

**CANDIDATE OATH
STATE AND LOCAL PARTISAN OFFICE
WITH PARTY AFFILIATION**

2022 JUN 13 PM 12: 04

BROWARD COUNTY
SUPERVISOR OF ELECTIONS OFFICE USE ONLY

Candidate Oath

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

I, Robert McKinzie,

(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.)

am a candidate for the office of Broward County Commission, 8,
(Office) (District #) (Circuit #)

Broward; 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)

I am a member of the Democrat Party; I have been a registered member of this political party, for which I am seeking nomination as a candidate, 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, by the executive committee of the above-stated political party.

Candidate's Florida Voter Registration Number (located on your voter information card): 101330614

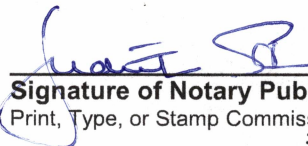
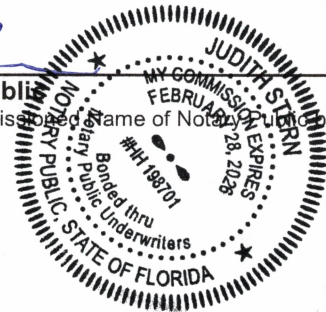
Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form):

Rob ert Mc Kin Zee

<u>X</u>  Signature of Candidate	(954) 709-8779 Telephone Number	RMckinzie8779@gmail.com Email Address
505 NW 19 Avenue Address	Fort Lauderdale City	FL 33311 State ZIP Code

STATE OF FLORIDA
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence
this 13th day of June, 2022
Personally Known OR Produced Identification
Type of Identification Produced: _____


Signature of Notary Public
Print, Type, or Stamp Commission Name of Notary Public below:


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:
Mckinzie Robert Lee

MAILING ADDRESS:
505 NW 19 Avenue

CITY : ZIP : COUNTY :
Fort Lauderdale 33311 Broward

NAME OF AGENCY :
Broward County Commission

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
County Commission, District 8

CHECK IF THIS IS A FILING BY A CANDIDATE

2022 JUN 13 AM 11:39
 BROWARD COUNTY
 SUPERVISOR OF ELECTIONS

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2021 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 21 was \$ 1,516,000.00.

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 \$ 150,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
505 NW 19 Avenue, Fort Lauderdale Fl 33311	224,000.00
21 Brewster Lane, Palm Coast, Fl 32137	50,000.00
1119 E Tropical Way, Plantation, Fl 33317	648,000.00
3971 NW 45 Avenue, Lauderdale Lakes, Fl 33319	297,000.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Wells Fargo Bank, PO Box 6995, Portland, Or 9722-6995	250,000.00
We Florida Financial, 1982 N. State Road 7, Margate, Fl 33063	15,000.00

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 2021 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 2021 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2020 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
City of Fort Lauderdale	100 N. Andrews Avenue Fort Lauderdale, FL	76,217.94
Harper and Sons Construction, Inc.	505 NW 19th Avenue Fort Lauderdale, FL 33311	30,000.00

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	Harper and Sons Construction, Inc.		
ADDRESS OF BUSINESS ENTITY	505 NW 19th Ave Fort Lauderdale		
PRINCIPAL BUSINESS ACTIVITY	General contracting services		
POSITION HELD WITH ENTITY	President		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100%		
NATURE OF MY OWNERSHIP INTEREST	Owner		

PART F - TRAINING

This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S. [See instructions p. 6]

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 me on this _____ day of _____, 2022.

physical presence or online notarization, this _____ day of _____, 2022.

Judy, 2022 by Robert


 (Signature of Notary Public--State of Florida)


 (Print, Type, or Stamp Commissioned Name)

Personally Known OR Produced

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

ATTACHMENT

Part B- ASSETS

3771 NW 24 Street, Lauderdale Lakes, FL 33319	\$ 393,000.00
Florida State Retirement- TBD 500 S. Bronough St, Tallahassee, FL 32399	\$ 16,000.00

RECEIPT

DATE 6/13/22 No. 279168

RECEIVED FROM Robert McKenzie \$ 6370.56

Six thousand three hundred seventy five DOLLARS

FOR RENT Co Comm # 8
 FOR

ACCOUNT	
PAYMENT	<u>6370.56</u>
BAL. DUE	<u>0</u>

- CASH #1062
- CHECK
- MONEY ORDER
- CREDIT CARD

FROM _____ TO _____
BY [Signature]

2022 JUN 13 AM 11:39

BROWARD COUNTY
SUPERVISOR OF ELECTIONS