

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

2022 JUN 13 PM 3:33

OFFICE USE ONLY

Candidate Oath

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

I, Bobby DuBose

(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 County Commission, 8, _____,
(Office) (District #) (Circuit #)

_____ ; 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 Democratic 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): 101524803

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):

Baa.bee DuBouz

X Bobby DuBose
Signature of Candidate

(954) 547 1587
Telephone Number

Duboseforfl@gmail.com
Email Address

P O Box 1041
Address

Ft Lauderdale
City

FL
State

33302
ZIP Code

STATE OF FLORIDA

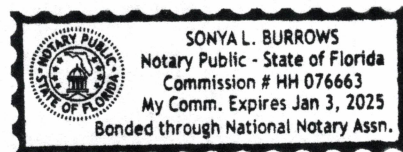
COUNTY OF Broward

Sonya L. Burrows
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
online notarization OR physical presence
this 13th day of June, 2022.

Personally Known OR Produced Identification

Type of Identification Produced: _____



FOR OFFICE USE ONLY:

HON BOBBY B. DUBOSE
State Representative
House Of Representatives
Elected Constitutional Officer
PO BOX 1041
FT LAUDERDALE FL 33302

2022 JUN 13 PM 3:33

HOWARD ...
OUR DIVISION OF ...

ID CODE



ID NO.

229589

CONF. CODE

DuBose, Bobby B.

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 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 \$ 123,424.00.

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 \$ 60,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Residence 429 NW 11th Ter. Ft Lauderdale, FL 33311	\$339,320.00
State Farm 401(K) Savings Plan 1 State Farm Plaza Bloomington, IL 61710	\$96,004.00
State Farm Mutual Funds P O Box 219548 Kansas City, MO 64121	\$2,900.00
2019 Dodge Ram	\$40,000.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Residence: PHH Mortgage P O Box 5452 Mt Laurel, NJ 08054	\$273,600.00
Department of Education P O Box 740283 Atlanta, GA 30374	\$81,600.00
Truism P O Box 2306 Wilson, NC 27894	\$13,010.51
Tropical Financial Credit Union P O Box 82	\$29,400.00

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
State of Florida	200 E Gaines St Tallahassee, FL 32399	\$26,624.76

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

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.

STATE OF FLORIDA

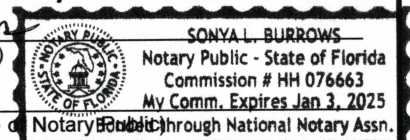
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 13th day of

June, 20 22 by Bobby DuBose

Sonya L. Burrows
 (Signature of Notary Public--State of Florida)

Sonya L. Burrows
 (Print, Type, or Stamp Commissioned Name of Notary Public)



[Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known OR Produced Identification

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

RECEIPT

DATE 6/13/22 No. 279176

RECEIVED FROM Bobby Dybose \$ 6370.56

Six thousand three hundred seventy 56/100 DOLLARS

FOR RENT Co Comm #2 High rising fee
 FOR

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

- CASH
- CHECK
- MONEY ORDER
- CREDIT CARD

FROM _____ TO _____
BY [Signature]

3-11

2022 JUN 13 PM 4:34

BROWARD COUNTY
SUPERVISOR OF ELECTIONS