CANDIDATE OATH –

STATE AND LOCAL PARTISAN OFFICE

Check applicable one:

- [x] Candidate with party affiliation
- [ ] Candidate with no party affiliation
- [ ] Write-in candidate

2020 JUN -8 PM 1:46
BROWARD COUNTY
SUPERVISOR OF ELECTIONS

OFFICE USE ONLY

Candidate Oath

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

I, Al Pollock

(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 Sheriff (*Office*), N/A (*District #*), N/A (*Circuit #*), N/A (*Group or Seat #*); my legal residence is 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.

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): 01119371

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.]*

OWL PAWLECK

X

Signature of Candidate

(954) 706-7076 — Telephone Number

DMGUNITED@PROTONMAIL.COM — Email Address

P.O. BOX 290631 — Address

DAVIE, — City

FLORIDA — State

33329 — ZIP Code

STATE OF FLORIDA
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me by ☑ physical or ☐ online presence this 4th day of June, 2020.

Personally Known: _____ or Produced Identification: FLDL

Type of Identification Produced: FL DL

Signature of Notary Public

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

Lecia G. Moorer-Pollock
NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG231795
Expires 6/25/2022

FLORIDA NOTARY ASSOCIATION SINCE 1978

FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2019

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

FOR OFFICE USE ONLY:

2020 JUN -8 PM 12:46

BROWARD COUNTY
SUPERVISOR OF ELECTIONS

LAST NAME — FIRST NAME — MIDDLE NAME:
Pollock Alvin

MAILING ADDRESS:
PO Box 290631

CITY: Davie
ZIP: 33329
COUNTY: Broward

NAME OF AGENCY:
Broward Sheriff's Office

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
Sheriff

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 June, 20 20 was $ 282,919.

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 $ 700,930

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
[redacted] - Residence Jointly held	$204,245
11.44 AC Martin Rd & 1 AC Martin Rd, Thomasville, GA - Vacant Lots	$65,594
Household goods & Personal effects	$314,700
35.12 AC Whitney Rd, Thomasville, GA- Vacant Lot	$115,391

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Vehicle - Ally, PO Box 380902, Bloomington, MN 55438	$25,853
Mortgage - Carrington Mortgage Services LLC, PO Box 79001, Phoenix, AZ	$390,158

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

(Continued on reverse side)

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
Florida Retirement System	PO Box 9000, Tallahassee, FL 32315	$93,088
US Department of the Treasury	PO Box 51320, Philadelphia, PA	$18,566

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
N/A			

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Declare Music Group, LLC		
ADDRESS OF BUSINESS ENTITY	PO Box 290386, Davie, FL		
PRINCIPAL BUSINESS ACTIVITY	Music Production		
POSITION HELD WITH ENTITY	Manager		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	No		
NATURE OF MY OWNERSHIP INTEREST	Registered Agent/Investor		

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.

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me by means of ☑ physical presence or ☐ online notarization, this 4th day of June, 2020 by _____.

(Signature of Notary Public--State of Florida)

Lecia G. Moorer-Pollock
(Print, Type, or Stamp Commissioned Name of Notary Public)

Lecia G. Moorer-Pollock
NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG231795
Expires 6/25/2022

Personally Known ✓ OR Produced Identification _____

Type of Identification Produced FL DL

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 ☐

RECEIPT DATE June 5th 2020 **No.** 378683

RECEIVED FROM Alvin Pollock $11,357.64

Eleven Thousand Three Hundred Fifty Seven — 64/100 DOLLARS

○ FOR RENT
☒ FOR Qualifying Fee

ACCOUNT	1010
PAYMENT	11,357.64
BAL. DUE	—

○ CASH
☒ CHECK
○ MONEY ORDER
○ CREDIT CARD

DEPUTY SUPERVISOR OF ELECTIONS

FROM _____ TO _____

BY _____

3-11