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

SUPERVISOR OF ELECTIONS 2022 JUN 10 PM 12: 29 PALM BEACH COUNTY, FL.

	OFFICE USE ONLY
Candidate Oath	
I,(Section 99.021(1)(a), Florida Statutes)	
(Print name above as you wish it to appear on the ballot. If your last name consists of	f two or more names but has no
hyphen, check box 🦳 (see page 2 - Compound Last Names). No change can be ma	de after the end of qualifying.)
am a candidate for the office of	4
am a candidate for the office of County Commission (Office)	(District #) (Circuit #)
; my legal residence is Palm Beach County Cour	ity, Florida, I am a qualified elector
(Group or Sear #)	
under the Constitution and the Laws of Florida to hold the office to which I desire to be no	minated or elected; I have qualified
for no other public office in the state, the term of which office or any part thereof runs con have resigned from any office from which I am required to resign pursuant to Costing	current with the office I seek; and I
have resigned from any office from which I am required to resign pursuant to Section support the Constitution of the United States and the Constitution of the State of Florida.	99.012, Florida Statutes; and I will
Statement of Party	
(Section 99.021(1)(b), Florida Statutes)	
I am a member of the Party; I have been a registere	d member of this political party, for
hich I am seeking nomination as a candidate, for 365 days before the beginning of qualif for which I seek to qualify; and I have paid the assessment levied against me, if any, by the	ying preceding the general election
stated political party.	excediffe committee of the above-
Candidate's Florida Votor Pogistration Number (Install	7999710
Candidate's Florida Voter Registration Number (located on your voter information card):	
Phonetic spelling for audio ballot : Print name phonetically on the line below as you wish ballot as may be used by persons with disabilities (see instructions on page 2 of this form):	it to be pronounced on the audio
Mahr-see Wood-wer	Λ
	4
	d
XM 21212 8 11) modern (561) 400-105103	d : Ocasa Poca
XMacus Windual (561) 400-6563 march	iesavePBC-com Email Address
Signature of Candidate Telephone Number 940 NW 9th St. Boca Raton FL	Email Address 33486
Signature of Candidate Telephone Number Pull Nw 9th St. Boca Raton City State	Email Address
Signature of Candidate Telephone Number Pull Nw 9th St. Boca Paton City State STATE OF FLORIDA	Email Address 33486
Signature of Candidate Telephone Number 940 NW 9th St. Boca Paton City State State Signature of Notary Rule Signature of Notary Rule	Email Address 33486 ZIP Code
Signature of Candidate Telephone Number 940 NW 9th St. Boca Paton City State State Signature of Notary Rule Signature of Notary Rule	Email Address 33486 ZIP Code
Signature of Candidate Telephone Number Doca Pato Address State State State Signature of Notary Rul Print, Type, or Stamp Commis Sworn to (or affirmed) and subscribed before me by means of online notarization OR physical presence Signature of Notary Rul Print, Type, or Stamp Commis	Email Address 33486 ZIP Code
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Signature of Candidate Address State STATE OF FLORIDA COUNTY OF County of Candidate Sworn to (or affirmed) and subscribed before me by means of online notarization OR physical presence this OR Produced Identification Type of Identification Produced: Telephone Number Full State Signature of Notary Ruprint, Type, or Stamp Commission Signature of Notary Ru	Email Address 33486 ZIP Code Silic Sisioned Name of Notary Public below:
Signature of Candidate Plo NW9th St. BocaRato Address City State STATE OF FLORIDA COUNTY OF AWARD AWA Sworn to (or affirmed) and subscribed before me by means of online notarization OR physical presence this OA Produced Identification Type of Identification Produced: DS-DE 301A (Rev. 05/2021)	Email Address 33486 ZIP Code Dic sioned Name of Notary Public below:

FORM 6	FULL	AND PUBLIC	DISCLOSURE		2021
Please print or type your nam address, agency name, and pe	e, mailing OF	FINANCIAL	INTERESTS	FOR OFFICE U	
LAST NAME — FIRST NA			2072 JUN 1	D PM 12: 30	
Woodward Marcia			PALMBEACH	H COUNTY, FL.	
MAILING ADDRESS:				Thus,	
960 NW 9th Street					
CITY:	ZIP :	COUNTY:			
Boca Raton NAME OF AGENCY:	33486	Palm Beach			
Palm Beach County					
NAME OF OFFICE OR PO		BHT:			
County Commission	District 4				
CHECK IF THIS IS A FILI	NG BY A CANDIDATE				
		PART A NET	WODTH		
Please enter the valu	e of your net worth a		21 or a more current date.	[Note: Not worth i	c not not
culated by subtracting	g your <i>reported</i> liabilit	ties from your reported	d assets, so please see the	e instructions on page	ge 3.1
			was \$ 514,139.57		
I wy net worth	as or	, 20 <u>22</u>	was \$		•
HOHOEHOLD COODS AN		PART B AS	SSETS		
HOUSEHOLD GOODS AN Household goods and p	personal effects may be re	ported in a lump sum if the	eir aggregate value exceeds \$1,	000. This category includ	des any of the
following, if not held for	r investment purposes: je	welry; collectìons of stamps rehicles for personal use, w	s, guns, and numismatic items:	art objects; household e	quipment and
			above) is \$ 881,548.93		
ASSETS INDIVIDUALLY				l	
DESCRI	PTION OF ASSET (specif	fic description is required	- see instructions p.4)	VALUE	OF ASSET
Home - 960 NW 9th	Street, Boca Raton,	FL 33486		772,000.	00
CASH /CHECKING		ding \$8,000.00 Cam	paign Loan)	30,762.6	2
Primerica Money Ma	rket Account			50,897.0	8
Primerica Roth IRA				4,742.58	
LIABILITIES IN EXCESS	OF \$1 000 (See instruction	PART C LIAE	BILITIES		
	ND ADDRESS OF CREDI			AMOUNT	OF LIABILITY
Mortgage - PennyMa	c, PO Box 660929,	Dallas, TX 75266		359,108.	00
Car Loan - US Bank,	PO Box 790179, S	t. Louis, MO 63179		8,301.36	

