

**CANDIDATE OATH
STATE AND LOCAL PARTISAN OFFICE
WITH PARTY AFFILIATION**

SUPERVISOR OF ELECTIONS

2022 JUN 14 PM 2:21

PALM BEACH COUNTY, FL.

OFFICE USE ONLY

Candidate Oath

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

I, Matt Willhite

(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.)

am a candidate for the office of Palm Beach County Commission (Office), 6 (District #), (Circuit #)

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

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)

I am a member of the Democratic Party; I have been a registered member of this political party, for which I am seeking nomination as a candidate, 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, by the executive committee of the above-stated political party.

Candidate's Florida Voter Registration Number (located on your voter information card): 112661687

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):

Mat Wil-heit

X 

Per F.S. 119.07

matt@mattwillhite.com

Signature of Candidate

Telephone Number

Email Address

P.O. Box 212582

Royal Palm Beach

Florida

33421

Address

City

State

ZIP Code

STATE OF FLORIDA

COUNTY OF Palm Beach


Signature of Notary Public

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

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

online notarization OR physical presence

this 14 day of June, 2022.

Personally Known OR Produced Identification

Type of Identification Produced: Drivers License W430-541-71-263-0



OF FINANCIAL INTERESTS

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

SUPERVISOR OF ELECTIONS

FOR OFFICE USE ONLY:

2022 JUN 14 PM 2:21

PALM BEACH COUNTY, FL.

LAST NAME — FIRST NAME — MIDDLE NAME:

Willhite Matt

MAILING ADDRESS:

P. O. Box 212582

CITY :

Royal Palm Beach

ZIP :

33421

COUNTY :

Palm Beach

NAME OF AGENCY :

Palm Beach County Board of County Commissioners

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

County Commissioner, District 6

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, 2021 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 December 31, 2021 was \$ 1,058,572.

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 \$ See attached

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions 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	AMOUNT OF LIABILITY
See attached	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
See attached	

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 2021 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 2021 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2021 tax return, you need not complete the remainder of Part D.]

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

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
See attached		

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	N/A		
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

This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S. [See instructions p. 6]

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

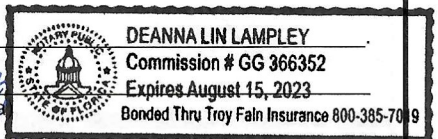
OATH

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 14 day of

June, 20 22 by Deanna Lin Lampley
 (Signature of Notary Public--State of Florida)



Deanna Lin Lampley
 (Print, Type, or Stamp Commissioned Name of Notary Public)

[Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known _____ OR Produced Identification
 Type of Identification Produced FL Drivers License W430-541-71-263-0

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

SUPERVISOR OF ELECTIONS

2022 JUN 14 PM 2: 21

PALM BEACH COUNTY, FL.

Part B Assets

Description of Asset	Value of Asset
Household goods (50%)	50,000
Home - Per F.S. 119.07 (50 % beneficiary)	648,000
5841 Morning Drive, Davisburg, MI (50 % beneficiary)	42,440
8263 Cozumel Lane, Wellington, FL 33414 (50% beneficiary)	141,000
Florida Prepaid College (beneficiary: Luke Willhite - son)	24,000
Florida Prepaid College (beneficiary: Mark Willhite - son)	29,000
Vehicle - 2021 Chevrolet Corvette (100%)	86,000
Vehicle - 2021 Chevrolet Colorado (100%)	33,000
Vehicle - 1954 Chevrolet Corvette (50%)	35,750
Nationwide Retirement Solutions, P.O. Box 182797, Columbus, OH 43218 (100%)	396,423
TD Ameritrade: Online Stock Account	27,947
Nationwide: Universal Life Plus Plan 1 (Surrender Value)	2,515

Part C Liabilities

Name and Address of Creditor	Value of Liability
Amerihome Mortgage, Inc. (50%)	262,389
Guardians Credit Union, 3469 Summit Blvd., West Palm Beach, FL 33406	45,900
Seacoast Home Equity Loan (50%)	99,976
Service Finance Company, LLC (50%)	29,238
Evergreen Bank Group (50%)	20,000

Part D Income

Name and Address of Source of Income	Amount
Palm Beach County Board of County Commissioners 301 North Olive Avenue, West Palm Beach, FL 33401	151,143
State of Florida, 200 E. Gaines St., Tallahassee, FL 32399	29,697