CANDIDATE OATH – JUDICIAL OFFICE

Check box **only** if you are seeking to qualify as a SUPERVISOR OF ELECTIONS write-in candidate: 2022 APR 25 PM 2: 43 Write-in candidate PALH BEACH COUNTY FL OFFICE USE ONLY **Candidate Oath** (Section 105.031, Florida Statutes) AMICO (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 $\frac{COUNTY\ COUNT\ JUGE}{PALM\ BEACH}$, $\frac{--}{(District\ \#)}$, $\frac{15}{(Circuit\ \#)}$, $\frac{15}{(Circuit\ \#)}$ 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): //2248185 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.] Redacted per F.S. 119.07 Redacted per F.S. 119.07 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 Notary Public State of Florida this 25 day of ___ Marie Murphy

Type of Identification Produced:

Personally Known OR Produced Identification

John Grant

Chair

Glenton "Glen" Gilzean, Jr.

Vice Chair

Michelle Anchors

Antonio Carvajal

Don Gaetz

JoAnne Leznoff

William "Willie" N. Meggs

Jim Waldman



State of Florida APR 25 PM 2: 14:

COMMISSION ON ETHICS

P.O. Drawer 15709 - ACH COUNTY I

Tallahassee, Florida 32317-5709

325 John Knox Road Building E, Suite 200 Tallahassee, Florida 32303

"A Public Office is a Public Trust"

Kerrie J. Stillman

Executive Director

Caroline M. Klancke
Deputy Executive Director/
General Counsel

(850) 488-7864 Phone (850) 488-3077 (FAX) www.ethics.state.fl.us

VERIFICATION AND RECEIPT OF SUBMISSION TO THE ELECTRONIC FINANCIAL DISCLOSURE FILING SYSTEM

This Verification and Receipt of Submission acknowledges that the Commissions on Ethics received a submission through its electronic financial disclosure filing system.

Filer Name: Hon Paul A Damico

Filer PID #: 11200

Date Filed: 3/31/2022

Disclosure Received: 2021 Full and Public Disclosure of Financial Interests

Filing ID: 840733

Receipt Print Date: 3/31/2022

The foregoing is a true and accurate depiction of information contained in the electronic financial disclosure filing system held by the Florida Commission on Ethics.

This Verification and Receipt of Submission complies with Sections 112.3144(4) and 112.3145(2)(c), Florida Statutes, and, in accordance with those statutes, it may be presented to any qualifying officer by an incumbent in an elective office or any candidate holding another position subject to an annual filing requirement.

This Verification and Receipt of Submission is not a certification that the form submitted is complete or that the information entered in the form by the filer is true or correct. This Verification and Receipt of Submission is system generated, is created automatically, and its issuance does not indicate that the submission by the filer has been reviewed by Commission staff.

To see the filer's disclosure, visit https://disclosure.floridaethics.gov/PublicSearch/Filings. For questions regarding this Verification and Receipt of Submission, please contact the Florida Commission on Ethics at (850) 488-7864.

2021 Form 6 - Full and Public Disclosure of Financial Interests

SUPERVISOR OF ELECTIO Filed with COE: 03/31/2022

General Information

2022 APR 25 PM 2: 43

ALM BEACH COURTY FL

Name:

Paul A Damico

Address:

205 N Dixie Hwy, West Palm Bch, FL 33401-4522

County:

Palm Beach

AGENCY INFORMATION

Organization

Suborganization

Judicial Circuit (15Th)

Elected Constitutional Officer

CANDIDATE FOR

Position

Agency Name

Position sought or held

County Judge

Fifteenth Judicial Circuit

County Court Judge Group 9

Net Worth

My Net Worth as of December 31, 2021 was \$ 2,059,240.00.

Assets

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 effect is \$ 250,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset	
Personal residence	\$ 1,600,000.00	
Investment account and cash	\$ 250,000.00	

2021 Form 6 - Full and Public Disclosure of Financial Interests SUPERVISOR OF ELEC Filed with COE: 03/31/2022 Liabilities PALM DEACH COUNTY, FI LIABILITIES IN EXCESS OF \$1,000: Name of Creditor Address of Creditor Amount of Liability Volkwagen Credit 1401 Franklin Blvd., Libertyville, IL 60048 \$ 8,920.00 Lexus Financial Services P.O,. Box 4102, Carol Stream, IL 61097 \$8,740.00 Volvo ¢ar Finacial Services 6150 Omni Park Drive, Mobile, AL 36609 \$ 23,100.00 JOINT AND SEVERAL LIABILITEIS NOT REPORTED ABOVE: Name of Creditor Address of Creditor Amount of Liability N/A Income Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. PRIMARY SOURCES OF INCOME: Name of Source of Income Exceeding \$1,000 Address of Source of Income Amount State of Florida Tallahassee, FL \$ 156,377.04 SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person): Major Sources of **Business Entity** Principal Business Address **Business Income Activity of Source** N/A **Interests in Specified Businesses Business Entity #1** N/A

2021 Form 6 - Full and Public Disclosure of Financial Interests

SUPERVISOR ECT | Filed with COE: 03/31/2022 **Training** Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you for this form year. Signature of Reporting Official or Candidate Under the penalties of perjury, I declare that I have read the foregoing filing and that the facts stated in it are true. Paul A. Damico Digitally signed: 3/31/2022 Filed with COE: 03/31/2022