATH -
STATE AND LOCAL PARTISAN OFFICE**

SUPERVISOR OF ELECTIONS

2020 JUN -8 PM 12:22

PALM BEACH COUNTY, FL

Check applicable one:

- Candidate with party affiliation
- Candidate with no party affiliation
- Write-in candidate

OFFICE USE ONLY

Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, Katherine M. Waldron

(Print name above as you wish it to appear on the ballot. 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. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the office of Palm Beach Port Commission, 2, _____,
(Office) (District #) (Circuit #)

_____ ; my legal residence is Palm Beach County, Florida; I am a qualified elector
(Group or Seat #)

under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Statement of Party

(Section 99.021(1)(b), Florida Statutes)

(Complete Statement of Party only if you are seeking to qualify for nomination as a party candidate.)

I am a member of the Democrat Party; I have not been a registered member of any other political party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.

Candidate's Florida Voter Registration Number (located on your voter information card): 121358096

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 instructions on page 2 of this form): [Not applicable to write-in candidates.]

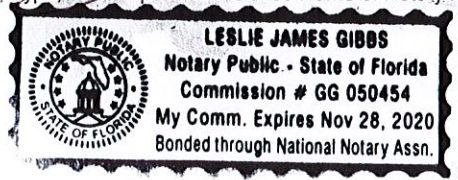
X Katherine M. Waldron (703) 371-7910 Waldron.Katherine@gmail.com
Signature of Candidate Telephone Number Email Address

1215 Gator Trail WPB FL 33409
Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF Palm Beach

[Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by physical or
 online presence this 2 day of June, 2020.
Personally Known: or Produced Identification: _____
Type of Identification Produced: _____



FORM 1

STATEMENT OF FINANCIAL INTERESTS

2019

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

SUPERVISOR OF ELECTIONS

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Waldrow Katherine M

MAILING ADDRESS :

1215 Gator Trail

WPB FL 33409 Palm Beach

CITY : ZIP : COUNTY :

Palm Beach Port

NAME OF AGENCY :

PB Port Commission, District #2

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

CHECK ONLY IF [X] CANDIDATE OR [] NEW EMPLOYEE OR APPOINTEE

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PALM BEACH COUNTY, FL.

**** THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2019.

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

[X] COMPARATIVE (PERCENTAGE) THRESHOLDS OR [] DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY. Row 1: See attached.

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

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE. Row 1: See attached.

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

Table with 1 column: REAL PROPERTY. Row 1: See attached.

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
 (If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
see attached	SUPERVISOR OF ELECTIONS
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PART E — LIABILITIES [Major debts - See instructions]
 (If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
see attached	PALM BEACH COUNTY, FL.

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
 (If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	see attached	
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		

PART G — TRAINING

For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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

SIGNATURE OF FILER:

Signature:



Date Signed:

8/1/2020

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

WHEN TO FILE: Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2019.

Part A - Net Worth

\$3,783,640.00

Part A
~~Part B~~ - Income

Primary Sources of Income
Palm Beach Port Commission

Sources Address

Amount

1 E 11th St., Riviera Beach, FL 33404

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9,600

PALM BEACH COUNTY, FL.

Signature Real Estate

901-C Clint Moore Rd., Boca Raton, FL 33487

15,000

Andrew Dorfman (rental)

801 S. Olive Ave., #818, WPB, FL 33401

30,000

Chris Clark (rental)

2811 Village Blvd., #403, WPB, FL 33409

15,000

MK Inc.*

1215 Gator Trail, WPB, FL 33409

120,000

Northway Coastal Industries Inc.*

1215 Gator Trail, WPB, FL 33409

36,000

Panacea Oyster Co-Op*

102 Ben Willis Rd., Crawfordville, FL 32327

60,000

*Includes defered income

285,600

Part B
Secondary Source of Income

Name of Business

Major Sources of Income

Address of Source

Principal Business

Activity of Source

Northway Coastal Industries Inc.

Panacea Oyster Co-Op

102 Ben Willis Rd.,
Crawfordville, FL
32327

Oyster processing and
distribution

Part E

~~Part E~~ Interests in Specified Businesses

Name of Major Sources

N/A

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Value

PALM BEACH COUNTY, FL.

Part C

Part B - Assets

The Hutton Farms (Harrison County, MO) 19365 Cypress Ridge Terrace, Unit 311 Leesburg, VA 20176	Property	760000
Property 323 Springvale Road Great Falls, VA 22066	Property	1250000
Rental Property 801 S. Olive Ave., #818 WPB, FL 33401	Condo	385000
Rental Property 2811 Village Blvd., #403 WPB, FL 33409	Condo	175000
Residential Property 1215 Gator Trail West Palm Beach, FL 33409	House	475,000
Household Goods		100,000

Gross Assets

\$4,332,640.00

Part E

Part C - Liabilities

Select Portfolio Servicing	P.O. Box 65250, Salt Lake City, UT 84165	\$186,000
GJW	323 Springvale Rd., Great Falls, VA 22066	\$80,000
Mr. Cooper	Lake Vista 4, 800 State Highway, Lewisville, TX 75067	\$283,000
Total Liabilities		\$549,000