

CANDIDATE OATH --

STATE AND LOCAL PARTISAN OFFICE

Check applicable one:

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

2020 JUN 11 PM 3: 00

BROWARD COUNTY
SUPERVISOR OF ELECTIONS

OFFICE USE ONLY

Candidate Oath

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

I, Adam R. Brass

(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 Supervisor of Elections, Countywide, Broward
(Office) (District #) (Circuit #)
N/A; 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 _____ 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): 102147293

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 Adam R. Brass (954) 494-0229 AdamBrass111@gmail.com
 Signature of Candidate Telephone Number Email Address
4109 SW 23rd Street #B Fort Lauderdale FL 33317
 Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF Broward

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 10 day of JUNE, 2020.
Personally Known: or Produced Identification: _____
Type of Identification Produced: _____

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Brass, Adam R.

MAILING ADDRESS:

4109 SW 23rd Street, Apt. B

CITY : ZIP : COUNTY :
Fort Lauderdale 33317 Broward

NAME OF AGENCY :
Broward County Supervisor of Elections

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Broward County Supervisor of Elections

CHECK IF THIS IS A FILING BY A CANDIDATE

2020 JUN 11 PM 3:00
 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 \$ 1,260.00.

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 \$ 1,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Furniture and personal effects	1000.00
Cash	260.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

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

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 Sevier

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 10 day of

June 2020 by Alan B. Brass

(Signature of Notary Public--State of Florida) DAVID M KRUZEL

MY COMMISSION # GG 089058

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

Bonded Thru Budget Notary Services

Personally Known OR Produced Identification

Type of Identification Produced _____

Alan B. Brass
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, ALAN B. BRASS, 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.

Alan B. Brass CPA
Signature

6/10/2020
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

Filing Status Single Married filing jointly Married filing separately (MFS)
 Head of household (HOH) Qualifying widow(er) (QW)

Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial Adam R	Last name Brass	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 4109 SW 23rd St		Apt. no. B
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Fort Lauderdale, FL 33317		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/country	Foreign postal code
If more than four dependents, see inst. & check here ▶ <input type="checkbox"/>		

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** Were born before January 2, 1955 Are blind
Spouse: Was born before January 2, 1955 Is blind

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) check if qualifies for (see inst.):	
				Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	12,793
2a Tax-exempt interest	2a	
b Taxable interest	2b	
3a Qualified dividends	3a	
b Ordinary dividends	3b	
4a IRA distributions	4a	
b Taxable amount	4b	
c Pensions and annuities	4c	
d Taxable amount	4d	
5a Social security benefits	5a	
b Taxable amount	5b	
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here . . ▶ <input type="checkbox"/>	6	
7a Other income from Schedule 1, line 9	7a	2,664
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶	7b	15,457
8a Adjustments to income from Schedule 1, line 22	8a	0
b Subtract line 8a from line 7b. This is your adjusted gross income ▶	8b	15,457
9 Standard deduction or itemized deductions (from Schedule A)	9	12,200
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	
11a Add lines 9 and 10	11a	12,200
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	3,257

Standard Deduction

- Single or Married filing separately, \$12,200
- Married filing jointly or Qualifying widow(er), \$24,400
- Head of household, \$18,350
- If you checked any box under Standard Deduction, see instructions.

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 2020 JUN 11 PM 3:01

12a Tax (see instructions). Check if any from:

1 Form(s) 8814 2 Form 4972 3 12a 328

b Add Schedule 2, line 3, and line 12a and enter the total 12b 328

13a Child tax credit or credit for other dependents 13a

b Add Schedule 3, line 7, and line 13a and enter the total 13b 0

14 Subtract line 13b from line 12b. If zero or less, enter -0- 14 328

15 Other taxes, including self-employment tax, from Schedule 2, line 10 15

16 Add lines 14 and 15. This is your total tax 16 328

17 Federal income tax withheld from Forms W-2 and 1099 17 1,484

18 Other payments and refundable credits:

a Earned income credit (EIC) 18a 7

b Additional child tax credit. Attach Schedule 8812 18b

c American opportunity credit from Form 8863, line 8 18c

d Schedule 3, line 14. 18d

e Add lines 18a through 18d. These are your total other payments and refundable credits 18e 7

