

CANDIDATE OATH

STATE AND LOCAL PARTISAN OFFICE

Check applicable one:

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

2020 JUN 10 PM 3:18

BROWARD COUNTY
SUPERVISOR OF ELECTIONS

OFFICE USE ONLY

Candidate Oath

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

I, **DALE V.C. 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 office of **COUNTY COMMISSION**, **9**,
(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)

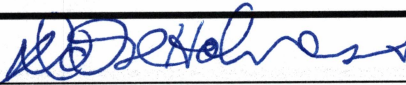
(Complete Statement of Party only if you are seeking to qualify for nomination as a party candidate.)

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): **101853676**

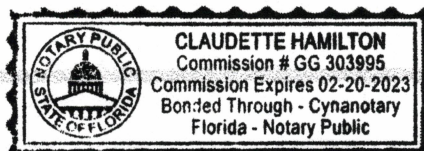
Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

DALE HOLENESS

X 	(954) 325-4040	DALEHOLNESS2010@GMAIL.COM
Signature of Candidate	Telephone Number	Email Address
107 BRYAN BLVD	PLANTATION	FL 33317
Address	City	State ZIP Code

STATE OF FLORIDA
COUNTY OF **BROWARD**


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



Sworn to (or affirmed) and subscribed before me by physical or
 online presence this **10th** day of **June**, 20**20**

Personally Known: or Produced Identification: _____

Type of Identification Produced: _____

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 DALE VINCENT CLARKE

MAILING ADDRESS:
107 BRYAN BLVD

CITY : ZIP : COUNTY :
PLANTATION 33317 BROWARD

NAME OF AGENCY :
BROWARD COUNTY COMMISSION

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
BROWARD COUNTY COMMISSIONER DISTRICT 9

CHECK IF THIS IS A FILING BY A CANDIDATE

2020 JUN 10 PM 3:18

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 DECEMBER, 20 19 was \$ \$636,234.47.

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
BB&T CHECKING & SAVINGS	\$28,175.75
VALIC SAVINGS	\$5,400
ALL BROWARD REALTY, INC- BUSINESS	\$50,000
SEE ATTACHED ADDENDUM	

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
CHASE BANK P.O. BOX 78148 PHOENIX, AZ 85062-8148	\$51,583.73
BANK OF AMERICA P.O. BOX 660807 DALLAS, TX	\$72,320
BB&T P.O. BOX 580435 CHARLOTTE, NC	\$7,469.36
PENFED 2930 EISENHOWER AVENUE ALEXANDRIA VA 22313	\$15,566.19

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	115 S. ANDREWS, FT LAUDERDALE FL 33	\$106,329.30
CITY OF LAUDERHILL PENSION	38 FOUNTAIN SQ PLZ, CINCINNATI, OH	\$7,738.80

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	ALL BROWARD REALTY,	AMERICAN HOLDINGS	
ADDRESS OF BUSINESS ENTITY	4325 W SUNRISE BLVD	4325 W SUNRISE BLVD	
PRINCIPAL BUSINESS ACTIVITY	REAL ESTATE BROKERAGE	INVESTMENTS	
POSITION HELD WITH ENTITY	PRESIDENT	PRESIDENT	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES	YES	
NATURE OF MY OWNERSHIP INTEREST	100%	100%	

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.

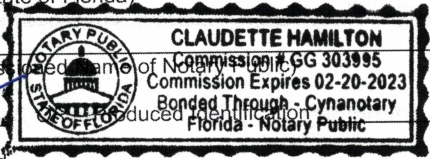
OATH

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 10th day of
June, 2020 by DALE HOLNESS
Claudette Hamilton
 (Signature of Notary Public--State of Florida)

[Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

(Print, Type, or Stamp Commission of Notary Public)
 Personally Known
 Type of Identification Produced [Stamp]



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] Signature 6-10-2020 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

DALE V.C. HOLNESS

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FORM 6- REPORTING PERIOD 2019 ADDENDUM

BROWARD COUNTY
SUPERVISOR OF ELECTIONS

PART B - ASSETS

DESCRIPTION OF ASSETS

VALUE OF ASSETS

1660 SW 38TH AVE, FORT LAUDERDALE, FL 33312	\$309,000
2630 NW 52ND AVE, LAUDERHILL, FL 33313	\$69,300
5311 NW 27TH ST, LAUDERHILL, FL 33313	\$69,300
5327 NW 27TH ST, LAUDERHILL, FL 33313	\$75,200
4211 NW 19TH ST #191 LAUDERHILL, FL 33313	\$50,000
2800 NW 56TH AVE #E405 LAUDERHILL, FL 33313	\$56,100
2611 NW 56TH AVE #A529 LAUDERHILL, FL 33313	\$53,220
AMERICAN HOLDINGS	\$5,000
E-TRADE	\$3724
BANK OF AMERICA	\$1761
MERRILL LYNCH	\$2,927
TIVO	\$322
FANNIE MAE	\$3744
TOTAL	\$783,173.75



RECEIPT DATE June 10th 2020 No. 279107

RECEIVED FROM David Address \$6060.36

Six thousand Sixty 36/10 DOLLARS

FOR RENT
 FOR Qualifying Fee

ACCOUNT	<u>Bob</u>
PAYMENT	<u>6060.36</u>
BAL. DUE	<u>—</u>

- CASH
- CHECK
- MONEY ORDER
- CREDIT CARD

FROM _____ TO David
BY _____