

CANDIDATE OATH -

STATE AND LOCAL PARTISAN OFFICE

Check applicable one:

- Candidate with party affiliation
- Candidate with no party affiliation
- Write-in candidate

2020 JUN -8 PM 12: 36
 BROWARD COUNTY
 SUPERVISOR OF ELECTIONS

OFFICE USE ONLY

Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, Brenda D. Forman

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box . (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the office of Broward County Clerk of Courts, 17th
 (Office) (District #) (Circuit #)
 ; my legal residence is Broward County, Florida; I am a qualified elector
 (Group or Seat #)

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

(Section 99.021(1)(b), Florida Statutes)

(Complete Statement of Party only if you are seeking to qualify for nomination as a party candidate.)

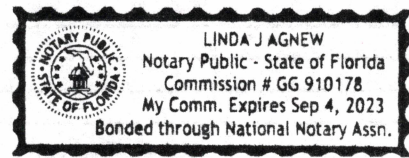
I am a member of the Democratic Party; I have not been a registered member of any other political party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.

Candidate's Florida Voter Registration Number (located on your voter information card): 101623515

Phonetic spelling for audio ballot: Print 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 2 of this form): [Not applicable to write-in candidates.]

Brenda D Forman (954) 907-0995 dixhae582@aol.com
 Signature of Candidate Telephone Number Email Address
P.O. Box 290032 Davie FL 33329
 Address City State ZIP Code

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



STATE OF FLORIDA
 COUNTY OF BROWARD
 Sworn to (or affirmed) and subscribed before me by physical or
 online presence this 28 day of MAY, 2020.
 Personally Known: or Produced Identification: _____
 Type of Identification Produced: _____

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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

FORMAN BRENDA D

2020 JUN -8 PM 12:38

BROWARD COUNTY SUPERVISOR OF ELECTIONS

MAILING ADDRESS:

P.O. BOX 290032

CITY :

DAVIE

ZIP :

33314

COUNTY :

BROWARD

NAME OF AGENCY :

BROWARD COUNTY CLERK OF COURTS

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

BROWARD COUNTY CLERK OF COURTS

CHECK IF THIS IS A FILING BY A CANDIDATE

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2019 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 28th, 20 20 was \$ 62,310.66.

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 \$ _____

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| DESCRIPTION OF ASSET (specific description is required - see instructions p.4) | VALUE OF ASSET |
|--|----------------|
| Address exempt per Fla. Stat. 119.071 | 402,900.00 |
| Household/personal effects | 22,619.60 |
| Synovus Bank P.O. Box 120 Columbus, GA 31902 | 3,152.93 |
| F.R.S. | 51,688.06 |

PART C -- LIABILITIES

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

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|---|---------------------|
| Penny Mac loan Servicing P.O. Box 6101 Moorpark, CA 93021 | 365,827.41 |
| Hyundai Motor Finance P.O. Box 660891 Dallas, TX 75266-0891 | 24,000.00 |
| Navient P.O. Box 9635 Wilkes-Barre, PA 18773 | 28,525.52 |
| Shield Family Law, P.A. 1995 E. Oakland Park Blvd #315 Ft. Lauderdale, FL 33306 | unknown |

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 2019 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 2019 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2019 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 |
|--|--|------------|
| Broward County Clerk of Courts | 201 SE 6th St Ft. Lauderdale, FL 33301 | 179,867.00 |
| | | |

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.

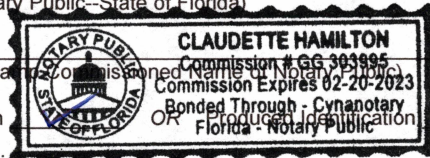
OATH

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.

STATE OF FLORIDA
 COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 29 day of

May, 2020 by Brenda Forman
(Signature of Notary Public--State of Florida)



Brenda D Forman
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

(Print, Type, or Stamp) Claudette Hamilton
 Personally Known OR Produced Identification
 Type of Identification Produced _____

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

ADDENDUM TO FINANCIAL DISCLOSURE FOR BRENDA D FORMAN 2019

2020 JUN -8 PM 12: 37

Part B – Assets

- Variable Annuity Life Ins. Co
2929 Allen Parkway
Houston, TX 77019

Value of Asset
BROWARD COUNTY
SUPERVISOR OF ELECTIONS
\$303.00

RECEIPT

DATE 5-29-2020 No. 378667

RECEIVED FROM

DRENER

\$10,792.62

For Thousand Seven Hundred Sixty Two DOLLARS

FOR RENT

Qualifying Fee

| | |
|----------|------------------|
| ACCOUNT | <u>1892</u> |
| PAYMENT | <u>10,792.62</u> |
| BAL. DUE | <u>—</u> |

- CASH
- CHECK
- MONEY ORDER
- CREDIT CARD

DEPT. OF SUPERVISION OF ELECTIONS

FROM _____ TO _____

BY _____

