CANDIDATE OATH
SCHOOL BOARD NONPARTISAN OFFICE

Check box ***only*** if you are seeking to qualify as a write-in candidate:

☐ Write-in candidate

2022 JUN 15 PM 3:42

BROWARD COUNTY
SUPERVISOR OF ELECTIONS

OFFICE USE ONLY

Candidate Oath

(Section 99.021(1)(a) and 105.031, Florida Statutes)

I, Jimmy Bernard Witherspoon,

(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 (Office), 5 (District #),

_____ (Circuit #), _____ (Group or Seat #); 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): 102063997

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 _____ (754-246-5412 witherspoon4bcsb@gmail.com

Signature of Candidate | Telephone Number | Email Address

2617 NW 9th Street | Ft. Lauderdale | FL | 33311

Address | City | 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 15 day of June, 2022.

Personally Known ☐ *OR* Produced Identification ☑

Type of Identification Produced: FL DL

Elizabeth McWhite

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:

ELIZABETH MCWHITE
MY COMMISSION EXPIRES
MAY 15, 2024
#GG 969121
Bonded thru Notary Public Underwriters
NOTARY PUBLIC, STATE OF FLORIDA

FORM 6 — FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS — 2021

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
Witherspoon Jimmy Bernard

MAILING ADDRESS:
2677 NW 9th Street

CITY: Fort Lauderdale ZIP: 33311 COUNTY: Broward

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
BROWARD COUNTY SCHOOLS BOARD MEMBER DISTRICT 5

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 June 14th, 20 22 was $ $348,200.

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 $ _____

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
HOME FURNISHING	$5000.00
HOME	$292,200.00
VEHICLE (LEASE)	$36,000.00
JEWELRY/CLOTHING	$15,000.00

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 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
BROWARD COUNTY SCHOOL BOARD	600 SE 3RD AVE FT. LAUDERDALE FL 33301	$30,500
WITHERSPOON ENTERPRICE LLC	4100 S HOSPITAL DRIVE	$17,900

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
360 Life In Motion LLC	Customers	4100 S Hospital Drive	Equipment Rental
Restoration Youth Shelter	Citrus		Transitional Living

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.

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me by means of ☑ physical presence or ☐ online notarization, this 16th day of June, 2022 by Jimmy Witherspoon.

(Signature of Notary Public--State of Florida)

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

MARY COONEY
Commission # GG 292471
Expires May 3, 2023
Bonded Thru Troy Fain Insurance 800-385-7019

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 ☐

2022 JUN 15 PM 3:43

BROWARD COUNTY
SUPERVISOR OF ELECTIONS

RECEIPT

DATE June 15, 2022 No. 279011

RECEIVED FROM Jimmy Witherspoon $1887.56

One Thousand Eight Hundred Eighty Seven — 56/100 DOLLARS

○ FOR RENT

~~○ FOR~~ Qualifying Fee

ACCOUNT	#101
PAYMENT	1887 56
BAL. DUE	—

○ CASH
○ CHECK
○ MONEY ORDER
○ CREDIT CARD

DEPUTY OF SUPERVISOR OF ELECTIONS

FROM _____ TO _____

BY _____

3-11