JOINT AND SEVERAL LIA					A=1/
n/a	ND ADDRESS OF CREDI	IUK		AMOUNT	OF LIABILITY

		PART D IN	COME			
Identify each separate source an copy of your 2021 federal income attaching your returns, as the law	v requires these documents b	pe posted to the Co	ommission's website.	ct any social securi	ty or account n	ach a complete umbers before
[If you check this box and	y 2021 federal income tax ret d attach a copy of your 2020	tax return, you nee	d not complete the remain	inder∕ofPart®QU	MIY, FL.	
PRIMARY SOURCES OF INCOM NAME OF SOURCE OF INCOME.		-	DD500 05 001/505 05			
Home Maker			DRESS OF SOURCE OF	NCOME		AMOUNT
		Spouse				

SECONDARY SOURCES OF IN	COME [Major customers, clie	ents, etc., of busine	esses owned by reporting	person-see instru	ctions on page	5]:
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS'	SOURCES	ADDRESS OF SOURCE		PRINCIPAL ACTIVITY O	BUSINESS
PA	ART E INTERESTS IN	SPECIFIED R	HSINESSES (Instruc	tions on mass (1		
	BUSINESS ENTITY #		BUSINESS ENTITY # 2		IONICOS ENTIT	37 H O
NAME OF	DOGINEGO ENTITE I		BUSINESS ENTITY # 2	I	JSINESS ENTIT	Y#3
BUSINESS ENTITY ADDRESS OF						
PRINCIPAL BUSINESS						
POSITION HELD						
I OWN MORE THAN A 5%						***************************************
INTEREST IN THE BUSINESS NATURE OF MY						
OWNERSHIP INTEREST						
		PART F - TR	AINING			
This section applies only to o	officers required to comple			ction 112 3142 F	S (See instr	ictions n 61
	CERTIFY THAT I H					actions p. oj
OA	TH	STATE OF		ubearly		
I, the person whose name appe	ars at the		or affirmed) and subscribe	4	eans of	-
beginning of this form, do depos			I presence or \square online	notarization, this _		of
and say that the information dis		Chin		by Marc	is Si	podución
and any attachments hereto is true, accurate,						
and complete. (Signature of Notary Public-State of Florida)						
	1	(Delet Toro	000	ly hille	OLD	
Marcia Sh	land usage		, or Stamp Commission	(1:	
SIGNATURE OF REPORTING	OFFICIAL OR CANDIDATE	Personally	***************************************	R Produced Ider	ntification	<u>~</u>
		Type of Ide	ntification Produced	- NDL		
If a certified public accountant she must complete the following	licensed under Chapter 47	3, or attorney in g	good standing with the F	Florida Bar prepar	ed this form fo	r you, he or
I,		, prepared the	CE Form 6 in accordan	ce with Art. II. Sec	: 8 Florida Co	nstitution
Section 112.3144, Florida State and correct.	utes, and the instructions to	the form. Upon	my reasonable knowled	lge and belief, the	disclosure he	rein is true
and obligation						
Signature	9			Dat	te	
Signature Preparation of this form b		pes not relieve	the filer of the respo			nder oath.

Full and Public Disclosure of Financial Interests Worksheet Marcia S Woodward Candidate County Commission District 4

SUPERVISOR OF ELECTIONS

2022 JUN 10 PM 12: 30

MARCIA WOODWARD ASSETS	PAL
Home - 960 NW 9th Street, Boca Raton, FL 33486	\$ 772,000.00
Primerica Investment Account	\$ 50,897.08
Cash / Checking / Savings (Including \$8,000 campaign loan)	\$ 30,762.62
Automobile - 2018 Fiat 500L Trekking Model	\$ 19,000.00
Primerica Roth IRA	\$ 4,742.58
Stocks (Robinhood Account)	\$ 4,146.65
Total Assets	\$ 881,548.93

MARCIA WOODWARD LIABILITIES	
Mortgage Loan - Penny Mac	\$ 359,108.00
Automobile Loan - US Bank	\$ 8,301.36
Total Liabilities	\$ 367,409.36
Net Worth	\$ 514,139.57