

**CANDIDATE OATH
JUDICIAL OFFICE**

Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate

SUPERVISOR OF ELECTIONS
2024 APR 23 AM 8:46
PALM BEACH COUNTY, FL

OFFICE USE ONLY

Candidate Oath

Name to appear on ballot: EDWARD A. GARRISON

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 judicial office of COUNTY COURT JUDGE, _____ (Office) _____ (District #)
15, 6; my legal residence is Palm Beach County, Florida;
(Circuit #) (Group or Seat #)

I am a qualified elector of the state and of the territorial jurisdiction of the court to which I seek election; I am qualified under the constitution and 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 to the office I seek; I have resigned from any office which I am required to resign pursuant to s. 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 (only applicable if elected and when term of office begins): I am 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.

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. 105.031(4) F.S.).

YES, I Do _____ NO, I Do Not X

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

X [Signature] Florida Statutes 119.07 Telephone Number _____ Email Address CHAMERS@AOL.COM

Florida Statutes 119.07

Address of Legal Residence _____ City _____ State _____ ZIP Code _____

STATE OF FLORIDA

COUNTY OF Palm Beach

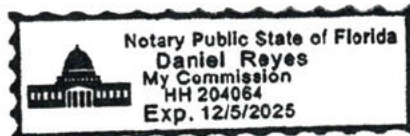
Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence

this 23rd day of April, 2024.

Personally Known OR Produced Identification

Type of Identification Produced: Florida Statutes 119.07

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



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



SUPERVISOR OFFICE
 2024 APR 23 AM 8:16
 PALM BEACH COUNTY
 State of Florida
COMMISSION ON ETHICS
 P.O. Drawer 15709
 Tallahassee, Florida 32317-5709

Kerrie J. Stillman
Executive Director

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

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"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 Edward Arthur Garrison
 Filer PID #: 15102

Date Filed: 4/6/2024
 Disclosure Received: 2023 Full and Public Disclosure of Financial Interests
 Filing ID: 940407

Receipt Print Date: 4/22/2024

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.floridathics.gov/PublicSearch/Filings>. For questions regarding this Verification and Receipt of Submission, please contact the Florida Commission on Ethics at (850) 488-7864.