

CANDIDATE OATH - JUDICIAL OFFICE

SUPERVISOR OF ELECTIONS
2020 APR 20 PM 12:48
PALM BEACH COUNTY, FL

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

Write-in candidate

OFFICE USE ONLY

Candidate Oath

(Section 105.031, Florida Statutes)

I, Debra Moses Stephens

(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 judicial office of County Court Judge, 15th, District #, Circuit #

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

of the state and of the territorial jurisdiction of the court to which I seek election; I am qualified under the Constitution and the 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 with the office I seek; and I have resigned from any office 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.

Section 876.05, Florida Statutes, oath (only applicable if elected and when term of office begins): I, 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.

Candidate's Florida Voter Registration Number (located on your voter information card): 112293577

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.]

Mo-zes STEEVENS Stee-vens

X [Signature] 561 512 4620 dstephens@oslegal.com
Signature of Candidate Telephone Number Email Address

312 - 11th St., W. Palm Beach, FL 33401
Address City State ZIP Code

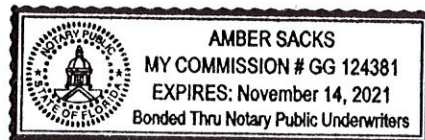
STATE OF FLORIDA
COUNTY OF Palm Beach

Amber Sacks
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me this 20th day of April, 2020.

Personally Known: or Produced Identification: [check]

Type of Identification Produced: FL DL





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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:  
SUPERVISOR OF ELECTIONS

LAST NAME — FIRST NAME — MIDDLE NAME:

Debra Moses Stephens

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MAILING ADDRESS:

Daniel T.K. Hurley Courthouse  
205 N. Dixie Hwy, - 2nd fl.

PALM BEACH COUNTY, FL

CITY: ZIP: COUNTY:

West Palm Beach 33401 Palm Beach Cty.

NAME OF AGENCY:

15th Judicial Circuit.

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

County Court Judge - Palm Beach County

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 current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of April 14, 2020 was \$ 1,959,100.00.

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

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 effects (described above) is \$ 400,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Home - Palm Beach Gardens, FL	995,000.00
Savings Acct. - Bank of America	30,000.00
Mutual Funds - FL Deferred Compensation	560,700.00

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Bank of America Credit Card	1600.00
Lexus	25,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY



**PART D -- 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 2019 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security account numbers by attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2019 federal income tax return and all W2's, schedules, and attachments.  
 (If you check this box and attach a copy of your 2019 tax return, you need not complete the remainder of Part D.)

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PALM BEACH COUNTY, FL

**PRIMARY SOURCES OF INCOME (See instructions on page 5):**

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
State of Florida	Jallahassee, FL	138,000 <sup>00</sup>

**SECONDARY SOURCES OF INCOME** [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
Ø			

**PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]**

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Ø		
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 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.

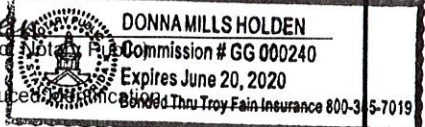
*[Handwritten Signature]*  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA  
 COUNTY OF Palm Beach  
 Sworn to (or affirmed) and subscribed before me by means of  
 physical presence or  online notarization, this 15th day of

April 20 20 by Debra Moss Stephens  
*[Signature of Notary Public--State of Florida]*

Donna Mills Holden  
 (Print, Type, or Stamp Commissioned Name of Notary Public Commission # GG 000240

Personally Known  OR Produced   
 Type of Identification Produced \_\_\_\_\_



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 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

\_\_\_\_\_  
 Signature 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**



**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

SUPERVISOR OF ELECTIONS

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PALM BEACH COUNTY, FL

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

**1. CHECK APPROPRIATE BOX(ES):**

Initial Filing of Form      Re-filing to Change:  Treasurer/Deputy     Depository     Office     Party

2. Name of Candidate (in this order: First, Middle, Last)

Debra Moses Stephens

3. Address (include post office box or street, city, state, zip code)

312-117th St.  
WPB, FL 33401

4. Telephone

(561) 512-4620

5. E-mail address

dstephens@oslegal.com

6. Office sought (include district, circuit, group number)

County Court Judge Group 12

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In     No Party Affiliation     \_\_\_\_\_ Party candidate.

9. I have appointed the following person to act as my     Campaign Treasurer     Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Debra Moses Stephens

11. Mailing Address

312-117th St., WPB FL 33401

12. Telephone

561 512-4620

13. City

WPB

14. County

PALM BEH

15. State

FL

16. Zip Code

33401

17. E-mail address

dstephens@oslegal.com

18. I have designated the following bank as my     Primary Depository     Secondary Depository

19. Name of Bank

Bank of America

20. Address

222 Lakeview Ave Suite 100

21. City

W. PALM BEH

22. County

PALM BEH

23. State

FL

24. Zip Code

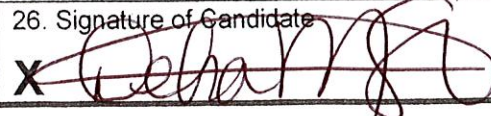
33401

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

April 20, 2020

26. Signature of Candidate

~~X~~ 

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Debra Moses Stephens, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

Campaign Treasurer     Deputy Treasurer.

4/20/20  
Date

~~X~~ 

Signature of Campaign Treasurer or Deputy Treasurer