CANDIDATE OATH SCHOOL BOARD NONPARTISAN OFFICE

Check box only if you are seeking to qualify as

SUPERVISOR OF ELECTIONS

2022 1111 10

write-in candidate:	o quality as a	2022 JUN 13 AM IO: 09	3
Write-in candidate		PALM BEACH COUNTY, F	,,
vviite-iii candidate			
		C	FFICE USE ONLY
	Candidate	Oath	
(Section	n 99.021(1)(a) and 105.0	031, Florida Statutes)	
ı, <u>Jennifer "Jen"</u> Showal	ter		
(Print name above as you wish it to app	pear on the ballot If	your last name consists of two or more name	es but has no
(See page 2 -)	Compound Last Nan	nes). No change can be made after the one	J of our life in
Although a Write-in candidate's name is i	not printed on the bal	llot, the name must be printed above for oath	ourposes.)
am a candidate for the nonpartisan office of			6
		(Office)	(District #)
· lama	gualified elector of	Dalm Daneh	,
(Circuit #) (Group or Seat #)	qualified elector of -	raiii beacii o	County, Florida;
have qualified for no other public office in	e Laws of Florida to I	hold the office to which I desire to be nominated	ed or elected; I
and i have resigned from all	v once nom which i	of which office or any part thereof runs cond I am required to resign pursuant to Section	urrent with the
and the capport the constitution	of the Officed States a	and the Constitution of the State of Florida.	
Section 876.05, Florida Statutes, oath (or	ly applicable if electe	ed and when term of office begins): I, a citizer	of the State of
public funds as such employee or officer. do	a, ano being employ	yed by or an officer of the school board and vear or affirm that I will support the Constitution	
States and of the State of Florida.	riciosy colonniny sw	real of animit that I will support the Constitution	n of the United
Candidate's Florida Voter Registration Nu	mber (located on your	voter information card): 122488586	
Phonetic spelling for audio ballot: Print na	me phonetically on t	the line below as you wish it to be pronounce	
ballot as may be used by persons with disabilit	ies (see instructions	on page 2 of this form): [Not applicable to write	d on the audio
JEN-I-fer "JEN" SHO-wal-t	er	. Complete applicable to with	o in canalaties.j
1 1071			
* VIII VIII de de la	(702) 200 000	200	
Signature of gandidate	(703) 209-898	Jen@eobeacon.co	ym
3386 Vanderbilt Drive	Telephone Number	Email Address	
Address	Wellington		414
	Oity	State ZIP	Code
STATE OF FLORIDA			
COUNTY OF Palm Beach			
		Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary P	ublic below:
Sworn to (or affirmed) and subscribed before me	by means of	, , , , , , , , , , , , , , , , , , , ,	Solio Bolow.
online notarization OR physical pr		ANTURNIV I DANIOCIA	
this 13 day of June	_,2022	ANTHONY J. PANICCIA Notary Public, State of Florida Commission# GG 277507	
Personally Known OR Produced Identi	ification 🔽	Commission# GG 277597 My comm. expires Nov. 18, 2022	
Type of Identification Produced: Porice	バン	70710,606	

FORM 6 FUI	LL AND PUBLIC	DISCLOSURE	2021
Please print or type your name, mailing address, agency name, and position below:	OF FINANCIAL	INTERESTS	TSURFOR OFFICE USE ONLY
LAST NAME — FIRST NAME — MIDDLE NAM	ME:	2022	UN 13 AM 10: 10
Showalter Jennifer Lynn Miller		PALMAS	an IU: 10
MAILING ADDRESS:			EACH COUNTY, FL.
3386 Vanderbilt Drive			
CITY: ZIP	: COUNTY:		
Wellington 33414	Palm Beach		
NAME OF AGENCY: The School District of Palm Beach C			
NAME OF OFFICE OR POSITION HELD OR S			
School Board Member - District 6	OUGHI:		
CHECK IF THIS IS A FILING BY A CANDIDATI	E 🗹		
	DADE A METER		
Please enter the value of your net wor	PART A NET W		
Please enter the value of your net wor culated by subtracting your <i>reported</i> lia	th as of December 31, 202	1 or a more current date.	[Note: Net worth is not cal-
			e instructions on page 3.j
My net worth as of May 31	, 20 <u>22</u>	was \$ <u>190,210</u>	,
HOUSEHOLD GOODS AND PERSONAL EFFE Household goods and personal effects may be following, if not held for investment purposes furnishings; clothing; other household items; a	be reported in a lump sum if their s: jewelry; collections of stamps, and vehicles for personal use, whe	r aggregate value exceeds \$1,0 guns, and numismatic items; a ether owned or leased.	000. This category includes any of the art objects; household equipment and
		bove) is \$	1
ASSETS INDIVIDUALLY VALUED AT OVER \$1 DESCRIPTION OF ASSET (sp	1,000: pecific description is required -	and instructions of A)	
Real Property - 3386 Vanderbilt Driv	e. Wellington, FL, 33414	see instructions p.4)	VALUE OF ASSET 560,000
Bank Accounts (Bank of America)	4, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			1,500
LIABILITIES IN EXCESS OF \$1,000 (See instru NAME AND ADDRESS OF CR	PART C LIABII uctions on page 4): EDITOR	LITIES	AMOUNT OF LIABILITY
NewRez LLC, PO Box 10826, Green	ville, SC, 29603-0826		376,000
GM Financial, PO Box 183593, Arlin			
	(Stori, 121, 700)		35,800
JOINT AND SEVERAL LIABILITIES NOT REPO	DTED ADOVE.		
NAME AND ADDRESS OF CRI			AMOUNT OF LIABILITY
			/ Line of the Line

			PART D -	- INCOME		
attach	ing your returns, as the la I elect to file a copy of m [If you check this box an	w requires these docur by 2021 federal income d attach a copy of you	ments be posted to the tax return and all Wz	during the year, including secondary and attachments. Please redact any e Commission's website JUN I 's, schedules, and attachments need not complete the remainable	y social security or acc	Or attach a complete ount numbers before
	ARY SOURCES OF INCO	ME (See instructions	on page 5):			
None	ME OF SOURCE OF INC	OME EXCEEDING \$1,	000	ADDRESS OF SOURCE OF INCO	OME	AMOUNT
SECO	NDARY SOURCES OF IN NAME OF	ICOME [Major custome	ers, clients, etc., of bu	sinesses owned by reporting person	on-see instructions on	page 5]:
	BUSINESS ENTITY	OF BUSI	MAJOR SOURCES NESS' INCOME	ADDRESS OF SOURCE	PRING	CIPAL BUSINESS /ITY OF SOURCE
None					7,6.11	III OF COOKCE
	P	ART E INTERES	STS IN SPECIFIE	D BUSINESSES [Instructions		
		BUSINESS EN		BUSINESS ENTITY # 2		ENTITY # 0
NAME BUSIN	OF ESS ENTITY			DOGINEOU ENTITY # 2	BUSINESS	ENITY#3
ADDRI	ESS OF ESS ENTITY					
PRINC	IPAL BUSINESS					
ACTIV POSIT	ION HELD					
	ENTITY MORE THAN A 5%					
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I OWN INTER NATUF OWNE	EST IN THE BUSINESS RE OF MY RSHIP INTEREST section applies only to 0	officers required to co	omplete annual eth Γ I HAVE COMF STATE	cs training pursuant to section PLETED THE REQUIRED OF FLORIDA.	112.3142, F.S. [See D TRAINING.	
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