19 Add lines 17 and 18e. These are your total payments 19 1,491

Refund

20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid 20 1,163

21 a Amount of line 20 you want refunded to you. If Form 8888 is attached, check here 21a 1,163

Direct deposit? See instructions.

b Routing number 063100277 c Type: [x] Checking [] Savings

d Account number 004430282708

22 Amount of line 20 you want applied to your 2020 estimated tax 22

Amount You Owe

23 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions 23 0

24 Estimated tax penalty (see instructions) 24

Third Party Designee

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. [x] Yes. Complete below. [] No

(Other than paid preparer)

Designee's name Alan Brass

Phone no. 954-474-4100

Personal identification number (PIN) 72949

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature 87941 Date 02-07-2020 Your occupation Sales

Joint return? See instructions. Keep a copy for your records.

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation

Phone no. Email address

Paid Preparer Use Only

Preparer's signature Date 02-07-2020 PTIN P00556956 Check if: [] 3rd Party Designee [] Self-employed

Preparer's name Alan B Brass CPA Firm's name Alan B Brass CPA PA

Firm's address 8181 W Broward Blvd Ste 350 Plantation, FL 33324

Firm's EIN

2020 JUN 11 PM 3:01

SCHEDULE 1

(Form 1040 or 1040-SR)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2019

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040 or 1040-SR

Your social security number

Adam R Brass

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Table with 9 rows for 'Additional Income'. Line 7 shows 'Unemployment compensation' with a value of 2,664. Line 9 shows a total of 2,664.

Table with 12 rows for 'Adjustments to Income'. Line 22 shows a total of 0.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040 or 1040-SR) 2019

EEA

Handwritten stamp: 2020 JUN 11 PM 3:01

Paid Preparer's Due Diligence Checklist

Department of the Treasury Internal Revenue Service

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC)) and Credit for Other Dependents (ODC), and Head of Household (HOH) Filing Status

2019

Attachment Sequence No. 70

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8867 for instructions and the latest information.

Taxpayer name(s) shown on return

Taxpayer identification number

Adam R Brass

Enter preparer's name and PTIN

Alan B Brass CPA

P00556956

Part 1 Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply).

EIC CTC/ACTC/ODC AOTC HOH

Table with 4 columns: Question, Yes, No, N/A. Contains 8 questions regarding due diligence requirements for tax credits and HOH filing status.

For Paperwork Reduction Act Notice, see separate instructions.

EEA

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2020 JUN 11 PM 3:01

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

Table with 3 columns: Question, Yes, No, N/A. Contains questions 9a, 9b, and 9c regarding EIC eligibility.

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

Table with 3 columns: Question, Yes, No, N/A. Contains questions 10, 11, and 12 regarding CTC/ACTC/ODC eligibility.

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

Table with 2 columns: Question, Yes, No. Contains question 13 regarding AOTC substantiation.

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

Table with 2 columns: Question, Yes, No. Contains question 14 regarding HOH filing status.

Part VI Eligibility Certification

- You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:
A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s);
B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
C. Submit Form 8867 in the manner required; and
D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under Document Retention.
1. A copy of this Form 8867.
2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s).
4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or, HOH filing status and to compute the amount(s) of the credit(s).
► If you have not complied with all due diligence requirements, you may have to pay a \$530 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.

Table with 2 columns: Question, Yes, No. Contains question 15 regarding certification of answers.

