

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/10/2024

SUPERVISOR OF ELECTIONS

General Information

2024 JUN 13 PM 3: 25

PALM BEACH COUNTY, FL

Name: Hon Joseph Constantine Abruzzo

Address: 8139 VIADANA BAY AVE, BOYNTON BEACH, FL 33473

PID 223290

County: Palm Beach

AGENCY INFORMATION

Organization

Suborganization

Title

Palm Beach County

Elected Constitutional Officer

CANDIDATE FOR

Position

Agency Name

Position sought or held

Clerk of the Courts and Comptroller

Palm Beach County

Clerk of the Courts and Comptroller

Net Worth

My Net Worth as of December 31, 2023 was \$ 16,420,700.86.

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Assets

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FALM BEACH COUNTY, FL

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 \$ 1,740,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Single Family/Personal Residence/8139 Viadana Bay Avenue, Boynton Beach, FL 33473	\$ 1,366,700.00
Single Family/Home #2/8211 Half Dome Court, Boynton Beach, FL 33473	\$ 616,100.00
Checking Account (Chase Bank) Cash or Cash Equivalent	\$ 383,598.43
Checking Account (Wells Fargo) Cash or Cash Equivalent	\$ 400,683.98
Mission Square Deferred Compensation account	\$ 80,319.00
FAZ - Direxion Daily Financial 3X Shares	\$ 3,860.64
Thorofare Partners, LLC - Ownership Interest Value in Renew LLC	\$ 8,666,000.00
Renew LLC Ownership Warrant	\$ 6,250,000.00

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Liabilities

2024 JUN 13 PM 3: 25

PALM BEACH COUNTY, FL

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Truist Mortgage	1001 Semmes Avenue, Richmond, VA 23224	\$ 340,319.00
Kevin J. Rader Family Irrevocable Trust	10750 Avenida Del Rio, Delray Beach, FL 33446	\$ 1,900,000.00
JPMCB	700 Kansas Lane, Monro, LA 71203	\$ 412,418.00
Financial Services	510 Williamsville, New York 14231-0510	\$ 326,616.19
Financial Services	5515 Park Center Circle, Dublin, OH 43017	\$ 85,130.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

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PALM BEACH COUNTY, FL

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 2023 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 2023 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
Clerk of Circuit Court & Comptroller's Office	205 N. Dixie Hwy., West Palm Beach, FL 33401	\$ 167,846.00
Abruzzo Issues Management	301 Yamato Road #1240, Boca Raton, FL 33431	\$ 297,204.00
LEG DEF Comp	200 East Gaines Street, Tallahassee, FL 32399	\$ 127,535.00

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A			

Interests in Specified Businesses

Business Entity # 1
N/A

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Training

This section applies only to a Constitutional or elected municipal officer, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

- ☒ I certify that I have completed the required training under Section 112.3142, F.S.
- ☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

Joseph Constantine Abruzzo

Digitally signed: 06/10/2024

Filed with COE: 06/10/2024

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

2024 JUN 10 PM 3:53

OFFICE USE ONLY

Candidate Oath

Name to appear on ballot: Joseph Abruzzo

Check box if two last names without hyphen. ☐ (Name cannot be changed after qualifying.)

Check box if name includes nickname. ☐ (For use of a nickname, you must complete the Nickname Affidavit on reverse side.)

I swear or affirm that I am a candidate for the office of Clerk of the Circuit Court and Comptroller (Office) (District #)
I am a qualified elector of Palm Beach County, Florida;
(Circuit #) (Group or Seat #)

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

I swear or affirm that 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.

Statement of Outstanding Fines, Fees, or Penalties

I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.).

YES, I Do _____ NO, I Do Not ☒ _____

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X [Signature] (561) 689-9787 votejoeabruzzo@gmail.com
Signature of Candidate Telephone Number Email Address
8139 Viadana Bay Avenue Boynton Beach FL 33473
Address of Legal Residence City State ZIP Code

STATE OF FLORIDA

COUNTY OF Palm Beach

Sworn to (or affirmed) and subscribed before me by means of
online notarization ☐ OR physical presence ☒
this 6 day of June, 2024.

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced: A/A

[Signature]
Signature of Notary Public

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



Phonetic Spelling of Name

Phonetic spelling for the audio ballot (not required for qualifying purposes): Print the 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 3 of this form):

JO-sef Ah-broo-zoe

Statement of Outstanding Fines, Fees or Penalties

Pursuant to Section 99.021(1)(d), F.S., each candidate, whether a party candidate, a candidate with no party affiliation, or a write-in candidate, shall, at the time of subscribing to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fees, or penalties that cumulatively exceed \$250 for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers and Employees under part III of chapter 112, any local ethics ordinance governing standards of conduct and disclosure requirements, or chapter 106.

Amount	Entity

Affidavit of Nickname (Only required if using nickname for the ballot.)

My legal name is _____. I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

My nickname is _____. I am generally known by this nickname or have used it as part of my legal name. I have not created the nickname to mislead voters. My nickname does not imply I am some other person, constitute a political slogan or otherwise associate me with a cause or issue, or that is obscene or profane.

Signature of Candidate : _____

STATE OF FLORIDA

COUNTY OF _____

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 _____ day of _____, 20____.

Personally Known ☐ OR Produced Identification ☐

Type of Identification Produced: _____

Ashley Lukis
Chair
Michelle Anchors
Vice Chair
William P. Cervone
Tina Descovich
Freddie Figgers
Luis M. Fusté
Wengay M. Newton, Sr.
Jim Waldman



State of Florida
COMMISSION ON ETHICS
P.O. Drawer 15709

Tallahassee, Florida 32317-5709

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

Kerrie J. Stillman
Executive Director

Steven J. Zuilkowski
*Deputy Executive Director/
General Counsel*

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

"A Public Office is a Public Trust"

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 Joseph Constantine Abruzzo
Filer PID #: 223290

Date Filed: 6/10/2024
Disclosure Received: 2023 Full and Public Disclosure of Financial Interests
Filing ID: 965030

Receipt Print Date: 6/10/2024

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.