



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:

GOOD, PATRICIA

2020 JUN -8 PM 12:53

BROWARD COUNTY SUPERVISOR OF ELECTIONS

MAILING ADDRESS:

9521 SW 6 STREET

CITY: ZIP: COUNTY:

PEMBROKE PINES 33025 BROWARD

NAME OF AGENCY:

BROWARD COUNTY SCHOOL BOARD

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

DISTRICT 2 BOARD MEMBER

CHECK IF THIS IS A FILING BY A CANDIDATE

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, 2019 was \$ 446,008

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 \$ 32,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
RESIDENCE - 9521 SW 6 ST PEMBROKE PINES FL 33025	\$346,530
VACANT LAND - 886 GEORGE ST., SEBASTIAN FL 32958	\$24,140
S. FL EDUCATIONAL CREDIT UNION 498 NE 2 AVE, MIAMI FEDERAL FL 33130	\$55,698
BRIGHTSTAR CREDIT UNION 12405 TAFT ST, PEMB. P FL 33028	\$6,740

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
FIFTH THIRD BANK 600 S. ANDREWS AVE FL 33301	\$7,190
S. FL EDUCATIONAL FED. CREDIT UNION 498 NE 2 AVE MIA FL 33130	\$6,910

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
SCHOOL BOARD OF BROWARD COUNTY	600 SE 3 AVE FT LAUDERDALE FL 33301	\$41,495

**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
N/A			

**PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]**

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A		
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.

  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA  
 COUNTY OF Broward

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

5/13 2020 by Frank C. [Signature]  
 (Signature of Notary Public--State of Florida)

(Print, Type or Stamp Commission Name of Notary Public)  
 MY COMMISSION # GG 044228  
 EXPIRES March 1, 2027  
 Bonded Thru Notary Public Underwriters

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**

P GOOD PAGE 2 OF 2

# RECEIPT

DATE 5.26.2020 No. 378654

RECEIVED FROM

PERITIA GOOD  
One Thousand Seven Hundred Ninety Five 08/100 DOLLARS

FOR RENT

Qualifying Fee

ACCOUNT	<u>106</u>
PAYMENT	<u>1795.08</u>
BAL. DUE	<u>—</u>

- CASH
- CHECK
- MONEY ORDER
- CREDIT CARD

DEPUTY OF SUPERVISOR OF ELECTIONS

FROM \_\_\_\_\_ TO \_\_\_\_\_

BY AKA