CANDIDATE OATH -

SCHOOL BOARD NONPARTISAN OFFICE Check box only if you are seeking to qualify as a 2122 JUN 13 PM 12: 45 write-in candidate: Write-in candidate OFFICE USE ONLY **Candidate Oath** (Section 99.021(1)(a) and 105.031, Florida Statutes) I. Steven R. Julian (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 School Board (District #) (Office) ; 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 gualified 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): 115823305Phonetic 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.] Stee Vun Joo Lee Ahn (954) 467-6656 X electstevenjulian@gmail.com Signature of Candidate Email Address Telephone Number 33317 1691 SW 53rd Ave. **Plantation** Florida State ZIP Code Address STATE OF FLORIDA COUNTY OF 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 KRISTIN LEIGH MARQUES online notarization physical presence Commission # HH 180053 Expires October 25, 2025 Bonded Thru Budget Notary Services Personally Known OR Produced Identification Type of Identification Produced:

FORM 6 FULL AND PUBLIC DISCLO	SURE 2021
Please print or type your name, mailing address, agency name, and position below: OF FINANCIAL INTERES	TS FOR OFFICE USE ONLY:
LAST NAME — FIRST NAME — MIDDLE NAME:	2022 JUN 13 PM 12: 45
Julian Steven Ross MAILING ADDRESS:	
1691 SW 53rd Avenue	SUP LAND AND TO THE TOTAL
Plantation 33317 Broward	
CITY: ZIP: COUNTY:	
NAME OF AGENCY :	
NAME OF OFFICE OR POSITION HELD OR SOUGHT: Broward County School Board District 6	
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 culated by subtracting your reported liabilities from your reported assets, so ple	ase see the instructions on page 3.]
My net worth as of $\underline{\text{June } 12}$, 20 $\underline{\text{22}}$ was \$ $\underline{\text{99}}$	1,000.00
PART B ASSETS	
HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate value following, if not held for investment purposes: jewelry; collections of stamps, guns, and numis furnishings; clothing; other household items; and vehicles for personal use, whether owned or le	smatic items; art objects; household equipment and
The aggregate value of my household goods and personal effects (described above) is \$ $75,0$	00.00
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instructions)	
5650 NE 7th Terrace, Oakland Park, Florida 33334	\$350,000.00
1691 SW 53rd Avenue, Plantation, Florida 33317	\$875,000.00
401K	\$110,000.00
cash	\$80,000.00
PART C - LIABILITIES	
LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):	AMOUNT OF LIABILITY
NAME AND ADDRESS OF CREDITOR Car Max	\$17,000.00
TD Bank Mortgage	\$93,000.00
J.A.Julian, 1323 SE 4th Avenue, Fort Lauderdale, Florida 33316	\$389,000.00
J.A.Junan, 1929 SE Full Avenue, Port Lauderdale, Piorida 99910	φ505,000.00
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:	
NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

	nauminganianiinkaningangaanaaninganaanaaninganaaniinkaniinka	PADTIN	INCOME		
	ne tax return, including all W2	ceeded \$1,00 s, schedules,	00 during the year, including secondary so and attachments. Please redact any soci		
			/2's, schedules, and attachments. u need not complete the remainder of Pa	rt D.]	
PRIMARY SOURCES OF INCO	•	ge 5):			
NAME OF SOURCE OF INC JT Ventures Inc	OME EXCEEDING \$1,000	1222 GE 43	ADDRESS OF SOURCE OF INCOME		\$65,000,00 annual
		1323 SE 4th Avenue, Fort Lauderdale, Fl 33310			\$65,000.00 annual
Rental Income			7th Terrace, Oakland Park, Fl		\$15,000.00 annual
SECONDARY SOURCES OF II NAME OF BUSINESS ENTITY	NAME OF MAJOR	COME [Major customers, clients, etc., of businesses owned by reporting person—see instructions on page 5]: NAME OF MAJOR SOURCES ADDRESS PRINCIPAL BUSINESS OF BUSINESS' INCOME OF SOURCE ACTIVITY OF SOURCE			PRINCIPAL BUSINESS
I	PART E INTERESTS I	N SPECIFII	ED BUSINESSES [Instructions on]	page 6]	
NAME OF	BUSINESS ENTITY	T	BUSINESS ENTITY # 2	BUSI	NESS ENTITY # 3
NAME OF BUSINESS ENTITY	JAJ Mediation Inc).			
ADDRESS OF BUSINESS ENTITY	1323 SE 4th Avenue, Fort Lauderdale, Flo	orida 33316			
PRINCIPAL BUSINESS ACTIVITY	Mediation/ Land Develop	pement		MILLIAN DE LA CONTRACTOR DEL CONTRACTOR DE LA CONTRACTOR	
POSITION HELD WITH ENTITY	officer				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	no				
NATURE OF MY OWNERSHIP INTEREST	Estate Planning				
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 STATE OF FLORIDATION OF STATE OF STATE OF FLORIDATION OF STATE O					
I, the person whose name app	pears at the	Swor	n to (or affirmed) and subscribed before	me by mea	ns of //
beginning of this form, do depose on oath or affirmation beginning of this form, do depose on oath or affirmation continuous and document of the special at the special a					day of
and say that the information d			20 by 5	CUI	UUIIUI .
and any attachments hereto is true, accurate, and complete. (Signature of Notary PublicState of Florida)			KRISTIN LEIGH MARQUES		
2		V _V	19TO PIGH MO	NO ST	Commission # HH 180053
		(Print	Type, or Stamp Commissioned Name		iblExpires October 25, 2025
SIGNATURE OF REPORTING	G OFFICIAL OR CANDIDATI		onally Known OR Produ	ced Identifi	cation
			of Identification Produced		
If a certified public accountar she must complete the follow		73, or attorne	ey in good standing with the Florida Ba	ar prepared	this form for you, he or
I, Section 112.3144, Florida Sta and correct.	atutes, and the instructions	, prepared to the form. U	d the CE Form 6 in accordance with A Jpon my reasonable knowledge and b	rt. II, Sec. 8 elief, the d	B, Florida Constitution, isclosure herein is true
Signatu	re		· · · · · · · · · · · · · · · · · · ·	Date	
•		loes not rel	ieve the filer of the responsibility	y to sign t	he form under oath.
IF ANY OF PARTS	A THROUGH E ARE CO	ONTINUEL	O ON A SEPARATE SHEET, PLE	ASE CH	ECK HERE

RECEIPT DATE 6 13 20 No. 279172
RECEIVED FROM Steven June \$ 188/36 One thousand light lunched light Juven Bollars
OFOR RENT S B O CASH D O O
ACCOUNT CHECK FROM TO MONEY ORDER
BAL, DUE CREDIT BY 3-1

2022 JUN 13 PM 3:58

A Contract

BROWARD COUNTY SUPERVISOR OF ELECTIONS