

**CANDIDATE OATH
STATE AND LOCAL PARTISAN OFFICE
WRITE-IN CANDIDATE**

2022 JUN 17 AM 9:27

BEOWARD COUNTY
OFFICE USE ONLY

Candidate Oath

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

I, Sabrina Butler,

(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 write-in candidate for the office of Broward County Commission, 2, ,
(Office) (District #) (Circuit #)

Broward; 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.

Candidate's Florida Voter Registration Number (located on your voter information card): 101508306

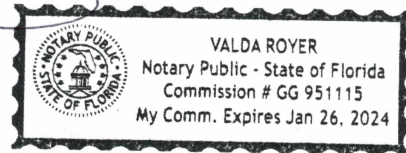
X Sabrina Butler (954) 548-8403 sabrinabutler@hotmail.com
Signature of Candidate Telephone Number Email Address

5740 NW 54th Lane Tamarac FL 33319
Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF Broward

Valda Royer
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 16th day of June, 2022



Personally Known OR Produced Identification

Type of Identification Produced: FDX B346787627280
6/16/2022

OF FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
Butler Sabrina

MAILING ADDRESS:
5740 NW 54th Lane

CITY : ZIP : COUNTY :
Tamarac 33319 Broward

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Broward County Commission District 2

CHECK IF THIS IS A FILING BY A CANDIDATE

JUN 17 AM 9:21
 COUNTY CLERK
 BROWARD COUNTY
 FLORIDA

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 \$ 93,414.00.

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 \$ 7500.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| DESCRIPTION OF ASSET (specific description is required - see instructions p.4) | VALUE OF ASSET |
|--|----------------|
| Apple Stock- Meryl Edge Bank of America | 2,300.00 |
| 5740 NW 54th Lane Tamarac, FL 33319 | 375,000.00 |
| Toyota Corola 2020 | 18,000.00 |
| Range Rover 2013 | 5,000.00 |

PART C -- LIABILITIES

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

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|---|---------------------|
| Lakeview Mortgage LLC 4800 State Highway 121 Bypass Lewisville, TX 75067 | 282,596.00 |
| Toyota Southeast Toyota Finance, P.O. Box 991817 Mobile , AL 36691 (Corola Payment) | 18,790.00 |
| Truist Bank 303 Peachtree St. NW Atlanta, GA 30308 (Land Rover Range Rover Payment) | 13,000.00 |

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 |
|--|---|-----------|
| Broward County School Board | 600 SE 3rd Ave Ft. Lauderdale, FL 33310 | 46,799.00 |
| | | |

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 |
|---------------------------|---|-----------------------------------|---------------------------------------|
| The Butler Group Inc. | Commissions | 7401 Wiles Road Coral Springs, FL | Real Estate |
| Eagle Real Es Fin Svc LLC | | | |

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 | | | |

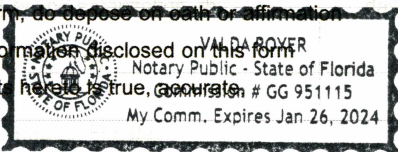
PART F - TRAINING

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 are 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 16 day of June, 2022 by Sabrina Butler.

 (Signature of Notary Public--State of Florida)
Valda Royer
 (Print, Type, or Stamp Commissioned Name of Notary Public)
 Personally Known _____ OR Produced Identification _____
 Type of Identification Produced FLID(B346787627280)

Sabrina Butler
 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