

SUPERVISOR OF ELECTIONS
2020 JUN 11 PM 4:04
PALM BEACH COUNTY, FL.

OFFICE USE ONLY

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

Check applicable one:

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

Candidate Oath

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

I, Joseph Abruzzo

(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 Clerk of the Circuit Court and Comptroller, n/a, n/a,
(Office) (District #) (Circuit #)

n/a; 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 Democratic 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): 111794949

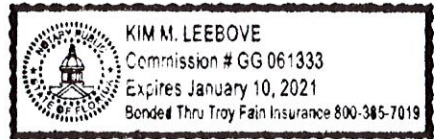
Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): *[Not applicable to write-in candidates.]*
JO-sef AH-brooz-ZO

X 	(561) 689-9787	votejoeabruzzo@gmail.com
Signature of Candidate	Telephone Number	Email Address
6901 Okeechobee Blvd., Ste. D5-L70	West Palm Beach	Florida 33411
Address	City	State ZIP Code

STATE OF FLORIDA
COUNTY OF PALM BEACH

Kim M. LeeBove
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 11 day of June, 2020.
Personally Known: X or Produced Identification: _____
Type of Identification Produced: _____



FORM 6

FULL AND PUBLIC DISCLOSURE

2019

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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

SUPERVISOR OF ELECTIONS
2020 JUN 11 PM 4:04
PALM BEACH COUNTY, FL.

LAST NAME — FIRST NAME — MIDDLE NAME:
Abruzzo Joseph Constantine

MAILING ADDRESS:
8139 Viadana Bay Avenue

CITY: Boynton Beach ZIP: 33473 COUNTY: Palm Beach

NAME OF AGENCY:
Office of the Clerk of the Circuit Court and Comptroller of PBC

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
Clerk of the Circuit Court and Comptroller

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 June 1st, 20 20 was \$ 17,152,490.07.

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 \$ 785,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Single Family Personal Residence / 8139 Viadana Bay Avenue, Boynton Beach, FL 33473	860,908.00
Checking Account (Chase Bank) Cash or Cash Equivalent	34,647.85
Nationwide Investor Destination FSCR Account	86,260.21
Joseph C. Abruzzo Trust	415,000.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
SunTrust Mortgage Inc. / PO Box 79041, Baltimore Maryland 21279-0041	379,385.65
SunTrust Access 3 Purchase Money Equity Line / PO Box 791274, Baltimore, MD 21279	173,555.50
Nationwide Investor Destinations 2045 Fund Service Class Retirement Account	22,706.65
23 Linton Holdings, LLC / 3351 NW Boca Raton Blvd. Boca Raton, FL 33431	350,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

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 or account numbers before 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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PRIMARY SOURCES OF INCOME (See instructions on page 5):

PALM BEACH COUNTY, FL.

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Law Offices of Berman & Berman	3351 NW Boca Raton Blvd. Boca Raton, FL 33431	185,492.45
Abruzzo Issues Management	301 Yamato Road #1240 Boca Raton, FL 33431	14,510.58

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
N/A			

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Utility Construction Services LLC		
ADDRESS OF BUSINESS ENTITY	3351 NW Boca Raton Blvd, Boca Raton, FL 33431		
PRINCIPAL BUSINESS ACTIVITY	Consulting		
POSITION HELD WITH ENTITY	Manager		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	66.66%		
NATURE OF MY OWNERSHIP INTEREST	Part Owner of LLC		

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.

STATE OF FLORIDA

COUNTY OF PALM BEACH

Sworn to (or affirmed) and subscribed before me by means of

physical presence or online notarization, this 11 day of

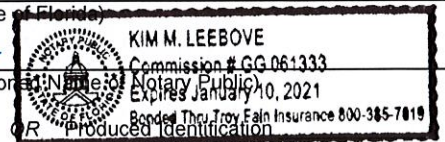
June, 2020 by Joseph Abruzzo

Kim M. LeeBove

(Signature of Notary Public--State of Florida)

Kim M. LeeBove

(Print, Type, or Stamp Commission #)



Personally Known X

Type of Identification Produced _____

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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

Form 6: Joseph Constantine Abruzzo

IF ANY PART A THROUGH E ARE CONTINUED ON A SEPARATE SHEET

PART B- ASSETS

E*Trade account (cash) - \$3,671.34

TIPS Inflation Short Term Index Bond - \$5,846.16

Thorofare Partners, LLC- Company with interest rights for a personal family invested and operated medical DSO. The medical DSO ownership is debt free with performing EBITA. Medical DSO has multiple evaluations ranging from 200M-230M. Ownership Interest Value - \$16,666,666.00

Part C- Liabilities

DESCRIPTION OF LIABILITY

Infinity Financial Group / IFS P.O. Box 660577
Dallas, TX 75266-0577- \$34,358.30

SunTrust Auto Loan / P.O. Box 791250
Baltimore, MD 21279-1250- \$26,502.61

Bank of Stockton Auto Loan/ 301 E Miner Ave, Stockton
95202 CA, USA - \$203,887.42

Excell Auto Group /1001 Clint Moore Rd #101,
Boca Raton, FL 33487- \$150,000

LC Home IMP Loan / 595 Market Street, STE 200
San Francisco, California 94105- \$18,682.94

Rosemary T. Cataldo Trust Loan / 1300 East Woodfield Road, Suite 200
Schaumburg, IL 60173 - \$125,000

Combined installment accounts not required to disclose. Voluntary Disclosure - \$221,430.42