

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
 Grant Narnike

MAILING ADDRESS:
 12107 NW 69th court

CITY : ZIP : COUNTY :
 Parkland 33076 Broward

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

2020 JUN -8 PM 12: 27
 BROWARD COUNTY
 SUPERVISOR ELECTIONS

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 19 was \$ 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:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Life insurance (Lincoln Financial) - Cash Surrender Value	\$4,000,000
Bank Accounts held TBE (Tenancy by the Entirety*) at Bank of America	\$550,000
'19 Mercedes and 19' Porche Leases held by my husband-present value	\$67k and 48k resp.
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):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A-Husband bears liabilities personally	0

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

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
BCPS Substitute Teacher	600 SE 3rd Ave, Fort Lauderdale, FL 33301	\$1334.40

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	LJMAJ Holdings, LLC		
ADDRESS OF BUSINESS ENTITY	12107 NW 69th CT, Parkland		
PRINCIPAL BUSINESS ACTIVITY	Still pending		
POSITION HELD WITH ENTITY	Mgr		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	50% interest		
NATURE OF MY OWNERSHIP INTEREST	Partnership with my husband		

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.

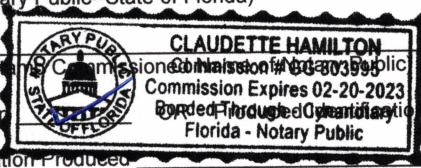
STATE OF FLORIDA
 COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 3rd day of

JUNE, 2020 by Narrise Grant
Claudette Hamilton
 (Signature of Notary Public--State of Florida)

[Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

(Print, Type, or Stamp) CLAUDETTE HAMILTON
 Personally Known By
 Type of Identification Produced Florida - Notary Public



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

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

2020 JUN -8 PM 12: 27

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

HOWARD COUNTY
SUPERVISOR OF ELECTIONS

Description of Assets

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

RECEIPT

DATE June 3rd 2020 No. 378677

RECEIVED FROM

Barbara Grant \$1795.68
One Thousand Seven Hundred Seventy Five 68/100 DOLLARS

FOR RENT
 FOR

Qualifying Fee

ACCOUNT	<u>102</u>
PAYMENT	<u>1795.68</u>
BAL. DUE	<u>—</u>

- CASH
- CHECK
- MONEY ORDER
- CREDIT CARD

DEPUTY OF SUPERVISOR OF ELECTIONS
FROM _____ TO _____
BY [Signature]