

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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
Brinkworth Heather Pomper

MAILING ADDRESS:
2609 NE 26 Street

CITY: ZIP: COUNTY:
Fotr Lauderdale 33305 Broward

NAME OF AGENCY:
School Board of Broward County

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
District 3

CHECK IF THIS IS A FILING BY A CANDIDATE

2020 JUN -8 PM 3: 30
 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 31, 20 19 was \$ 769,000.

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 \$ 66,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
PRIMARY RESIDENCE 2609 NE 26 ST Ft Laud	420,000
3280 NE 15 Ave, Oakland Park	68,500
54 Columbine Circle, Avon, CO	168,750

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Ally Financial PO Box 380902 Bloomington 55438	26,000
Regions Bank PO Box 2153 Dept 2520 Birmingham, AL	106,100
Centlar FSB PO Box 11733 Newark, NJ 07101	50,000

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
School Board of Broward County	600 SE 3 rd Ave Ft. Lauderdale FL	42,241.47

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			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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

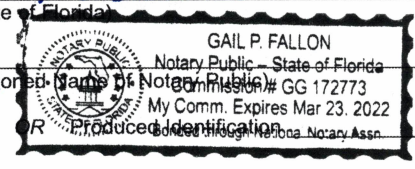
Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 16 day of

May, 2020, by Heather P. Bankworth

(Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public) GAIL P. FALLON
 Notary Public - State of Florida
 My Comm. Expires Mar 23, 2022

Personally Known
 Type of Identification Produced _____



Heather P. Bankworth
 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, _____, 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

Attached List of Additional Assets 12/31/2019

Description of Asset	Value of Asset
Florida Prepaid for Hillery Brinkworth	\$ 9,500.00
Florida Prepaid for Daniel Brinkworth	\$ 14,000.00
529 (Merrill Lynch)	\$ 63,500.00
403B (VOYA)	\$ 24,880.00
403B (Vanguard)	\$ 30,200.00
401A (Bencor)	\$ 2,700.00
IRA (American Portfolios)	\$ 14,680.00
Annuity (Merrill Lynch)	\$ 68,300.00
Money Market Accounts (Sun Trust)	\$ 7,500.00
Bank Accounts (Bank of America)	\$ 6,050.00
Bank Accounts (Wells Fargo)	\$ 8,000.00

RECEIPT

DATE

06/08/2020

No.

378693

RECEIVED FROM

Heather Berger Birtworth

\$ 1795⁶⁵

One thousand seven hundred ninety five

DOLLARS

FOR RENT

Quotiling

Fee

DEPUTY OF SUPERVISOR OF ELECTIONS

ACCOUNT	0995	
PAYMENT	1795	65
BAL. DUE		

- CASH
- CHECK
- MONEY ORDER
- CREDIT CARD

FROM

BY