SHOULDER COUNTY
2020 JUN 11 PM 3:01

W-2 Federal Filing Copy Wage and Tax Statement **2019**
Copy B to be filed with employee's Federal Income Tax Return

1 Wages, tips, other comp.	978.87	2 Federal income tax withheld	54.14
3 Social security wages	978.87	4 Social Security tax withheld	60.69
5 Medicare wages and tips	978.87	6 Medicare tax withheld	14.19

Control number: VEIXD/51/51/222/10081918/ Employer use only

Employer's name, address, and ZIP code: THE FRESH MARKET, 28 GREEN VALLEY SUITE 500, GREENSBORO NC 27408

Employer's FED ID number: 6-1311233

750-4894-BF4B-8C8D

Employee's name, address, and ZIP code: JAM BRASS, 109 SW 23RD STREET (UNIT B), FORT LAUDERDALE FL 33317

W-2 State, City, Local Filing Copy Wage and Tax Statement **2019**
Copy 2 to be filed with employee's State/City/Local Income Tax Return

1 Wages, tips, other comp.	978.87	2 Federal income tax withheld	54.14
3 Social security wages	978.87	4 Social Security tax withheld	60.69
5 Medicare wages and tips	978.87	6 Medicare tax withheld	14.19

Control number: VEIXD/51/51/222/10081918/ Employer use only

Employer's name, address, and ZIP code: THE FRESH MARKET, 628 GREEN VALLEY SUITE 500, GREENSBORO NC 27408

Employer's FED ID number: 6-1311233

750-4894-BF4B-8C8D

Employee's name, address, and ZIP code: ADAM BRASS, 4109 SW 23RD STREET (UNIT B), FORT LAUDERDALE FL 33317

W-2 State, City, Local Filing Copy Wage and Tax Statement **2019**
Copy 2 to be filed with employee's State/City/Local Income Tax Return

1 Wages, tips, other comp.	978.87	2 Federal income tax withheld	54.14
3 Social security wages	978.87	4 Social Security tax withheld	60.69
5 Medicare wages and tips	978.87	6 Medicare tax withheld	14.19

Control number: VEIXD/51/51/222/10081918/ Employer use only

Employer's name, address, and ZIP code: THE FRESH MARKET, 628 GREEN VALLEY SUITE 500, GREENSBORO NC 27408

Employer's FED ID number: 6-1311233

750-4894-BF4B-8C8D

Employee's name, address, and ZIP code: ADAM BRASS, 4109 SW 23RD STREET (UNIT B), FORT LAUDERDALE FL 33317

W-2 Employee Reference Copy Wage and Tax Statement **2019**
Copy C for Employee Records

1 Wages, tips, other comp.	978.87	2 Federal income tax withheld	54.14
3 Social security wages	978.87	4 Social Security tax withheld	60.69
5 Medicare wages and tips	978.87	6 Medicare tax withheld	14.19

Control number: VEIXD/51/51/222/10081918/ Employer use only

Employer's name, address, and ZIP code: THE FRESH MARKET, 28 GREEN VALLEY SUITE 500, GREENSBORO NC 27408

Employee's FED ID number: 6-1311233

750-4894-BF4B-8C8D

Employee's name, address, and ZIP code: JAM BRASS, 109 SW 23RD STREET (UNIT B), FORT LAUDERDALE FL 33317

2019 W-2 and EARNINGS SUMMARY

Ultimate SOFTWARE
People first

You can file your U.S. federal and state taxes with TurboTax directly from your company's employee self-service system. To take advantage of this convenient feature you can log in to your UltiPro portal, view your Form W-2, and click on the Export to TurboTax link. You can also get started with TurboTax directly by scanning the QR code or by typing this into your web browser:
<https://turbotax.intuit.com/affiliate/ultipaper>

This Earning Summary section is included with your W-2 to help describe portions in more detail.

1. The following information reflects your final pay statement plus employer adjustments that comprise your W-2 statement

Earnings Description	Wages, Tips, Other Comp.	Social Security Wages	Medicare Wages
Gross Wages	978.87	978.87	978.87
Less Exempt Wages			
Less Deferred Comp			
Less Housing/Transportation			
Less Dependent Care			
Less Sec 125			
Less Excess Wages			
Taxable Wages	978.87	978.87	978.87
(Reported on Form W-2)	Box 1 of W-2	Box 3 of W-2	Box 5 of W-2

2. Employee W-4 Profile To change your employee W-4 profile information, file a new W-4 with the payroll department

FIT: S 0 SIT Res: FLSIT S 0 SIT Work: FLSIT S 0

Page 1 of 1

THE UNIVERSITY OF CHICAGO
LIBRARY

2020 JUN 11 PM 3:01

Form W-2 Wage and Tax Statement

Copy 1 - To Be Filed With Employee's State, City, or Local Income Tax Return.

