## CANDIDATE OATH SCHOOL BOARD NONPARTISAN OFFICE Check box only if you are seeking to qualify as a 2822 JUN 13 PM 1: 40 write-in candidate: Write-in candidate OFFICE USE ONLY **Candidate Oath** (Section 99.021(1)(a) and 105.031, Florida Statutes) I, Rodney "Rod" Velez (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 nonpartisan office of Broward County School Board, \_ ; I am a qualified elector of Broward County, Florida; I am qualified 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. Section 876.05, Florida Statutes, oath (only applicable if elected and when term of office begins): I, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the school board and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida. Candidate's Florida Voter Registration Number (located on your voter information card): 127966460 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.] RodKNEE VLEZ (954) 850-2501 RodVelez954@gmail.com Telephone Number **Email Address** Signature of Gandidate Florida 33020 2522 N. 28th Ave. Hollywood ZIP Code State Address STATE OF FLORIDA COUNTY OF Prowa Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below: Sworn to (or affirmed) and subscribed before me by means of physical presence online notarization OR JACQUELINE C GRANT 13 day of June 2022 Notary Public - State of Florida

Commission # GG 946150 My Comm. Expires May 8, 2024

Bonded through National Notary Assn.

Type of Identification Produced:

OR Produced Identification

Personally Known

| FORM 6 FULL AND PUBLIC DISC  | LOSURE                            | 2021  |
|--|-----------------------------------|---|
| Please print or type your name, mailing address, agency name, and position below:  | RESTS                             | FOR OFFICE USE ONLY:  |
| LAST NAME — FIRST NAME — MIDDLE NAME:  |                                   |   |
| Velez Rodney Gabriel   | <b>2\$</b> 22 JUN                 | 13 PH 1:39  |
| MAILING ADDRESS:<br>2522 N 28th Ave  | ata, 400 (Ana) (1-a-              |   |
| 2322 IV Zotii Ave  |                                   | And Coen  |
| CITY: ZIP: COUNTY:   |                                   |   |
| Hollywood 33020 Broward  |                                   |   |
| NAME OF AGENCY: Broward County Public Schools  |                                   |   |
| NAME OF OFFICE OR POSITION HELD OR SOUGHT :  |                                   |   |
| Broward County Public school board District 1 seat   |                                   |   |
| 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, 2021 or a moculated by subtracting your <i>reported</i> liabilities from your <i>reported</i> assets, so   |                                   |   |
| My net worth as of June 8, 20 <u>22</u> was \$   | \$\$1,509,64                      |   |
|  |                                   |   |
| PART B ASSETS  HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate following, if not held for investment purposes: jewelry; collections of stamps, guns, and furnishings; clothing; other household items; and vehicles for personal use, whether owned.  The aggregate value of my household goods and personal effects (described above) is \$ | numismatic items;<br>d or leased. | 000. This category includes any of the art objects; household equipment and |
|  | W V V 3 V V V                     |   |
| ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:  DESCRIPTION OF ASSET (specific description is required - see instruc  | ctions p.4)                       | VALUE OF ASSET  |
| 2522 N. 28th Ave., Hollywood, FL 33020   |                                   | \$475,000   |
| 2517 N. 28th Ave., Hollywood, FL 33020<br>2526 N. 28th Ave., Hollywood, FL 33020   |                                   | \$469,000   |
| 2018 262 Wellcraft Scarrab Boat  |                                   | \$150,000   |
| 2017 Infiniti QX 80<br>2011 Mercedes Benz ML 350   |                                   | \$50,000<br>\$20,000  |
| 2014 Toyota Camry  |                                   | \$15,000  |
| See Attached   |                                   | Ψ10,000   |
| PART C LIABILITIES   |                                   |   |
| LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):  NAME AND ADDRESS OF CREDITOR   |                                   | AMOUNT OF LIABILITY   |
| 2522 N 28th Ave Hollywood Fl. 33020 Rocket Mortgage PO Box 202070, Florence, SC 2950   | )2                                | \$250,883   |
| 2517 N 28th Ave Hollywood Fl. 33020 PHH mortgage services PO Box 5452, Mount Laurel,   | NJ 08054                          | \$179,253   |
| 2018 262 Wellcraft Scarrab Boat Fifth Third Bank PO Box 630778, Cincinnati, OH 45263   |                                   | \$45,400  |
|  |                                   |   |
| JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:  NAME AND ADDRESS OF CREDITOR  |                                   | AMOUNT OF LIABILITY   |
|  |                                   |   |
|  |                                   |   |
|  |                                   |   |

