

CANDIDATE OATH

STATE AND LOCAL PARTISAN OFFICE

Check applicable one:

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

2020 JUN -8 PM 12: 33
 BROWARD COUNTY
 SUPERVISOR OF ELECTIONS

OFFICE USE ONLY

Candidate Oath

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

I, H. Wayne Clark

(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 Sheriff, _____, _____, _____
(O) (D) (C)
; 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 Republican 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): 102511768

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.]

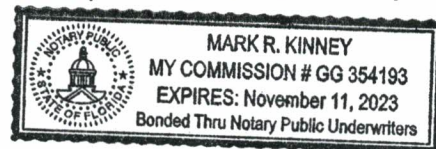
X [Signature] (980) 265-8968 Contact @WayneForSheriff.com
 Signature of Candidate Telephone Number Email Address
6001 SW20th St Plantation FL 33317
 Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF Broward

[Signature]
 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 27 day of MAY, 2020.

Personally Known: _____ or Produced Identification:
Type of Identification Produced: FLORIDA DRIVER LICENSE



2020 MAY 27 PM 3: 18

BROWARD COUNTY
SUPERVISOR OF ELECTIONS

W. J. KIMBLE
MY COMMISSION EXPIRES
EFFECTIVE 11/1/20
Broward County Supervisor of Elections

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:
 Clark Harold Wayne Jr

MAILING ADDRESS:
 6001 SW 20th Street

CITY: ZIP: COUNTY:
 Plantation 33317 Broward

NAME OF AGENCY:
 Broward County Sheriff's Office

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
 Sheriff

CHECK IF THIS IS A FILING BY A CANDIDATE

2020 JUN -8 PM 12: 34

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 April 1, 20 20 was \$ \$168,998.12.

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 \$ \$150,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
See Attached Form	

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Mortgage (Wells Fargo -PO Box 10335, Des Moines, IA 530306)	\$544,528.51
AES Success Student Loan (PO Box 2461, Harrisburg, PA 17105)	\$32,194.38
Navient Student Loan (PO Box 9640 Wilkes-Barre, PA 18773)	\$38,255.94

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

2020 MAY 27 PM 3: 18

BROWARD COUNTY
SUPERVISOR OF ELECTIONS

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
Foley & Mansfield	250 Marquette Ave. Suite 1200 Minn. MN	\$118,572.17
Wicker Smith	515 E Las Olas Blvd, Fort Lauderdale FL	\$73,907.71

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	HWC Legal PA		
ADDRESS OF BUSINESS ENTITY	6001 SW 20th Street, Plantati		
PRINCIPAL BUSINESS ACTIVITY	Legal		
POSITION HELD WITH ENTITY	Owner		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	I own 100%		
NATURE OF MY OWNERSHIP INTEREST	Owner		

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 27 day of

May 2020 by Heath Wayne Clark

(Signature of Notary Public—State of Florida) 

(Print, Type, or Stamp Commissioned Name of Notary Public)


Personally Known _____ OR Produced Identification

Type of Identification Produced Florida Driver License


 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, Heath Wayne Clark, 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

5/27/2020
 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

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BROWARD COUNTY
SUPERVISOR OF ELECTIONS

MAKELI RIVERA
1816 GORMAN ST. #100
FORT LAUDERDALE, FL 33304
Elected To Hold Office In Broward County

RECEIPT

DATE 5-27-2020 No. 378663

RECEIVED FROM

H. Wayne Clark \$1,357.64

Seven Thousand Three Hundred Fifty Seven 44/100 DOLLARS

Qualifying Fee

FOR RENT FOR Qualifying Fee

ACCOUNT	<u>10561</u>
PAYMENT	<u>1,357.64</u>
BAL. DUE	<u> </u>

- CASH
- CHECK
- MONEY ORDER
- CREDIT CARD

FROM DEPUTY SUPERVISOR OF ELECTIONS TO BY