Employer's name, address and ZIP code
 Toojay's Management LLC
 3654 Georgia Ave
 West Palm Beach FL 33405

Control number
 WA-41187071

Employee's name, address, and ZIP code
 Adam Brass
 4109 Sw 23rd Street
 Unit B
 Fort Lauderdale, FL 33317

1 Wages, tips, other comp.	2 Federal income tax withheld
1806.70	156.84
3 Social security wages	4 Social security tax withheld
1429.70	112.02
5 Medicare wages and tips	6 Medicare tax withheld
1806.70	26.20

7 Social security tips 377.00

8 Allocated tips

10 Dependent care benefits

11 Nonqualified plans

12a

12b

12c

12d

13 Statutory employee

14 Other

15 Retirement plan

16 Third-party sick pay

17 State income tax

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

Form W-2 Wage and Tax Statement **2019** Dept. of the Treasury - IRS

Form W-2 Wage and Tax Statement

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

Employer's name, address and ZIP code
 Toojay's Management LLC
 3654 Georgia Ave
 West Palm Beach FL 33405

Control number
 WA-41187071

Employee's name, address, and ZIP code
 Adam Brass
 4109 Sw 23rd Street
 Unit B
 Fort Lauderdale, FL 33317

1 Wages, tips, other comp.	2 Federal income tax withheld
1806.70	156.84
3 Social security wages	4 Social security tax withheld
1429.70	112.02
5 Medicare wages and tips	6 Medicare tax withheld
1806.70	26.20

7 Social security tips 377.00

8 Allocated tips

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13 Statutory employee

14 Other

15 Retirement plan

16 Third-party sick pay

17 State income tax

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

Form W-2 Wage and Tax Statement **2019** Dept. of the Treasury - IRS

Form W-2 Wage and Tax Statement

Copy C - For EMPLOYEE'S RECORDS

Employer's name, address and ZIP code
 Toojay's Management LLC
 3654 Georgia Ave
 West Palm Beach FL 33405

Control number
 WA-41187071

Employee's name, address, and ZIP code
 Adam Brass
 4109 Sw 23rd Street
 Unit B
 Fort Lauderdale, FL 33317

1 Wages, tips, other comp.	2 Federal income tax withheld
1806.70	156.84
3 Social security wages	4 Social security tax withheld
1429.70	112.02
5 Medicare wages and tips	6 Medicare tax withheld
1806.70	26.20

7 Social security tips 377.00

8 Allocated tips

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13 Statutory employee

14 Other

15 Retirement plan

16 Third-party sick pay

17 State income tax

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

Form W-2 Wage and Tax Statement **2019** Dept. of the Treasury - IRS

Form W-2 Wage and Tax Statement

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

Employer's name, address and ZIP code
 Toojay's Management LLC
 3654 Georgia Ave
 West Palm Beach FL 33405

Control number
 WA-41187071

Employee's name, address, and ZIP code
 Adam Brass
 4109 Sw 23rd Street
 Unit B
 Fort Lauderdale, FL 33317

1 Wages, tips, other comp.	2 Federal income tax withheld
1806.70	156.84
3 Social security wages	4 Social security tax withheld
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1806.70	26.20

7 Social security tips 377.00

8 Allocated tips

10 Dependent care benefits

11 Nonqualified plans

12a

12b

12c

12d

13 Statutory employee

14 Other

15 Retirement plan

16 Third-party sick pay

17 State income tax

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

Form W-2 Wage and Tax Statement **2019** Dept. of the Treasury - IRS

This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

ALBANY COUNTY
DEPARTMENT OF ELECTIONS

2020 JUN 11 PM 3:01

OMB# 1545-0008
COPY 2 - To Be Filed With
 Employee's State, City, or Local Income Tax Return

