

OF FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
Pole Christopher William

MAILING ADDRESS:
201 SE 6th Street / Suite 5129

CITY: ZIP: COUNTY:
Ft. Lauderdale 33301 Broward

NAME OF AGENCY:
17th Judicial Circuit

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
County Court Judge

CHECK IF THIS IS A FILING BY A CANDIDATE

243720

PROCESSED

FLORIDA
 COMMISSION ON ETHICS

JUN 11 2019

RECEIVED

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2018 or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of May 23, 20 2019 was \$ 2,687,837.

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

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 effects (described above) is \$ 85,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Personal Residence	577,469.00
Fidelity Investments	2,025,368.00

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- 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 2018 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 2018 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2018 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
State of Florida	200 East Gaines Street, Tallahassee, Fla 32399	\$141,810

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

OATH

STATE OF FLORIDA
 COUNTY OF Brevard

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

Sworn to (or affirmed) and subscribed before me this 5 day of

June, 2019 by _____

Mindy J. Miller-Yost
 (Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public) MINDY J. MILLER-YOST

Personally Known My Commission # FF 973524

Type of Identification Produced Notary Seal
 EXPIRES: May 12, 2020
 Bonded Thru Budget Notary Services

[Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

243720

PROCESSED

Form 6A. Disclosure of Gifts, Expense Reimbursements or Payments, and Waivers of Fees and Charges

JUN 11 2019

RECEIVED

All judicial officers must file with the Florida Commission on Ethics a list of all reportable gifts accepted, and reimbursements or direct payments of expenses, and waivers of fees or charges accepted from sources other than the state or a judicial branch entity as defined in Florida Rule of Judicial Administration 2.420(b)(2), during the preceding calendar year as provided in Canons 5D(5)(a) and 5D(5)(h), Canon 6A(3), and Canon 6B(2) of the Code of Judicial Conduct, by date received, description (including dates, location, and purpose of event or activity for which expenses, fees, or charges were reimbursed, paid, or waived), source's name, and amount for gifts only.

Name: Christopher William Pole Work Telephone: 954-831-5597

Work Address: 201 SE 6th Street, Ft. Lauderdale Judicial Office Held: County Court Ju

- 1. Please identify all reportable gifts, bequests, favors, or loans you received during the preceding calendar year, as required by Canons 5D(5)(a), 5D(5)(h), and 6B(2) of the Code of Judicial Conduct.

Table with 4 columns: DATE, DESCRIPTION, SOURCE, AMOUNT. Row 1: None, \$

Check here if continued on separate sheet

- 2. Please identify all reportable reimbursements or direct payments of expenses, and waivers of fees or charges you received during the preceding calendar year, as required by Canons 6A(3) and 6B(2) of the Code of Judicial Conduct.

Table with 3 columns: DATE, DESCRIPTION, SOURCE. Rows include: 7/9-12/2018 County Court Judges Conference/ Naples, Fla. State of Florida; 11/26-28/20... DUI Lab / Sarasota, Fla. State of Florida; 5/29 - 6/1/ 2 Advanced Judicial College/ Orlando State of Florida

Check here if continued on separate sheet

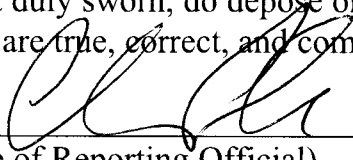
CONTINUE TO PAGE 2 FOR OATH

OATH

State of Florida

County of Broward

I, Christopher Pole, the public official filing this disclosure statement, being first duly sworn, do depose on oath and say that the facts set forth in the above statement are true, correct, and complete to the best of my knowledge and belief.

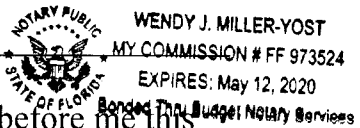


(Signature of Reporting Official)



(Signature of Officer Authorized to Administer Oaths)

My Commission expires



Sworn to and subscribed before me this

5 day of June, 2019

CHRISTOPHER W. POLE
COUNTY JUDGE
SEVENTEENTH JUDICIAL CIRCUIT
OF FLORIDA



BROWARD COUNTY
COURTHOUSE
201 S.E. 6TH STREET – RM. 5129
FORT LAUDERDALE, FL. 33301
TELEPHONE (954) 831-5597

June 5, 2019

FLORIDA
COMMISSION ON ETHICS

JUN 11 2019

RECEIVED

Florida Commission on Ethics
P.O. Drawer 15709
Tallahassee, Florida 32317

ATTN: Disclosure Coordinator

RE: Financial Disclosure for the year 2018
Christopher W. Pole, County Court Judge

To Whom It May Concern:

Enclosed herewith please find the following documents:

1. Original Form 6 – Full and Public Disclosure of Financial Interest 2018.
2. Original Form 6A – Gift Disclosure.

Should you have any questions or require additional information, please feel free to contact me.

Very truly yours,


Christopher W. Pole

CWP:wmy
enclosures