|  |   | PART D -                           | - INCOME  |                 |  |  |  |
|--|---|------------------------------------|---|-----------------|--|--|--|
| copy of your 2021 federal income attaching your returns, as the law  | tax return, including all W2 requires these documents | s, schedules, a<br>be posted to th |   |                 |  |  |  |
| I elect to file a copy of my [If you check this box and  | 2021 federal income tax re attach a copy of your 2020 | turn and all W2<br>tax return, you | es, schedules, and attachments.<br>need not complete the remainder of F | Part D.]        |  |  |  |
| PRIMARY SOURCES OF INCOM   |   | ge 5):                             |   |                 |  |  |  |
| NAME OF SOURCE OF INCOL<br>Continental Fidelity Corporat   |   | 1301 Saw                           | ADDRESS OF SOURCE OF INCOM<br>grass Corporate Parkway sunrise           |                 | \$164,006.70                             |  |  |
| Continental Fidelity Corporat  | lion  | 1391 3aw                           | grass Corporate Parkway surinse   | FL 33323        | \$104,000.70                             |  |  |
|  |   |                                    |   |                 |  |  |  |
| SECONDARY SOURCES OF INC   | COME [Major customers, cli                            | ents, etc., of bu                  | usinesses owned by reporting person-                                    | see instructio  | ns on page 5]:                           |  |  |
| NAME OF<br>BUSINESS ENTITY   | NAME OF MAJOR<br>OF BUSINESS                          |                                    | ADDRESS<br>OF SOURCE  |                 | PRINCIPAL BUSINESS<br>ACTIVITY OF SOURCE |  |  |
| DOGINESO ENTITY  | OF BOOMESO  | IIVOONE                            | OF COUNCE   | <u> </u>        | ACTIVITI OF GOORGE                       |  |  |
|  |   |                                    |   |                 |  |  |  |
| DA   | DT E INTEDESTS D                                      | N CDECLELE                         | D DUCINESCES Hastoneticas on  | nege (1         |  |  |  |
| PART E INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]  BUSINESS ENTITY # 1  BUSINESS ENTITY # 2  BUSINESS ENTITY # 3 |   |                                    |   |                 |  |  |  |
| NAME OF<br>BUSINESS ENTITY   | DOGINESS ENTITY                                       |                                    | BOOMESS ENTITY # 2  |                 | ALGO ENTITE # 0                          |  |  |
| ADDRESS OF<br>BUSINESS ENTITY  |   |                                    |   |                 |  |  |  |
| PRINCIPAL BUSINESS<br>ACTIVITY   |   |                                    |   | <b>†</b>        |  |  |  |
| POSITION HELD<br>WITH ENTITY   |   |                                    |   |                 |  |  |  |
| I OWN MORE THAN A 5%<br>INTEREST IN THE BUSINESS   |   |                                    |   |                 |  |  |  |
| NATURE OF MY<br>OWNERSHIP INTEREST   |   |                                    |   |                 |  |  |  |
| ·  |   | PART F - 7                         | TRAINING  |                 |  |  |  |
| This section applies only to o   | fficers required to comple                            |                                    | nics training pursuant to section 11                                    | 2.3142, F.S.    | [See instructions p. 6]                  |  |  |
|  |   |                                    | PLETED THE REQUIRED   |                 |  |  |  |
| OA'  | ТН  |                                    | OF FLORIDA  |                 |  |  |  |
| I, the person whose name appea   |   |                                    | to (or affirmed) and subscribed before                                  | me by mean      | es of                                    |  |  |
| beginning of this form, do depos   |   |                                    | sical presence or $\square$ online notarizat                            |                 |  |  |  |
