CANDIDATE OATH -SCHOOL BOARD **NONPARTISAN OFFICE**

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

Type of Identification Produced: _

2020 JUN -8 PM 12: 27

Florida - Notary Public

Write-in candidate OFFICE USE ONLY **Candidate Oath** (Sections 99.021(1)(a) and 105.031, Florida Statutes) Namike "Nikki" Grant (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 nonpartisan office of School Boucur ; I am a qualified elector of County, Florida; (Circuit #) I am qualified 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, oath (only applicable if elected and when term of office begins): I, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the school board 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. Candidate's Florida Voter Registration Number (located on your voter information card): 102063016 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.] Signature of Candidate Address STATE OF FLORIDA Signature of Notary Public COUNTY OF Print, Type, or Stamp Commissioned Name of Notary Public below: Sworn to (or affirmed) and subscribed before me by physical or **CLAUDETTE HAMILTON** day of June Commission # GG 303995 online presence this Commission Expires 02-20-2023 Bonded Through - Cynanotary Personally Known: ____ or Produced Identification: _____

FULL AND PUBLIC DISCLOSURE 2019 FORM 6 **OF FINANCIAL INTERESTS** FOR OFFICE USE ONLY: Please print or type your name, mailing address, agency name, and position below: LAST NAME — FIRST NAME — MIDDLE NAME: 2020 JUN -8 PM 12: 27 Narnike Grant MAILING ADDRESS: 12107 NW 69th court COUNTY: ZIP: CITY: 33076 Broward Parkland NAME OF AGENCY: NAME OF OFFICE OR POSITION HELD OR SOUGHT : School Board Broward County District #9 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 December 31 , 20 $\frac{19}{}$ was \$ $\frac{6,158,420.00}{}$ 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 \$ 6,158,420.00**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: VALUE OF ASSET** DESCRIPTION OF ASSET (specific description is required - see instructions p.4) Life insurance (Lincoln Financial) - Cash Surrender Value \$4,000,000 Bank Accounts held TBE (Tenancy by the Entirety*) at Bank of America \$550,000 \$67k and 48k resp. '19 Mercedes and 19' Porche Leases held by my husband-present value Homestead Property hereinabove and held *TBE-market value for tax purposes 2019 \$1,428,420 PART C -- LIABILITIES LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4): **AMOUNT OF LIABILITY** NAME AND ADDRESS OF CREDITOR

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

N/A-Husband bears liabilities personally

AMOUNT OF LIABILITY

N/A

annu of your 2010 foderal incom			INCOME	
	me tax return, including aw requires these docu	which exceeded \$1,000 g all W2s, schedules, a uments be posted to the	0 during the year, including secondary s and attachments. Please redact any so ne Commission's website.	sources of income. Or attach a complete ocial security or account numbers before
[If you check this box ar	nd attach a copy of you	ur 2019 tax return, you	2's, schedules, and attachments. u need not complete the remainder of F	Part D.]
PRIMARY SOURCES OF INCO			ADDRESS OF SOURCE OF INCOM	ME AMOUNT
NAME OF SOURCE OF INC		600 97 2	rd Ave, Fort Lauderdale, FL	
BCPS Substitute Teache	VI	000 SE 31	, 1 oit Daudeluale, FL	7.220
	INCOME [Major custor	mers, clients, etc., of b	ousinesses owned by reporting person- ADDRESS	. PRINCIPAL BUSINESS
NAME OF BUSINESS ENTITY	, NAME OF	MAJOR SOURCES SINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
	PART E INTERE	ESTS IN SPECIFIE	ED BUSINESSES (Instructions of	n page 6]
PART E INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6] BUSINESS ENTITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3				
NAME OF BUSINESS ENTITY	LJMAJ Holdin			
BUSINESS ENTITY ADDRESS OF		th CT, Parkland		
BUSINESS ENTITY PRINCIPAL BUSINESS		, arkland		
ACTIVITY	Still pending			
POSITION HELD WITH ENTITY	Mgr			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS				
NATURE OF MY OWNERSHIP INTEREST		ith my husband		
		PART F	- TRAINING	
For offic	pers required to co	omplete annual etl	thics training pursuant to section	on 112.3142, F.S.
. 57 51110	I CERTIFY TH	AT LUAVE OCT		
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ОЛТЦ		STAT	MPLETED THE REQUIRED	TRAINING.
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I, the person whose name as beginning of this form, do de and say that the information and any attachments hereto and complete. SIGNATURE OF REPORTING Section 112.3144, Florida Sand correct. Signa Preparation of this form	ppears at the epose on oath or affirm disclosed on this form is true, accurate, NG OFFICIAL OR CAI cant licensed under Clausing statement: Statutes, and the instructure of the by a CPA or att	STAT COUL Swort Median (Sign (Print Person Type Chapter 473, or attorned print torney does not reserved.	MPLETED THE REQUIRED TE OF FLORIDA INTY OF TOTO (or affirmed) and subscribed before the property of the proper	ore me by means of zation, this day of the control

Continued Sheet for (Part B—Assets) of Form 6
FULL AND PUBLIC DISCLOUSURE OF FINANCIAL INTEREST

2020 JUN -8 PM 12: 27

Household Goods and Personal Effects Assets Individually Values at Over \$1,000

EROWARD COUNTY SUPERVISOR OF ZECOTIONS

Description of Assets
Equipment and Household Furnishings Held Tenancy by the Entirety \$65,000