

CANDIDATE OATH

SCHOOL BOARD NONPARTISAN OFFICE

*22JUN16PM1238 SOE LEE CO FL

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

Write-in candidate

OFFICE USE ONLY

Candidate Oath

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

I, Jada Langford Fleming,

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

 , ; I am a qualified elector of Lee 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): 111413157

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.]

| | | |
|--------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------|
| <input checked="" type="checkbox"/> <u>Jada Langford Fleming</u> Signature of Candidate | <u>(239) 707-3100</u> Telephone Number | <u>Jada@VoteJada.com</u> Email Address |
| <u>1375 Jackson St., Ste 202</u> Address | <u>Fort Myers</u> City | <u>FL 33901</u> State ZIP Code |

STATE OF FLORIDA

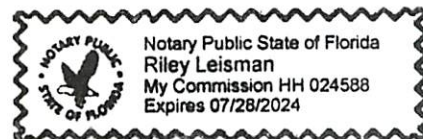
COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence
this 10th day of June, 2022.

Personally Known OR Produced Identification

Type of Identification Produced: _____

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



2021 Form 6 – Jada Nicole Fleming**Part B -Assets**

| Description of Asset | Value of Asset |
|-------------------------------------------------------------------------|-----------------------|
| Real Property-5247 Greenbriar Dr. Fort Myers, FL 33919 | \$406,770 (Leepa.org) |
| Savings account-First Horizon-4670 Summerlin Rd. Fort Myers, FL 33919 | \$26,671 |
| Savings account-Suncoast Credit Union-PO Box 11904 Tampa, FL 33680 | \$8,397 |
| Equitable-EQUI-VEST- PO Box 4956 Syracuse, NY 13221 | |
| Large Cap | |
| - EQ/Equity 500 Index | \$4,586 |
| - EQ/FIDELITY INSTITUTINL AM LgC | \$1,871 |
| Small/Mid Cap | |
| - EQ/Mid cap Index | \$954 |
| - EQ/Small | \$981 |
| - 1290 VT GAMCO | \$596 |
| International Stocks/Global | |
| - EQ/Int Core Manages Vol | \$1,616 |
| - EQ/International Equity Index | \$1,552 |
| Guaranteed – Fixed | |
| - Guaranteed Interest Account | \$2,878 |
| Fidelity-Vanguard Target 2020-900 Salem St. Smithfield, RI 02917 | |
| - Bond/Managed Income | \$10,989 |
| - Stock Investments | \$9,509 |
| - Short-Term Investments | \$634 |
| Total | \$478,004 |

Part C-Liabilities in excess of \$1,000

| Name & Address of Creditor | Amount of Liability |
|-----------------------------------------------------------------|----------------------------|
| Mortgage-United Wholesale Mortgage PO Box 77404 Ewing, NJ 08628 | 336,947 |
| Auto Loan-Suncoast Credit Union PO Box 11904 Tampa, FL 33680 | \$4,000 |
| Auto Loan-Mid Florida PO Box 8008 Lakeland, FL 33802 | \$50,434 |
| Total | \$391,381 |

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:
Langford-Fleming Jada Nicole

MAILING ADDRESS:
5247 Greenbriar Dr.

CITY : ZIP : COUNTY :
Fort Myers 33919 Lee

NAME OF AGENCY :
Lee County School Board

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Lee County School Board District 6

CHECK IF THIS IS A FILING BY A CANDIDATE

22JUN15PM12385E1E0041

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 June 15, _____, 20 22 was \$ 78,226 _____.

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 \$ 114,425 _____

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| DESCRIPTION OF ASSET (specific description is required - see instructions p.4) | VALUE OF ASSET |
|--------------------------------------------------------------------------------|----------------|
| Please see attached. | |
| | |
| | |
| | |

PART C – LIABILITIES

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

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|------------------------------|---------------------|
| Please 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 |
|--------------------------------------------|-------------------------------------------------|----------|
| Astrazeneca Phamaceuticals | 9150 W. College Pointe Dr. Fort Myers, FL 33919 | \$74,231 |
| 2 The Top Performance Training | 1800 Concord Pike. Wilmington, DE 19897 | \$24,444 |

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 |
|-------------------------|-------------------------------------------|-------------------|---------------------------------------|
| | | | |
| | | | |

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.

STATE OF FLORIDA

COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 16th day of

June, 2022 by Jada Langford Fleming.

Riley Leisman
 (Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioned Notary Public)
 Notary Public State of Florida
 Riley Leisman
 My Commission HH 024588
 Expires 07/28/2024

Personally Known OR Reduced Identification

Type of Identification Produced _____

Jada N. Fleming
 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