1 Wages, tips, other compensation 10006.86		2 Federal income tax withheld 1008.78	
3 Social security wages 10006.86		4 Social security tax withheld 620.43	
5 Medicare wages and tips 10006.86		6 Medicare tax withheld 145.10	
a Employee's social security number			
c Employer's name, address, and ZIP code H & L PEST SOLUTIONS 4931 SW 40TH AVE FORT LAUDERDALE FL 33314			
e Employee's name ADAM BRASS 4109 SW 23RD ST UNIT B FORT LAUDERDALE FL 33317			
f Employee's address and ZIP code		9	12a
b Employer identification number (EIN) 82-1379791		10 Dependent care benefits	12b
7 Social security tips		11 Nonqualified plans	12c
8 Allocated tips		14 Other	12d
13 Salaried employee Retirement plan Third-party sick pay			12e
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.		19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2019 Department of the Treasury-Internal Revenue Service 691328243001179184

OMB# 1545-0008
COPY 2 - To Be Filed With
 Employee's State, City, or Local Income Tax Return

1 Wages, tips, other compensation 10006.86		2 Federal income tax withheld 1008.78	
3 Social security wages 10006.86		4 Social security tax withheld 620.43	
5 Medicare wages and tips 10006.86		6 Medicare tax withheld 145.10	
a Employee's social security number			
c Employer's name, address, and ZIP code H & L PEST SOLUTIONS 4931 SW 40TH AVE FORT LAUDERDALE FL 33314			
e Employee's name ADAM BRASS 4109 SW 23RD ST UNIT B FORT LAUDERDALE FL 33317			
f Employee's address and ZIP code		9	12a
b Employer identification number (EIN) 82-1379791		10 Dependent care benefits	12b
7 Social security tips		11 Nonqualified plans	12c
8 Allocated tips		14 Other	12d
13 Salaried employee Retirement plan Third-party sick pay			12e
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.		19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2019 Department of the Treasury-Internal Revenue Service



OMB# 1545-0008
COPY B - To Be Filed With
 Employee's FEDERAL Tax Return.
 This information is being furnished to the Internal Revenue Service.

1 Wages, tips, other compensation 10006.86		2 Federal income tax withheld 1008.78	
3 Social security wages 10006.86		4 Social security tax withheld 620.43	
5 Medicare wages and tips 10006.86		6 Medicare tax withheld 145.10	
a Employee's social security number			
c Employer's name, address, and ZIP code H & L PEST SOLUTIONS 4931 SW 40TH AVE FORT LAUDERDALE FL 33314			
e Employee's name ADAM BRASS 4109 SW 23RD ST UNIT B FORT LAUDERDALE FL 33317			
f Employee's address and ZIP code		9	12a See instructions for box 12
b Employer identification number (EIN) 82-1379791		10 Dependent care benefits	12b
7 Social security tips		11 Nonqualified plans	12c
8 Allocated tips		14 Other	12d
13 Salaried employee Retirement plan Third-party sick pay			12e
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.		19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2019 Department of the Treasury-Internal Revenue Service

OMB# 1545-0008
COPY C - For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)
 This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a reference number or other function may be required on this scale to locate and/or file a report.

1 Wages, tips, other compensation 10006.86		2 Federal income tax withheld 1008.78	
3 Social security wages 10006.86		4 Social security tax withheld 620.43	
5 Medicare wages and tips 10006.86		6 Medicare tax withheld 145.10	
a Employee's social security number			
c Employer's name, address, and ZIP code H & L PEST SOLUTIONS 4931 SW 40TH AVE FORT LAUDERDALE FL 33314			
e Employee's name ADAM BRASS 4109 SW 23RD ST UNIT B FORT LAUDERDALE FL 33317			
f Employee's address and ZIP code		9	12a See instructions for box 12
b Employer identification number (EIN) 82-1379791		10 Dependent care benefits	12b
7 Social security tips		11 Nonqualified plans	12c
8 Allocated tips		14 Other	12d
13 Salaried employee Retirement plan Third-party sick pay			12e
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.		19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2019 Department of the Treasury-Internal Revenue Service



