

**CANDIDATE OATH
SCHOOL BOARD
NONPARTISAN OFFICE**

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

Write-in candidate

2020 JUN -8 PM 12: 55

BROWARD COUNTY
SUPERVISOR OF ELECTIONS

OFFICE USE ONLY

Candidate Oath

(Sections 99.021(1)(a) and 105.031, Florida Statutes)

I, **Jeff Holness**

(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 Board of Broward County, At Large**, **Seat 9**,
(Office) (District #)

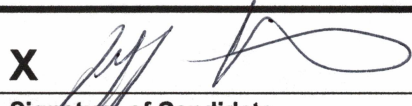
, I am a qualified elector of **Broward** County, Florida;
(Circuit #) (Group or Seat #)

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): **117126331**

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.]*

X 	(954) 600-4033	drjeffholness2020@gmail.com
Signature of Candidate	Telephone Number	Email Address
3880 NW 121 Ave	Sunrise	Florida 33323
Address	City	State ZIP Code

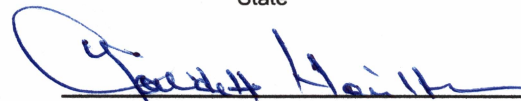
STATE OF FLORIDA

COUNTY OF Broward

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

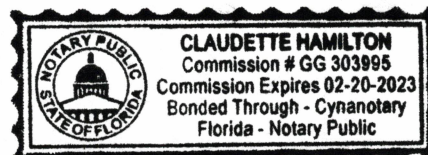
Personally Known: _____ or Produced Identification:

Type of Identification Produced: FDL



Signature of Notary Public

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



OF FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
 Holness Jephtha "Jeff" L

MAILING ADDRESS:
 3880 NW 121 Ave

CITY: ZIP: COUNTY:
 Sunrise 33323 Broward

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
 School Board of Broward County, At Large, Seat 9

CHECK IF THIS IS A FILING BY A CANDIDATE

2020 JUN -8 PM 12: 55
 BROWARD COUNTY
 SUPERVISOR OF 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 June, 20 20 was \$ 616,300.

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 \$ 22,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
14728/16536 NW 268 St. Okeechobee County Land/15031NW 262 St Okeechobee Land	\$36,000
Memorial Drive/Valerie St. - Holness Subdivision - 30+ Acres	\$300,000
Kumon Math and Reading Center Business	\$300,000
Bank Accounts/Brokerage Account/other accounts	\$111,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Nelnet P.O Box 82561 Lincoln LE 68501	78,000
Nelnet P.O Box 82561 Lincoln LE 68501	68,000
Auto	6,700

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
Kumon Math and Reading Center/Owner	1317 N University Dr. Coral Springs, FL 33071	\$68,000

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	Kumon Math and Read		
ADDRESS OF BUSINESS ENTITY	1317 N University Dr		
PRINCIPAL BUSINESS ACTIVITY	Education		
POSITION HELD WITH ENTITY	Director/Owner		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes		
NATURE OF MY OWNERSHIP INTEREST	Owner/Director		

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 4th day of

June, 2020 by Jeff Holness
(Signature)

(Signature of Notary Public) CLAUDETTE HAMILTON
 Commission # GG 303995
 (Print name, title, and commission number of Notary Public)
 Bonded Through - Cyanotary
 Florida - Notary Public
 Personally Known Produced Identification
 Type of Identification Produced FLDL

(Signature)
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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, Jeff Holness, 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) Signature 6/4/2020 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 06/04/2020 No. 378679

RECEIVED FROM

DePha Jeff Holmes \$ 1795.68

One thousand Seven Hundred Nine by Five ⁶⁸/₁₀₀ DOLLARS

FOR RENT

Qualifying Fee

ACCOUNT	<u>1024</u>
PAYMENT	<u>1795.68</u>
BAL. DUE	

- CASH
- CHECK
- MONEY ORDER
- CREDIT CARD

DEPUTY OF SUPERVISOR OF ELECTIONS
FROM _____ TO _____
BY 