

**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 3:10

RECEIVED
BROWARD COUNTY
SCHOOL BOARD

OFFICE USE ONLY

Candidate Oath

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

I, Chris Canter,

(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 School Board, 6,
(Office) (District #)

n/a, n/a; 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): 121894416

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.]

KRIS KAN-tuhr

X Chris P. Canter (954) 995-7748 chriscanter@me.com
Signature of Candidate Telephone Number Email Address
6330 South Station Square Davie FL 33314-3912
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 ☒

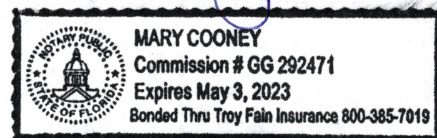
this 15th day of June, 2022.

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced: FLIDC536-463-76-4660

Mary Cooney
Signature of Notary Public

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



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:
CANTER JOHN CHRISTOPHERMAILING ADDRESS:
6330 S STATION SQUARECITY : ZIP : COUNTY :
DAVIE FL 33314NAME OF AGENCY :
SCHOOL BOARD OF BROWARD COUNTYNAME OF OFFICE OR POSITION HELD OR SOUGHT :
SCHOOL BOARD MEMBER, DIST. 6CHECK 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 \$ 366,471.57.**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
SEE ATTACHED	

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
SEE ATTACHED	

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
SEE ATTACHED		

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	N/A		
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.

John C. Center

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 15th day of

June, 2022 by John C. Center

(Signature of Notary Public--State of Florida)

Mary Cooney
MARY COONEY
(Print Name of Notary Public)

(Print Type of Commission # 00202471)

Expires May 3, 2023

Personally Known ☒ OR Produced Identification ☒

Type of Identification Produced FLS

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 ☐

2021 Form 6 - Full and Public Disclosure of Financial Interests

General Information

Name: JOHN CHRISTOPHER CANTER
Address: 6330 South Station Square, USA, Davie, FL 33314
County: BROWARD

CANDIDATE FOR

Position	Agency Name	Position sought or held
District School Board	The School Board of Broward County	School Board Member, District 6

Net Worth

My Net Worth as of December 31, 2021 was -\$ 366,471.57.

Assets

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 effect is N/A

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Florida Retirement System Investment Plan (FRS 2045 Retirement Date Fund)	\$ 13,048.81
Personal Checking Account - Wells Fargo	\$ 5,226.05
Vehicle - 2019 Chrysler Pacifica	\$ 11,384.00

2021 Form 6 - Full and Public Disclosure of Financial Interests**Liabilities**

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
First Investors Servicing Corporation	3065 Akers Mill Road, Suite 700, Atlanta, GA, 30339	\$ 21,631.98
AidVantage - US Department of Education Loan Servicing	P.O. Box 4450, Portland, OR, 97208-4450	\$ 346,429.97
Special Program of Assisted Reproduction	PO Box 1028, Bedford, MA 01730	\$ 5,730.00
Liberty University	1971 University Boulevard, Lynchburg, VA 24515	\$ 2,210.00
Northcentral University	8667 E. Hartford Drive, Ste. 100, Scottsdale, AZ 85255	\$ 1,809.00
Lending Club	P.O. Box 884268, Los Angeles, CA 90088-4268	\$ 6,003.28
States Recover Systems	2491 Sunrise Boulevard, Rancho Cordova, CA 95670-4344	\$ 5,531.93
Portfolio Recovery Associates, LLC	PO Box 4115, Concord, CA 94524	\$ 5,578.51
TrueAccord	16011 College Boulevard, Suite 130. Lenexa, KS 66219	\$ 1,205.76

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

2021 Form 6 - Full and Public Disclosure of Financial Interests

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
The School District of Palm Beach County	Fulton-Holland Educational Services Center, 3300 Forest Hill Boulevard, West Palm Beach, FL, 33406	\$ 63,309.92

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Business Entity	Major Sources of Business Income	Address	Principal Business Activity of Source
N/A			

Interests in Specified Businesses

Business Entity # 1

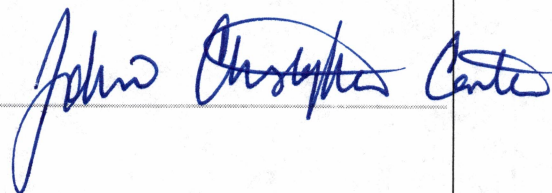
N/A

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing filing and that the facts stated in it are true.

John Christopher Carter

Digitally signed: 3/6/2022



RECEIPT

DATE

6/15/22

No.

279010

RECEIVED FROM

Chris Carter

\$1,887.56

☐ FOR RENT☐ FOR

SB6 Qualifying

DOLLARS

ACCOUNT

PAYMENT

BAL. DUE

1887.56

☐ CASH☒ CHECK☐ MONEY☐ ORDER☐ CREDIT☐ CARD

FROM

DEPUTY OF SUPERVISOR OF ELECTIONS

TO

BY

Corney

3-11

2022 JUN 15 PM 4:51

BROWARD COUNTY
SUPERVISOR OF ELECTIONS