

**CANDIDATE OATH
JUDICIAL OFFICE**

SUPERVISOR OF ELECTIONS

2024 APR 23 PM 3:30

PALM BEACH COUNTY, FL

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

Write-in candidate

OFFICE USE ONLY

Candidate Oath

Name to appear on ballot: Danielle Sherriff

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 Judge (Office) (District #)

15, 11; 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

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

Danielle Sherriff (561) 689-9787 Keepjudgedaniellesherriff@gmail.com
Signature of Candidate Telephone Number Email Address

Florida Statutes 119.07

Address of Legal Residence City State ZIP Code

STATE OF FLORIDA
COUNTY OF Palm Beach

Kim M. LeeBove
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 22 day of April, 2024.

Personally Known OR Produced Identification

Type of Identification Produced: _____



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).

Dan yell Share eef

SUBDIVISION OF ELECTIONS
2024 APR 23 PM 3:30
1327 PENSACOLA BLVD
TALLAHASSEE, FL 32304-3000

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

SUPERVISOR OF ELECTIONS
2024 APR 23 PM 3:30

(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: Danielle Alvina Sherriff
Filer PID #: 221114

Date Filed: 4/19/2024
Disclosure Received: 2023 Full and Public Disclosure of Financial Interests
Filing ID: 940358

Receipt Print Date: 4/21/2024

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.

2023 Form 6 - Full and Public Disclosure of Financial Interests

FILED WITH COE: 04/19/2024
2024 APR 23 PM 3:30
PALM BEACH COUNTY, FL

General Information

Name: Danielle Alvina Sherriff **CONFIDENTIAL**
Address: 205 North Dixie Hwy, West Palm Beach, FL 33473 **PID 221114**
County: Palm Beach

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Circuit (15Th)	Elected Constitutional Officer	County Judge

CANDIDATE FOR

Position	Agency Name	Position sought or held
County Judge	15th Judicial Circuit, County Judge, Palm Beach County	County Court Judge, Group 11

Net Worth

My Net Worth as of December 31, 2023 was \$ 702,905.44.

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 04/19/2024

2024 APR 23 PM 3:30

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 \$ 105,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
100% Beneficiary of Real Property Held in Trust	\$ 502,000.00
Pension State of Florida Retirement Account	\$ 28,231.74
State of Florida Deferred Compensation Retirement Account	\$ 10,745.60
Voya Roth IRA	\$ 26,750.10
Bank of America Checking Account	\$ 18,725.00
Knights of Columbus Whole Life Insurance Policy	\$ 1,800.00
Coinbase Bitcoin Investments	\$ 2,350.00
2015 Lexus RX	\$ 22,150.00

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 04/19/2024

2024 APR 23 PM 3:30

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Discover Student Loans	PO Box 70153, Philadelphia, PA 19176	\$ 2,179.00
Student Loan Services	PO Box 70153, Philadelphia, PA 19176	\$ 4,578.00
AES Success Student Loans	PO Box 61047, Harrisburg, PA 17106	\$ 3,870.00

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

Filed with COE: 04/19/2024

SUPERVISOR REGISTRATIONS
2024 APR 23 PM 3:30
FINANCIAL ANALYSIS

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
State of Florida	200 E. Gaines Street, Tallahassee, FL 32399	\$ 90,959.55
School District of Palm Beach County	3300 Forest Hill Boulevard, West Palm Beach, FL 33407	\$ 22,290.18

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

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 04/19/2024

2024 APR 23 PM 3:30

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 Form 6 and that the facts stated in it are true.

Danielle Alvina Sherriff

Digitally signed: 04/18/2024

Filed with COE: 04/19/2024