## CANDIDATE OATH STATE AND LOCAL PARTISAN OFFICE Check applicable one: 2020 JUN 1 1 AM 10: 03 Candidate with party affiliation Candidate with no party affiliation Write-in candidate OFFICE USE ONLY **Candidate Oath** (Section 99.021(1)(a), Florida Statutes) (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 BROWAND COUNTY CLERK OF COURT BROWARD ; my legal residence is County, Florida; I am a qualified elector 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): 101310579 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.] Signature of Candidate STATE OF FLORIDA COUNTY OF DECILITY 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 MARIA E. DIAMOND online presence this 4 day of 2020 Commission # GG 283763 Expires February 24, 2023 Personally Known: \_\_\_\_ or Produced Identification: \_\_\_\_\_ inded Thru Budget Notary Services

Type of Identification Produced:

FORM 6 FULL AND PUBLIC DISCLOSURE		2019			
Please print or type your name, mailing address, agency name, and position below:  OF FINANCIAL INTERI	OFFICE USE ONLY:				
LAST NAME — FIRST NAME — MIDDLE NAME:  SPEISER - MARK — ALANY	2020 JUN 11 A				
MAILING ADDRESS:  3 400 GALT OCEAN DRIVE	BROWARD CO SUPERVISOR OF	DUNTY ELECTIONS			
APT. 1810-5					
CITY: ZIP: COUNTY: FORT LAVOEROALE 33308 BROWARD NAME OF AGENCY:					
NAME OF OFFICE OR POSITION HELD OR SOUGHT:  BROWARD COUNTY CLERK OF COURT  CHECK IF THIS IS A FILING BY A CANDIDATE					
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 <i>reported</i> liabilities from your <i>reported</i> assets, so please see the instructions on page 3.]  My net worth as of					
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 \$ 2,000,00					
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:  DESCRIPTION OF ASSET (specific description is required - see instruction)	ons p.4)	VALUE OF ASSET			
IBERIA BANK (SAVINGS ACCOUNT AND CERTIFIC	140, 424. 60				
MORGAN STANLEY (IRA)	116,425.00				
MERRILL EDGE (BROKERAGE ACCOUNT)  VOYA FINANCIAL (INVESTMENT ACCOUNT FOR DE	\$ 122,876.00				
VOTA PINAMIAL COMPENSATION AND STATE	DROP FUNDS)	\$1,903,976-00			
PART C LIABILITIES					
LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):  NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY			
BALANCE OF AUTOLEASE OWED TO CH	ASE BANK	31,250.00			
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:  NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY			
NONE					
,					

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 INCOM	COME EXCEEDING \$1,000 ADDRESS OF SOURCE OF INCOME AMOUNT			AMOUNT			
SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting personsee instructions on page 5]:							
NAME OF BUSINESS ENTITY				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			The second secon				
ADDRESS OF BUSINESS ENTITY							
PRINCIPAL BUSINESS ACTIVITY							
POSITION HELD							
I OWN MORE THAN A 5%							
NATURE OF MY							
OWNERSHIP INTEREST  PART F - TRAINING							
For officers	s required to complete		RAINING cs training pursuant to section	on 112.3142	, F.S.		
			PLETED THE REQUIRED				
OATH STATE OF FLORIDA Broward							
I, the person whose name appears at the Sworn to (or affirmed) and subscribed before me by means of							
beginning of this form, do depos		phy	sical presence or 🔲 online notariz		day of		
and say that the information disclosed on this form  and any attachments hereto is true, accurate							
and any attachments hereto is true, accurate, and complete.  (Signature of Notary PublicState of Florida)							
		, ,	•	O'M'Y PURE	MARIA E. DIAMOND Commission # GG 283763		
(Print, Type, or Stamp Commissioned Name of Publicypires February 24, 2023							
Personally Known OR Produced Identification  SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE							
Type of Identification Produced							
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

