# CANDIDATE OATH – SCHOOL BOARD NONPARTISAN OFFICE

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

# RECEIVED

MAY 2 7 2020

DUVAL COUNTY ELEC. By\_\_\_\_\_ MRY27 3

T W 7 to constitute						
Write-in candidate	OFFICE USE ONLY					
Candidate Oath						
(Sections 99.021(1)(a) and 105.031, Florida Statutes)						
I, Cindy Pearson	-					
hyphen, check box . (See page 2 - Compound Last I	If your last name consists of two or more names but has no Names). No change can be made after the end of qualifying. ballot, the name must be printed above for oath purposes.)					
am a candidate for the nonpartisan office of	County School Board, 3.					
, ; 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 year	our voter information card): 119322119					
Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio pallot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]  Sin - DEE PEER - SUN						
Signature of Candidate  3907 Barcelona Ave  Address  (904) 53  Telephone Number  Tackson  City	J Email Address / com					
STATE OF FLORIDA	Lana D Self Signature of Notary Public					
COUNTY OF Nuval	Print, Type, or Stamp Commissioned Name of Notary Public below:					
Sworn to (or affirmed) and subscribed before me by physical or	LANA G. SELF					
online presence this $\frac{27}{}^{+h}$ day of $\frac{May}{}$ , $\frac{2020}{}$ .	Notary Public, State of Florida					
Personally Known: or Produced Identification:	My Comm. Expires 07/29/21 Commission No. GG102927					
Type of Identification Produced:	*					

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FORM 6 FULL AND PUBLIC DIS	CLOSURE	<sup>№</sup> 2019
Please print or type your name, mailing address, agency name, and position below:  OF FINANCIAL INT	ERESTS FOR	OFFICE USE ONLY:
LAST NAME — FIRST NAME — MIDDLE NAME: Pearson Cynthia (Cindy) Howell MAILING ADDRESS:		· <del>-</del>
3907 Barcelona Avenue		
	RECE	IVED
CITY: ZIP: COUNTY:	MAY 2	<b>7</b> 2020
Jacksonville 32207 Duval	DUVAL COUN	
Duval County	By XX	
NAME OF OFFICE OR POSITION HELD OR SOUGHT: School Board District Three		
CHECK IF THIS IS A FILING BY A CANDIDATE		
PART A NET WORT	Н	
Please enter the value of your net worth as of December 31, 2019 or a	-	
culated by subtracting your <i>reported</i> liabilities from your <i>reported</i> assets	s, so please see the instruct	ions on page 3.]
My net worth as of <u>December 31st</u> , 20 <u>19</u> wa	as \$ <u>846,628.74</u>	·
PART B ASSETS		
HOUSEHOLD GOODS AND PERSONAL EFFECTS:  Household goods and personal effects may be reported in a lump sum if their aggrefollowing, if not held for investment purposes: jewelry; collections of stamps, guns, furnishings; clothing; other household items; and vehicles for personal use, whether on	and numismatic items; art objects wned or leased.	category includes any of the category includes any of the category; household equipment and
The aggregate value of my household goods and personal effects (described above) is	s \$ 281,380.00	
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:  DESCRIPTION OF ASSET (specific description is required - see in	structions p.4)	VALUE OF ASSET
Single Family Home RE#083221-0000 3907 Barcelona Avenue Jac	cksonville, FL 32207	\$620,047.00
Vanguard Group - Vang Inst Trgt Rtmt 2035 I Fd		\$66,724.53
Vanguard Life Strategy Cnsrv Gr Inv		\$24,699.43
Fidelity Advisor Strategic Div & Inc Z		\$15,817.37
PART C LIABILITII LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4): NAME AND ADDRESS OF CREDITOR	ES	I AMOUNT OF LIABILITY
Bank of America, NA PO BOX 31785 Tampa, FL 33631		\$196,235.21
<u> </u>		
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY

Identify each separate source an	nd amount of income which ex	PART D		sources of inc	ome. Or attach a complete		
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 2019 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 2019 federal income tax return and all W2's, schedules, and attachments.  [If you check this box and attach a copy of your 2019 tax return, you need not complete the remainder of Part D.]							
PRIMARY SOURCES OF INCO		ige 5):			_		
NAME OF SOURCE OF INCO	OME EXCEEDING \$1,000		ADDRESS OF SOURCE OF INCOM		AMOUNT		
Cru	. <u>.</u>	100 Lake F	Hart Drive Orlando, FL 328	32	\$26,753.75		
·							
SECONDARY SOURCES OF IN	ICOME [Major customers, cli	ents, etc., of but	sinesses owned by reporting person-	-see instructio	ons on page 5]:		
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS		ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
000,1200 11,1111	01 200111200	TOO!ME	OF GOOKGE		ACTIVITY OF SOURCE		
P			BUSINESSES [Instructions on				
NAME OF	BUSINESS ENTITY	# 1	BUSINESS ENTITY # 2	BUSI	NESS ENTITY # 3		
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 - T	RAINING				
For office	rs required to complete	annual ethic	s training pursuant to section	112.3142,	, F.S.		
	CERTIFY THAT I H	AVE COMP	LETED THE REQUIRED	TRAINING	Э		
OA	TH	STATE COUNT	of Florida				
I, the person whose name appe	ears at the		· · · · — · · · · · · · · · · · · · · ·	me by mear	ns of		
beginning of this form, do depo	se on oath or affirmation	phys	o (or affirmed) and subscribed before ical presence or 🔲 online notarizat				
and say that the information disclosed on this form  May , 20 20 by Cynthia Pearson					fearson.		
Jana D. Self							
and complete.		(Signatu	re of Notary PublicState of Florida)	LANA G. SE	LF		
		(Print T	Notary ype, or Stamp Commissioned Nappe	Public, State	of Florida		
Conthie AlPoa	1 MM		illy Known X OR From	mission No. 6 Duced Identific	G102927		
SCNATURE OF REPORTING	USVV— OFFICIAL OR CANDIDATE			iucea identific	ation		
		Type of	Identification Produced				
If a certified public accountant she must complete the following	licensed under Chapter 47 ng statement:	'3, or attorney i	n good standing with the Florida B	ar prepared	this form for you, he or		
l,, 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	<u> </u>			Date			
·		oes not reliev	ve the filer of the responsibilit		ie form under oath		
-				, <u> </u>			

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

## **Cindy Pearson**

# Candidate for Duval County School Board District 3

#### 2019 FORM 6

#### FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

#### SUPPLEMENTAL INFORMATION

#### PART B - ASSETS

## ASSETS INDIVIDUALLY VALUED AT OVER \$1000

DESCRIPTION OF ASSET	VALUE OF ASSET	
Goldman Sachs Large Cap Gr Insghts Instl	\$12,592.60	
T. Rowe Price U.S. Equity Research I	\$10,473.52	
Great-West Select Guaranteed Fund	\$13,019.13	
USAA Federal Saving Bank USAA Classic Checking	\$1,978.85	