CANDIDATE OATH SCHOOL BOARD NONPARTISAN OFFICE

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

Write-in candidate

SUPERVISOR OF ELECTIONS

2022 JUN 14 PM 12: 50

PALM BEACH COUNTY, FL

vviite-iii carididate		05	EICE LISE ONLY
			FICE USE ONLY
(Section	Candidate C 99.021(1)(a) and 105.03		
I, Karen Brill	99.021(1)(a) and 105.03	51, Florida Statutes)	
			,
hyphen, check box (see page 2 - C	ear on the ballot. If y Compound Last Name	our last name consists of two or more name es). No change can be made after the end	es but has no
Although a write-in candidate's name is n	ot printed on the ballo	nt, the name must be printed above for oath p	urposes.)
am a candidate for the nonpartisan office of	Palm Beach	County School Board ,	3 ,
		(Office)	(District #)
(Circuit #) ,; I am a (qualified elector of P	alm Beach c	ounty, Florida;
nave qualified for no other public office in to office I seek; and I have resigned from any Statutes; and I will support the Constitution of the c	the state, the term of office from which I of the United States a		urrent with the 19.012, Florida
Florida and of the United States of America	a, and being employe	d and when term of office begins): I, a citizen ed by or an officer of the school board and ear or affirm that I will support the Constitution	a recipient of
Candidate's Florida Voter Registration Nu	mber (located on your	voter information card): 112356784	
Phonetic spelling for audio ballot: Print na	me phonetically on th	ne line below as you wish it to be pronounced on page 2 of this form): [Not applicable to write	on the audio
Care-en Brill	les (see matructions o	in page 2 of this form). [Not applicable to write	-in candidates.j
out of the brin			
X Karen Brill	(561) 689-978	7 VoteKarenBrill@gmai	.com
Signature of Candidate	Telephone Number	Email Address	
6901 Okeechobee Blvd. Suite D5-L40			
Address	City	State ZIP	Code
STATE OF FLORIDA		Kim M Parkage	
COUNTY OF Palm Beach		Signature of Notary Public	
this 13 th day of June Personally Known OR Produced Ident	by means of esence \boxtimes , 20_2-	Print, Type, or Stamp Commissioned Name of Notary Print, Type, or Stamp Commissioned Name of Notary Print, Type, or Stamp Commission # HH 041051 Expires January 10, 2025 Bended Thru Troy Fain Insurance 808-385-7019	ublic below:
Type of Identification Produced:	ilication [_]		

2022 JU: Filed with COE: 06/01/2022 PM 12: 50

General Information

FALM BEACH COUNTY, FL

Name:

Ms Karen M Brill

Address:

10154 White Water Lily Way, Boynton Beach, FL 33437-7540

County:

Palm Beach

AGENCY INFORMATION

Organization

Suborganization

Title

Palm Beach County School Board

Elected Constitutional Officer

Board Member

CANDIDATE FOR

Position

Agency Name

Position sought or held

District School Board

Palm Beach County School Board

School Board, District 3

Net Worth

My Net Worth as of June 1, 2022 was \$ 1,182,729.00.

Filed with COE: 06/01/2022

Assets

1112.31

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 \$286,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
House, 10154 White Water Lily Way; Boynton Beach, FL 33437	\$ 525,000.00
Bank Accounts (Chase)	\$ 180,000.00
JP Morgan Retirement Account (IRA)	\$ 63,549.00
JP Morgan Brokerage Account	\$ 10,321.00
JP Morgan Managed Brokerage Account	\$ 47,869.00
JP Morgan Managed Brokerage Account (#2)	\$ 19,850.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor Address of Creditor		Amount of Liability	
Wells Fargo	P.O. Box 10335, Des Moines, IA 50306	\$ 107,384.00	
Bank of America	P.O. Box 45224, Jacksonville, FL 32232	\$ 24,000.00	

JOINT AND SEVERAL LIABILITEIS NOT REPORTED ABOVE:

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

ncome			2022	JUN 14 P	th COE: 06/	ULIZ
			PALM	BEACH CO	HEAT OF	
dentify each separate source ncome. PRIMARY SOURCES OF INCOL		come which e	xceeded \$1,000 during the year			es of
		Addraga of 6	Source of Income			
Name of Source of Income Exceeding \$1,000 School District of Palm Beach County					Amount	
Karen M. Brill, P.A.		1	Hill Boulevard, West Palm Bea		\$ 42,547.00	
Shareholder Distribution - Karen M. Brill, P.A.			e Water Lily Way, Boynton Bear e Water Lily Way, Boynton Bear		\$ 30,000.00	
			water Eny way, Boyliton Bear	, 1 2 33437	\$ 19,000.00	,
SECONDARY SOURCES OF IN	COME (Major custo	mers, clients,	etc. of businesses owned by re	porting perso	ո)։	
Business Entity	Major Sources of Business Income		Address		Principal Business Activity of Source	
Karen M. Brill, P.A.	The Keyes Co	mpany	2121 SW 3rd Avenue, Mian FL 33129	ni, Residen	ntial Real Estate	
nterests in Specified Business Entity # 1 N/A	d Businesses					
Training	***************************************					
☑ I certify that I have com			er Section 112.3142, F.S.			

SUPER VISO Filed with COE: 06/01/2022

Signature of Reporting Official or Candidate

2022 JUN 11, PM 12: 50

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

Karen M Brill

Digitally signed: 06/01/2022

Filed with COE: 06/01/2022