

CANDIDATE OATH

STATE AND LOCAL PARTISAN OFFICE

Check applicable one:

- Candidate with party affiliation (checked)
Candidate with no party affiliation
Write-in candidate

2020 JUN 11 AM 10: 32

BROWARD COUNTY SUPERVISOR OF ELECTIONS

OFFICE USE ONLY

Candidate Oath

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

I, Jennifer Leonard Gottlieb

(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 [X]. (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 Supervisor of Elections, n/a, n/a, n/a; my legal residence is Broward 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): 01658137

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.] Jen ' ni ' fur Len' ard Got' leeb

X [Signature] (954) 644-2387 GottliebForSOE@gmail.com
715 Harrison St Hollywood FL 33019

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 [X] physical or [] online presence this 11th day of June, 2020
Personally Known: [] or Produced Identification: []
Type of Identification Produced: []



MARGARET A SMITH
Commission # GG 215102
Expires September 6, 2022
Bonded thru Budget Notary Services

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:

GOTTLIEB, JENNIFER

2020 JUN 11 AM 10:32

MAILING ADDRESS:

715 HARRISON STREET

BROWARD COUNTY SUPERVISOR OF ELECTIONS

CITY:

HOLLYWOOD, FL

ZIP:

33019

COUNTY:

BROWARD

NAME OF AGENCY:

BROWARD COUNTY SUPERVISOR OF ELECTIONS

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

SUPERVISOR OF ELECTIONS

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, 20 19 was \$ 2,729,528.

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 \$ 25,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
CHECKING & SAVINGS ACCOUNTS	15,000
HOUSEHOLD GOODS AND PERSONAL EFFECTS	25,000
PRIMARY RESIDENCE - 715 HARRISON ST, HOLLYWOOD, FL 33019	947,470
INTEREST IN VACATION HOME, KEY LARGO, FL	453,346
INVESTMENTS HELD BY MERRILL LYNCH, BOCA RATON, FL	1,300,792

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
BANK OF AMERICA - AUTO LOAN	12,080

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
SEE ATTACHED		123,018

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	JENNIFER GOTTLIEB CONSULTING, INC		
ADDRESS OF BUSINESS ENTITY	715 HARRISON ST HOLLYWOOD, FL 33019		
PRINCIPAL BUSINESS ACTIVITY	CONSULTING		
POSITION HELD WITH ENTITY	PRESIDENT		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES		
NATURE OF MY OWNERSHIP INTEREST	100% STOCKHOLDER		

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 9th day of

June, 2020 by Margaret A. Smith
 (Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)
MARGARETA SMITH
 Commission # **GG215102**
 Expires **September 6, 2022**
 Bonded Thru Budget Notary Services
 Personally Known OR Produced Identification
 Type of Identification Produced _____

Jennifer Gottlieb
 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, MARCOLM A. LEONARD, CPA, 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.

M Leonard Signature Date 6-9-2020

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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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
STATE OF FLORIDA - SALARY	111 ELASOLAS BLVD # 913 FT LAUDERDALE, FL 33021	39,218
MERRILL LYNCH - PORTFOLIO INCOME	1 TOWN CENTER ROAD BOCA RATON, FL 33486	57,800
JENNIFER GOTTLIEB CONSULTING, INC	M-LEONARD, CPA, PA 3810 HOLLYWOOD BLVD, HOLLYWOOD FL 33021	26,000

TOTAL

123,018

RECEIPT DATE June 14th 2020 No. 279112

\$10,792.02

RECEIVED FROM Jennifer Gottlieb
Ten Thousand Seven Hundred Ninety Two ^{02/100} DOLLARS

FOR RENT
 FOR Qualifying Fee

- CASH
- CHECK
- MONEY ORDER
- CREDIT CARD

ACCOUNT	<u>919</u>
PAYMENT	<u>10,792.02</u>
BAL. DUE	<u> </u>

FROM _____ TO _____

BY

[Signature]