

**CANDIDATE OATH –
SCHOOL BOARD
NONPARTISAN OFFICE**

SUPERVISOR OF ELECTIONS

2020 JUN -8 PM 6:10

PALM BEACH COUNTY, FL

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

Write-in candidate

OFFICE USE ONLY

Candidate Oath

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

I, Alexandria Marie Ayala

(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.)

I am a candidate for the nonpartisan office of Palm Beach County School Board, 2,
(Office) (District #)

 ; I am a qualified elector of Palm Beach 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): 118408569

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.]*

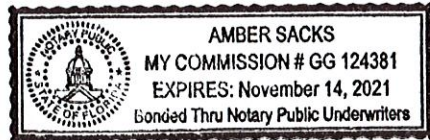
AL-ex-AN-dree-UH Ma-Ree i-ALL-uh

| | | | |
|----------|-------------------------------|-------------------------|--|
| X | <u><i>(Signature)</i></u> | <u>(561) 689-9787</u> | <u>alexandria@alexandriaforschoolboard.com</u> |
| | Signature of Candidate | Telephone Number | Email Address |
| | <u>3303 Waterview Cir.</u> | <u>Palm Springs</u> | <u>FL 33461</u> |
| | Address | City | State ZIP Code |

STATE OF FLORIDA
COUNTY OF Palm Beach

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

Sworn to (or affirmed) and subscribed before me by physical or
 online presence this 8th day of June, 2020
Personally Known: or Produced Identification:
Type of Identification Produced: FLDL



FORM 6

FULL AND PUBLIC DISCLOSURE

2019

OF FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

SUPERVISOR OF ELECTIONS

2020 JUN -8 PM 6:10

PALM BEACH COUNTY, FL

LAST NAME — FIRST NAME — MIDDLE NAME:

Ayala Alexandria Marie

MAILING ADDRESS:

3303 Waterview Circle

CITY:

Palm Springs

ZIP:

33461

COUNTY:

Palm Beach

NAME OF AGENCY:

Palm Beach 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, 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 June 5, 20 20 was \$ 1,841.34.

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 \$ \$20,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| DESCRIPTION OF ASSET (specific description is required - see instructions p.4) | VALUE OF ASSET |
|--|----------------|
| Wells Fargo Checking Account 1662 S Congress Ave, Palm Springs, FL 33461 | 1,545.47 |
| Wells Fargo Savings Account 1662 S Congress Ave, Palm Springs, FL 33461 | 1,878.80 |
| FRS: Investment Plan P.O. Box 785027, Orlando, FL 32878-5027 | 7,921.32 |
| | |

PART C -- LIABILITIES

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

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|---|---------------------|
| Department of Education: Fedloan Servicing P.O. Box 790234 St. Louis, MO 63179-0234 | 18,704.71 |
| Car: Southeast Toyota Finance PO Box 70832 Charlotte, NC 28272-0832 | 10,549.54 |
| | |

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|------------------------------|---------------------|
| None | |
| | |

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.]

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PALM BEACH COUNTY, FL

PRIMARY SOURCES OF INCOME (See instructions on page 5):

| NAME OF SOURCE OF INCOME EXCEEDING \$1,000 | ADDRESS OF SOURCE OF INCOME | AMOUNT |
|--|---|-----------|
| PBC Board of County Commissioners | 301 N. Olive Ave. 12th Floor, WPB, FL 33401 | 52,782.28 |
| Door to Door Inc. | 1780 Palm Cove Blvd. #208 DB, FL 33445 | 13,505.00 |

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 | N/A | N/A | 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 | N/A | 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.

[Handwritten Signature]

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Palm Beach

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 8th day of

June, 2020 by Alexandria Ayala

Amber Sacks

(Signature of Notary Public - State of Florida)
AMBER SACKS
MY COMMISSION # GG 124381
EXPIRES: November 14, 2021
Bonded Thru Notary Public Underwriters

Personally Known OR Produced Identification

Type of Identification Produced FLDL

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