

**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

2020 JUN -9 PM 3:44

PALM BEACH COUNTY, FL

OFFICE USE ONLY

Candidate Oath

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

I, Dr. Suzanne Page

(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 School Board, 5,
(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): 112326921

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.]

Sooz an n Pa gh

<input checked="" type="checkbox"/> <u>[Signature]</u>	(561) 926-2980	dr_spage@yahoo.com
Signature of Candidate	Telephone Number	Email Address
21864 Arriba Real #3F	Boca Raton	Florida 33433
Address	City	State ZIP Code

STATE OF FLORIDA

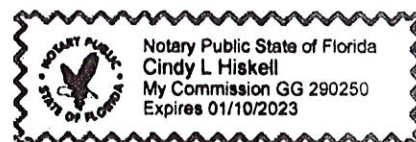
COUNTY OF Palm Beach

Cindy Hiskell
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 9 day of June, 2020.

Personally Known: or Produced Identification: _____

Type of Identification Produced: _____



FORM 6

**FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS**

2019

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

SUPERVISOR OF ELECTIONS
FOR OFFICE USE ONLY:

2020 JUN -9 PM 3:44

PALM BEACH COUNTY, FL

LAST NAME — FIRST NAME — MIDDLE NAME:
Page Suzanne None

MAILING ADDRESS:
21864 Arriba Real #3F

CITY : ZIP : COUNTY :
Boca Raton 33433 Palm Beach

NAME OF AGENCY :
Palm Beach County School Board

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

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 9, 20 20 was \$ 155,280.00.

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 \$ 3000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
21864 Arriba Real #3F Boca Raton, FL and contents	148,000
TIAA-CREF	52,327
TD Bank Checking	1700

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Mortgage (on Arriba Real Wells Fargo Bank 3210 Lake Emma Rd. Lake Mary, FL 3274	42,747
Visa - Wells Fargo Bank P.O. Box 10347 Des Moines, IA 50306	5,000
Visa - Chase P.O. Box 15123 Wilmington, DE 19886	2,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Not Applicable	

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
Social Security	1100 W. High Rise 6401 Security Blvd.	2,325
	Baltimore, MD 21235	

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
None			
None			

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	None	None	None
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 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 9 day of

June, 2020 by _____

Cindy Hiskell
(Signature of Notary Public--State of Florida)

Cindy L. Hiskell
(Print, Type, or Stamp Commissioned Notary Public State of Florida)

Personally Known OR

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