PROPERTY OF THE
LIBRARY OF THE
SCHOOL OF ENGINEERING

2020 JUN 11 PM 3:01

STATE OF FLORIDA
DEPARTMENT OF ECONOMIC OPPORTUNITY
SPECIAL PAYMENTS UNIT
PO BOX 5350
TALLAHASSEE, FL 32314-5350
1-800-204-2418

CERTAIN GOVERNMENT
PAYMENTS

FORM 1099-G

PAYER'S Federal Identification number

36-4706134

RECIPIENT'S Identification Number

[REDACTED]

TAX YEAR

2019

1. REEMPLOYMENT ASSISTANCE

\$2,664.00

4. Total Federal income tax
withheld

\$264.00

INSTRUCTIONS TO CLAIMANT

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

5. ATAA/RTAA payments

\$0.00

RECIPIENT'S NAME

Adam R Brass

(KEEP FOR YOUR RECORDS)

DEO FORM 1099-G (Rev. 9/2006)

INSTRUCTIONS FOR RECIPIENT

BOX 1. - Shows total reemployment assistance paid to you this year. This amount is considered taxable income. For details, see the instructions for filing Federal income tax returns. A request can be made for the payer to withhold Federal income tax from each payment on any future benefits, or estimated tax payments can be made by using FORM 1040-ES, Estimated Tax for Individuals.

BOX 4. - Shows total Federal income tax withheld. **INCLUDE THIS ON YOUR INCOME TAX RETURN AS TAX WITHHELD.**

BOX 5. - Shows taxable Alternative Trade Adjustment Assistance (ATAA) Or Reemployment Trade Adjustment Assistance (RTAA) payments.

Additional Recipient information - Please read

Repayments of any overpayment of reemployment assistance in the tax year indicated above should be subtracted from the total amount of reemployment assistance received. Include the adjusted amount on the appropriate line of the income tax form. Enter "Repaid" and the amount repaid in the space to the left of the appropriate line. Any repayments of reemployment assistance in the above tax year that were included in an earlier year may be deducted from the amount repaid. Any questions on how to report repayments of a reemployment assistance overpayment should be directed to the Internal Revenue Service.

A statement of any monies repaid to the Department of Economic Opportunity in the above tax year will be mailed separately.

Adam R Brass
4109 sw 23rd street
Unit B
Fort Lauderdale, FL 33317

An Equal Opportunity Employer Program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers on this document may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711.

027562000201

STATE OF CALIFORNIA
COUNTY OF LOS ANGELES

2020 JUN 11 PM 3:01

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

2020 JUN 11 PM 3: 00

BROWARD COUNTY
SUPERVISOR OF ELECTIONS

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

Adam R. Brass

3. Address (include post office box or street, city, state, zip code)

4109 SW 23rd Street, Apt. B
Fort Lauderdale, FL 33317

4. Telephone

(954) 494-0229

5. E-mail address

adambrass111@gmail.com

6. Office sought (include district, circuit, group number)

Broward County Supervisor of Elections

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Alan Brass

11. Mailing Address

8181 W. Broward Blvd Suite 350

12. Telephone

(954) 474-4100

13. City

Plantation

14. County

Broward

15. State

FL

16. Zip Code

33324

17. E-mail address

alan@alanbrasscpa.com

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

Bank of America

20. Address

8181 W. Broward Blvd.

21. City

Plantation

22. County

Broward

23. State

FL

24. Zip Code

33324

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

6/10/2020

26. Signature of Candidate

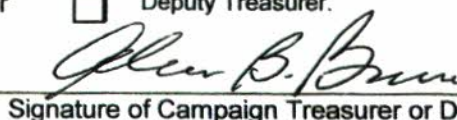


27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Alan Brass, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

6/10/2020
Date


Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

2020 JUN 11 PM 3: 00

BROWARD COUNTY
SUPERVISOR OF ELECTIONS

I, Adam R. Brass ,

candidate for the office of Broward Supervisor of Elections ;

have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X



Signature of Candidate

6/10/2020

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).