

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

SUPERVISOR OF ELECTIONS

2020 JUN -8 PM 12:13

PALM BEACH COUNTY, FL

Check applicable one:

- Candidate with party affiliation
- Candidate with no party affiliation
- Write-in candidate

OFFICE USE ONLY

**Candidate Oath**

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

I, Alex Freeman

(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 office of Sheriff, \_\_\_\_\_, \_\_\_\_\_  
(Office) (District #) (Circuit #)

\_\_\_\_\_ ; I am a qualified elector of Palm Beach County, Florida; I am qualified  
(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.

**Statement of Party**

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

(Complete Statement of Party only if you are seeking to qualify for nomination as a party candidate.)

I am a member of the Democratic Party; I have not been a registered member of any other political party 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, as a candidate for said office by the executive committee of the political party, of which I am a member.

Candidate's Florida Voter Registration Number (located on your voter information card): 112283458

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** Alex Freeman (561) 502-5870 Afree4060@outlook.com  
Signature of Candidate Telephone Number Email Address  
1251 Rosegale Blvd, Riviera Beach, FL 33404  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Palm Beach

Janel Banks Johnson  
Signature of Notary Public  
Print, Type, or Stamp the Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me this 25<sup>th</sup>  
day of May, 2020.  
Personally Known:  or Produced Identification: \_\_\_\_\_  
Type of Identification Produced: \_\_\_\_\_



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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:  
SUPERVISOR OF ELECTIONS

LAST NAME — FIRST NAME — MIDDLE NAME:  
*Freeman Alexander Demetrius*

MAILING ADDRESS:  
*1251 Basingate Blvd*

CITY: *Riviera Beach, FL* ZIP: *33404* COUNTY: *Palm Beach*

NAME OF AGENCY:  
*Palm Beach County Sheriff Office*

NAME OF OFFICE OR POSITION HELD OR SOUGHT:  
*Sheriff*

CHECK IF THIS IS A FILING BY A CANDIDATE

2020 JUN -8 PM 12:15  
PALM BEACH COUNTY, FL

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2019 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 25, 20 20 was \$ 18,200<sup>AF</sup> 231,500.00

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 \$ 18,200.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
<i>Furniture</i>	<i>1,200.00</i>
<i>Mercedes S-Class 2012</i>	<i>17,000.00</i>

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<i>Mariner Finance 2905 N. Military Trail WPB FL 33409</i>	<i>17,000.00</i>
<i>Babcock Home Furniture 1409 10th Street Lake Park FL 33403</i>	<i>1,200.00</i>

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<i>Caliber Home Loans PO Box 619063 Dallas TX.</i>	<i>230,000.00</i>
<i>Guardian Credit Union 8895 N. Military Trail PB Gardens</i>	<i>1,500.00</i>

33410

**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 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 INCOME (See instructions on page 5):**

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Police Pension	1251 Rosegate Blvd, Riv Beach, FL	5,164 <sup>00</sup>

**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
N/A			

**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**

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

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.

[Signature]  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

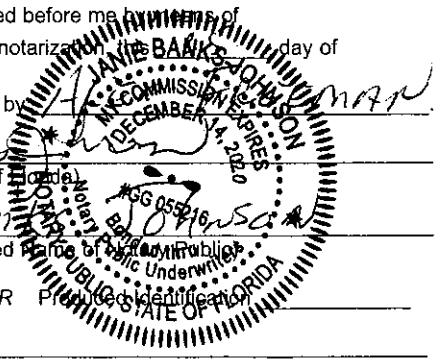
STATE OF FLORIDA  
 COUNTY OF Palm Beach

Sworn to (or affirmed) and subscribed before me by \_\_\_\_\_ of \_\_\_\_\_  
 physical presence or  online notarization on the \_\_\_\_\_ day of \_\_\_\_\_

May 2020 by [Signature]  
 (Signature of Notary Public--State of Florida)

[Signature]  
 (Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known  OR  Public Identification  
 Type of Identification Produced \_\_\_\_\_



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