| and say that the information disc  |   | $\overline{T}$                     | , 20 <b>22</b> by   |                 |  |  |  |
| and any attachments hereto is tr   | ue, accurate,   | Jan Jan                            | Λ   | <del></del>     | •  |  |  |
| and complete.  | JACQUELINE C GR                                       | ANT Signat                         | ule of Notary PublicState of Florida)                                   | <u>u</u>        |  |  |  |
| N N N N N N N N N N N N N N N N N N N  | Notary Public - State o<br>Commission # GG 9          | 46150                              | V   |                 |  |  |  |
|  | My Comm. Expires May<br>Bonded through National No    | tary Assn.(Print,                  | Type, or Stamp Commissioned Name  | of Notary Pul   | olic)                                    |  |  |
| Kally  |   | Person                             |   |                 | ation                                    |  |  |
| SIGNATURE OF REPORTING   | DEFICIAL OR CANDIDATE                                 |                                    | f Identification Produced   |                 |  |  |  |
| If a postified sublice account of the  | seemed under Objects 45                               | '2 or 5#5                          | in good standing with the Floride D                                     | or property     | this form for your hand                  |  |  |
| she must complete the following  |   | 3, or attorney                     | in good standing with the Florida B                                     | ar prepared     | this form for you, he or                 |  |  |
| l,   |   | , prepared t                       | the CE Form 6 in accordance with A                                      | Art. II, Sec. 8 | , Florida Constitution,                  |  |  |
| Section 112.3144, Florida Statu and correct.   | tes, and the instructions t                           | o the form. Up                     | oon my reasonable knowledge and   | belief, the dis | sclosure herein is true                  |  |  |
|  | · · · · · · · · · · · · · · · · · · ·                 |                                    |   |                 | · · · · · · · · · · · · · · · · · · ·    |  |  |
| Signature  |   |                                    |   | Date            |  |  |  |
| Preparation of this form by  | y a CPA or attorney d                                 | oes not relie                      | eve the filer of the responsibilit                                      | y to sign th    | e form under oath.                       |  |  |
| IF ANY OF PARTS A T  | THROUGH E ARE CO                                      | NTINUED                            | ON A SEPARATE SHEET, PL   | EASE CHE        | CK HERE 🗹                                |  |  |

## Income for Rodney "Rod" Velez

2006 Sea Ray SD 240 Boat \$20,000 E-Trade Checking \$42,300 Bank of America Checking \$8,842 Coinbase Cryptocurrency Investments \$203,034

| RE       | CHIP      | T DATE               | 19/1  |           | o. 279.  |
|----------|-----------|----------------------|-------|-----------|--|
| RECEIVED | FROM MO   | dVale                |       |           | \$ 1887  |
| A        | TENDIN    | NEARLY.              | n Ala | Calcha De | NOC 39/1   |
| OFOR RE  | INIT CONT |                      |       |           | · · · · · · · · · · · · · · · · · · ·                              |
| OFOR _   |           |                      | 437   |           | MANAGEMBER STEELSTEELS (ST. S. |
|          |           | Ogash)               | WANT  |           |  |
| ACCOUNT  |           |                      |       |           |  |
| ACCOUNT  | 1887 2    | CHECK F OMONEY ORDER | ROM   | то        | fiamaniminaniminaniminaniminaniminani                              |

2022 JUN 13 PM 4: 25

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BROWARD COUNTY SUPERVISOR OF ELECTIONS