

CANDIDATE OATH
SCHOOL BOARD NONPARTISAN OFFICE

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

Write-in candidate

RECEIVED

JUN 14 2022

DUVAL COUNTY ELEC.
By

OFFICE USE ONLY

Candidate Oath

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

I, Elizabeth Andersen

(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 Duval School Board, 2
(Office) (District #)

 , ; I am a qualified elector of Duval 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): 100531578

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 Elizabeth Andersen (1904) 806-1197 andersen4dcp5@gmail.com
Signature of Candidate Telephone Number Email Address
4435 Deep River Way E Jax FL 32224
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Duval

Lana G. Self
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:

LANA G. SELF
Notary Public, State of Florida
My Comm. Expires 08/09/2025
Commission No. HH162692

FORM 6

FULL AND PUBLIC DISCLOSURE

2021

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

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

LAST NAME — FIRST NAME — MIDDLE NAME:

Andersen Elizabeth Ann Koning

MAILING ADDRESS:

4435 Deep River Way E

RECEIVED

JUN 14 2022

DUVAL COUNTY ELEC.
By 

CITY:

Jacksonville

ZIP:

32224

COUNTY:

Duval

NAME OF AGENCY:

Duval County School Board

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Board Member, District 2

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 May 31, 20 22 was \$ 456,950.

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 \$ 35,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Total Assets	592,000
(See Attached)	

PART C – LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Mortgage Wells Fargo (See Attached)	170,050
420 Montgomery St, San Francisco, CA 94104	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NA	

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 2021 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
Total Income		63,677
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
NA			

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	NA		
ADDRESS OF BUSINESS ENTITY	NA		
PRINCIPAL BUSINESS ACTIVITY	NA		
POSITION HELD WITH ENTITY	NA		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	NA		
NATURE OF MY OWNERSHIP INTEREST	NA		

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 the beginning of this form, do depose on and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
 COUNTY OF Duval

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 14th day of June, 20 22 by _____

Gail Collins
 Signature of Notary Public--State of Florida)

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

Personally Known OR Produced Identification _____

Type of Identification Produced _____

Elizabeth Chelosa
 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

Part B Assets			
Bank Account	Self	Community First Credit Union of Florida	\$21,996.00
Bank Account	Shared	Community First Credit Union of Florida	\$37,065.00
Bank Account	Single member LLC	Community First Credit Union of Florida	\$30,436.00
IRA, Roth, SEP	Self	Vanguard, various funds	\$14,293.00
401K	Self	Acensus, various funds	\$64,443.00
403B	Self	AXA Equitable, various funds	\$3,358.00
Retirement	Self	FRS, various funds	\$47,834.00
Brokerage Account	Shared	TD Ameritrade, various funds	\$4,800.00
Brokerage Account	Shared	LPL Financial, various funds	\$53,578.00
Property- Just Market Value	Trust	4435 Deep River Way E	\$314,197.00
Household Effects			\$35,000.00
		Total Assets	\$592,000.00
Part C Liabilities			
Mortgage	Trust	Wells Fargo	\$170,050.00
Part D Income			
Duval County Public Schools		1701 Prudential Dr. 32207	\$45,720.00
Foundations Therapy Jax, LLC		4435 Deep River Way E 32224	\$17,957.00
Total Income			\$63,677.00
Net Worth	\$456,950.00		

HOLD TO LIGHT TO VIEW TRUE WATERMARK IN PAPER HEAT SENSITIVE RED LOCK DISAPPEARS WHEN HEATED

ELIZABETH ANDERSEN FOR SCHOOL BRD DIST#2

4435 DEEP RIVER WAY E
JACKSONVILLE, FL 32224

DATE 6/14/22



PAY TO THE ORDER OF

Supervisor of Elections

\$ 1882.88

One thousand eight hundred eighty-two ^{two} ~~eight~~ ^{or} ~~eight~~ ⁸⁸/₁₀₀ DOLLARS

TRUIST

MEMO

Qualifying SBOZ

Elizabeth Andersen

Details on back
Security features