

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 2:23

BROWARD COUNTY SCHOOL BOARD

OFFICE USE ONLY

Candidate Oath

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

I, BRENDA FAM

(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 6
(Office) (District #)

_____ ; I am a qualified elector of BROWARD County, Florida;
(Circuit #) (Group or Seat #)

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): 101609291

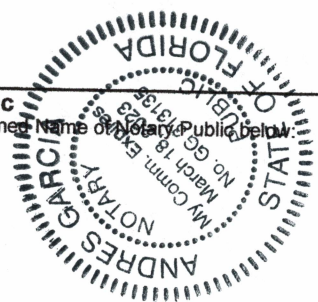
Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

Brenda Fam 954 478-3735 FAM4SCHOOLBOARD@ICLOUD.COM
Signature of Candidate Telephone Number Email Address
2350 S.W 106 WAY DAVIE FL 33324
Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF Broward

[Signature]
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 14th day of June, 2022.
Personally Known OR Produced Identification
Type of Identification Produced: FLDL



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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

FAM BRENDA

MAILING ADDRESS:

2350 S.W. 106 Way

DAVIE

33324

BROWARD

CITY:

ZIP:

COUNTY:

NAME OF AGENCY:

BROWARD COUNTY SCHOOL BOARD

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

SCHOOL BOARD MEMBER DISTRICT 6

CHECK IF THIS IS A FILING BY A CANDIDATE

2022 JUN 15 PM 2:23

FLORIDA STATE BOARD OF ELECTORAL ADMINISTRATION

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 1, 20 22 was \$ 851,852

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

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
AUTO 2017 MERCEDES C-300	20,000
BANK ACCOUNT - WELLS FARGO	12,700
BANK ACCOUNT - CHASE	18,000
BANK ACCOUNT - SPACE COAST	3,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NONE	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NONE	

Sub S. Corp. FANTASTIC ENTERTAINMENT	100.
INVESTMENT ACCOUNT-CHARLES SCHWAB	7500.
IRA-FORETHOUGHT	
IRA - NATIONWIDE INS.	92,451
IRA - AMERICAN EQUITY	2,551
CONDO - 3400 LAGOS DE CAMPO BLVD, 103	14,000
TAMARAC FL 33321	61,550
CONDO - 118 VILLA VIEW COURT	
BRENTWOOD 37027	100,000
VACANT LOT - 37 WILD BLACKBERRY RD6.	
CULLOWHEE, NC JACKSON	10,000
PRIMARY RESIDENCE - 2350 S.W. 106 WAY	
DAVIE FL 33324	450,000

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
SPIRIT AIRLINES 2021	2800 EXECUTIVE WAY MIRAMAR FL 33025	8173.

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
N/A			

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	FANTASTIC ENT.		
ADDRESS OF BUSINESS ENTITY	2350 S.W. 100th WAY DAVIE FL 33324		
PRINCIPAL BUSINESS ACTIVITY	ENTERTAINMENT		
POSITION HELD WITH ENTITY	SECRETARY / REG AGENT		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES 20%		
NATURE OF MY OWNERSHIP INTEREST	SECRETARY REG AGENT		

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 14th day of

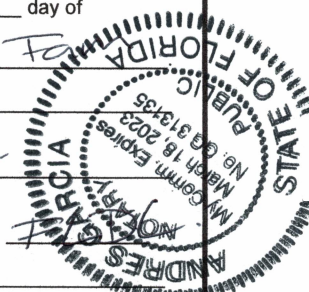
June, 2022 by Brenda H. Fa

(Signature of Notary Public--State of Florida)

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

Personally Known _____ OR Produced Identification FDL

Type of Identification Produced FDL



Brenda Fa
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, _____, 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 5:07

BROWARD COUNTY
SUPERVISOR OF ELECTIONS

RECEIPT		DATE <u>6/15/22</u>	No. <u>279007</u>
RECEIVED FROM <u>Brenda Tam</u>		\$ <u>1,887.56</u>	
<u>One thousand eight hundred eighty seven ³⁰/₁₀₀</u>		DOLLARS	
<input type="checkbox"/> FOR RENT		<input checked="" type="checkbox"/> CHECK # <u>1007</u>	
<input type="checkbox"/> FOR		FROM <u>DEPT. OF SUPERVISOR OF ELECTIONS</u>	
ACCOUNT		<input type="checkbox"/> CASH	BY <u>[Signature]</u>
PAYMENT	<u>1887.56</u>	<input type="checkbox"/> CHECK	
BAL. DUE		<input type="checkbox"/> MONEY ORDER	
		<input type="checkbox"/> CREDIT CARD	