

**CANDIDATE OATH
SCHOOL BOARD OFFICE**

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

Write-in candidate

2024 JUN 12 PM 2:43
BROWARD COUNTY
SUPERVISOR OF ELECTIONS
OFFICE USE ONLY

Candidate Oath

Name to appear on ballot: Maura McCarthy Bulman

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 Broward County School Board, 1;
(Office) (District #)

I am a qualified elector of Broward County, Florida; 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.


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. 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  (954) 558-7203 mauramccarthybulman@gmail.com
Signature of Candidate Telephone Number Email Address
1224 Madison Street Hollywood Florida 33020
Address of Legal Residence City State ZIP Code

STATE OF FLORIDA

COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence
this 12 day of June, 2024.

Personally Known OR Produced Identification

Type of Identification Produced: PK


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



SEAN WIENKER-CULLUM
Notary Public
State of Florida
Comm# HH226611
Expires 2/9/2026

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):

More-uh

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 Maura McCarthy Budman. 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: [Handwritten Signature]

STATE OF FLORIDA
COUNTY OF BROWARD

[Handwritten Signature]

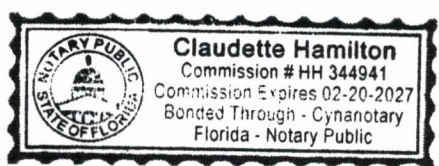
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

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

this 12 day of June, 2024.

Personally Known OR Produced Identification

Type of Identification Produced: FID



2023 Form 6 - Full and Public Disclosure of Financial Interests

General Information

Name: Maura McCarthy Bulman
Address: 1424 MADISON ST, HOLLYWOOD, FL 33020
County:

Organization	Suborganization	Title
N/A		

CANDIDATE FOR

Position	Agency Name	Position sought or held
District School Board	Broward County School Board	District 1

Net Worth

My Net Worth as of December 31, 2023 was \$ 946,615.87.

For Quality Only
Purposes only

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 \$ 23,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
1424 Madison Street, Hollywood, Florida 33020	\$ 828,450.00
Vanguard Brokerage Accounts	\$ 188,704.19
Regions Bank Accounts	\$ 147,781.93
AmTrust Bank Accounts	\$ 44,132.25
City National Bank of Florida Accounts	\$ 63,990.19
Florida Prepaid Plans	\$ 72,408.39

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Nationstar Mortgage LLC dba Mr. Cooper	800 State Highway 121 Bypass, Lewisville, Texas 75067	\$ 390,140.31
Nelnet	121 S. 13th Street, Suite 301, Lincoln, Nebraska 68508	\$ 13,369.68
Business Tax 2023	Internal Revenue Service, PO Box 802501, Cincinnati, Ohio 45280	\$ 15,000.00

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

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
Maura McCarthy Bulman, PLLC	1779 N. University Drive, Suite 202, Hollywood, Florida 33024	\$ 74,651.85

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

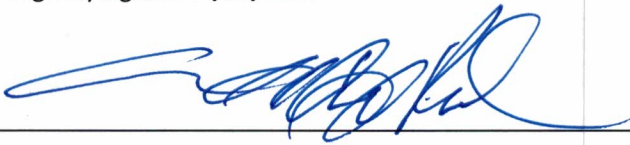
Business Entity # 1
N/A

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form6 and that the facts stated in it are true.

Maura McCarthy Bulman

Digitally signed: 06/11/2024



For Qualifying
Purposes Only

2024 JUN 12 PM 2:48

BROWARD COUNTY
SUPERVISOR OF ELECTIONS

RECEIPT	
RECEIVED FROM	DATE
<i>House McCarty Bullman</i>	<i>June 12, 2024</i>
FOR	No. <i>378419</i>
<i>100 Thousands Nineteen</i>	\$ <i>2019.18</i>
<i>Divanizing Fee</i>	<i>100</i> DOLLARS
<input type="radio"/> FOR RENT	<input type="radio"/> CASH
<input checked="" type="radio"/> MONEY ORDER	<input checked="" type="radio"/> CHECK
ACCOUNT # <i>1001</i>	FROM _____
PAYMENT <i>2019.18</i>	TO _____
BAL. DUE _____	BY <i>Atto</i>
DEPUTY OF SUPERVISOR OF ELECTIONS	