

**CANDIDATE OATH  
STATE AND LOCAL PARTISAN OFFICE  
WITH PARTY AFFILIATION**

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2024 JUN 11 PM 4:00  
MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT  
OFFICE USE ONLY

**Candidate Oath**

Name to appear on ballot: Willis Howard

Check box if two last names without hyphen. ☐ (Name cannot be changed after qualifying.)

Check box if name includes nickname. ☐ (For use of a nickname, you must complete the Nickname Affidavit on reverse side.)

I swear or affirm that I am a candidate for the office of Miami-Dade County Supervisor of Elections, n/a  
(Office) (District #)  
n/a, n/a; I am a qualified elector of Miami-Dade County, Florida;  
(Circuit #) (Group or Seat #)

I am a qualified elector 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.

**Statement of Party**

I swear or affirm that I am a member of the Democratic Party; I have been a registered member of this political party, for which I am seeking nomination as a candidate, for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, by the executive committee of the above-stated political party.

**Statement of Outstanding Fines, Fees, or Penalties**

I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.).

YES, I Do \_\_\_\_\_ NO, I Do Not XX

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X (305) 298-6887 willishowardii@gmail.com  
Signature of Candidate Telephone Number Email Address  
15700 NW 37th Ct Miami Gardens Florida 33054  
Address of Legal Residence City State ZIP Code

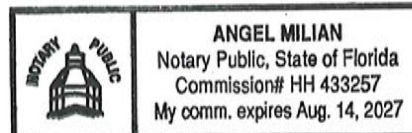
STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me by means of  
online notarization ☐ OR physical presence ☒  
this 11<sup>th</sup> day of June, 2024.

Personally Known ☐ OR Produced Identification ☒  
Type of Identification Produced: FL DL

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



## 2023 Form 6 - Full and Public Disclosure of Financial Interests

### General Information

Name: willis perry howard II  
Address: 15700 nw 37th ct, miami, FL 33054  
County:

Organization	Suborganization	Title
N/A		

### CANDIDATE FOR

Position	Agency Name	Position sought or held
Supervisor of Elections	Miami Dade County Elections Department	Miami Dade Supervisor of Elections

### Net Worth

My Net Worth as of December 31, 2023 was \$ 803,432.00.

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## 2023 Form 6 - Full and Public Disclosure of Financial Interests

### Assets

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 effect is \$ 37,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Home 15700 NW 37th Ct Miami, Fl. 33054	\$ 667,541.00
2018 Ram 1500	\$ 21,013.00
Checking Acct. Bank of America	\$ 6,051.77
Savings Acct. Bank of America	\$ 77,822.15
Firm: Urban Initiatives, Inc.	\$ 15,687.04
Loan to Campaign	\$ 65,000.00

### Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Mr. Cooper Mortgage	PO BOX 818060	\$ 342,000.33
Travel Rewards Visa	6625 Miami Lakes drive, fl 33014	\$ 12,473.05
Business Advantage Visa	6625 Miami Lakes Drive, fl 33014	\$ 5,038.22
Black Card Master Card	P.O. BOX 3683, New York, NY 10012	\$ 3,068.44

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

## 2023 Form 6 - Full and Public Disclosure of Financial Interests

### 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 2023 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 2023 federal income tax return and all W2s, schedules, and attachments.

#### PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
Urban Initiatives, Inc	15700 NW 37th ct Miami< FL 33054	\$ 25,067.11

#### SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A			

### Interests in Specified Businesses

<b>Business Entity # 1</b>
N/A

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**Signature of Reporting Official or Candidate**

Under the penalties of perjury, I declare that I have read the foregoing Form6 and that the facts stated in it are true.

***willis perry howard II***

Digitally signed: 06/11/2024

For Qualifying  
Purposes Only

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