

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

2024 JUN 10 PM 12:10

OFFICE USE ONLY

**Candidate Oath**

Name to appear on ballot: Leonard L Serratore

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 \_\_\_\_\_  
(Office) 7  
(District #)  
\_\_\_\_\_; I am a qualified elector of Palm Beach County Commissioner 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 Republican 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 X

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

X Leonard L Serratore (561) 396-8800 candidateserratore@icloud.  
Signature of Candidate Telephone Number Email Address  
1943 Hartford Court West Palm Beach Florida 33409  
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 16 day of April, 2024.

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced: FL. driver license

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



Michele Davila  
State of Florida  
My Commission Expires 08/05/2024  
Commission No. HH 18297

## 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):

Lee-o-nard Sa-ruh-tor-e

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## 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 Leonard L Serratore. 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: [Signature]

STATE OF FLORIDA

COUNTY OF PALM BEACH

[Signature]  
Signature of Notary Public Michele Davila  
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 10<sup>th</sup> day of April, 2024.

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced: FL driver license



Michele Davila  
State of Florida

My Commission Expires 08/05/2024  
Commission No. HH 18297

# 2023 Form 6 - Full and Public Disclosure of Financial Interests

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## General Information

Name: Leonard Louis Serratore  
Address: 1943 Hartford Court, West Palm Beach, FL 33409  
County:

Organization	Suborganization	Title
N/A		

## CANDIDATE FOR

Position	Agency Name	Position sought or held
County Commission	County Commissioner Palm Beach County FL	County Commissioner Palm Beach County District 7

## Net Worth

My Net Worth as of May 28, 2024 was \$ 1,794,398.13.



## 2023 Form 6 - Full and Public Disclosure of Financial Interests

### 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 \$ 25,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
house	\$ 350,000.00
checking and savings	\$ 41,000.00
vehicle	\$ 26,000.00

### Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Wells Fargo	4567 Community Dr West Palm Beach fl	\$ 14,123.38

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

## 2023 Form 6 - Full and Public Disclosure of Financial Interests

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### 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
social security	Government	\$ 2,562.60
State of FL	State of FL	\$ 1,661.23
Veterans	VA	\$ 1,716.28

#### 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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**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.

***Leonard Louis Serratore***

Digitally signed: 05/28/2024

For Qualifying  
Purposes Only