## CANDIDATE OATH SCHOOL BOARD NONPARTISAN OFFICE Check box only if you are seeking to qualify as a SUPERVISOR OF ELECTIONS write-in candidate: 2022 JUN 13 PM 2: 32 Write-in candidate PALM BEACH COUNT OFFICE USE ONLY Candidate Oath (Section 99.021(1)(a) and 105.031, Florida Statutes) I, Edwin Ferguson (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 Palm Beach County School Board (Office) (District #) ; I am a qualified elector of Palm Beach County, Florida: 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 s public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United board and a recipient of States and of the State of Florida. Candidate's Florida Voter Registration Number (located on your voter information card): 112615843Phonetic 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.] Ed-win Fer-auh-son X 1561) 247-0567 electedwinferguson@gmail.com Signature of Candidate Telephone Number ----il Address 2826 Broadway Avenue, Suite 102 Riviera Beach FL 33404 Address City ZIP Code STATE OF FLORIDA COUNTY OF Palm Beat Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below: Sworn to (or affirmed) and subscribed before me by means of online notarization OR physical presence this 10th day of \_ TAKARA N. MANNING MY COMMISSION # HH 4944 Personally Known X OR Produced Identification **EXPIRES: May 31, 2024** Bonded Thru Notary Public Underwriter: Type of Identification Produced:

## FULL AND PUBLIC DISCLOSURE FORM 6 2021 OF FINANCIAL INTERESTS Please print or type your name, mailing FOR OFFICE USE ONLY: address, agency name, and position below: LAST NAME - FIRST NAME - MIDDLE NAME: SUPERVISOR OF ELECTIONS Ferguson Edwin 2022 JUN 13 PM 2: 32 MAILING ADDRESS: 2826 Broadway Avenue, Suite 102 PALM BEACH COUNTY, FL. CITY: ZIP: COUNTY: Riviera Beach 33404 Palm Beach NAME OF AGENCY: NAME OF OFFICE OR POSITION HELD OR SOUGHT: Palm Beach County School Board, District 7 **CHECK IF THIS IS A FILING BY A CANDIDATE** PARTA -- NET WORTH Please enter the value of your net worth as of December 31, 2021 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 $\underline{\text{June } 13}$ , 20 $\underline{\text{22}}$ was \$ 188789.00 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 \$ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instructions p.4) VALUE OF ASSET 1362 6th Street, West Palm Beach, FL 33401 475000 PART C -- LIABILITIES LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4): NAME AND ADDRESS OF CREDITOR AMOUNT OF LIABILITY Flagstar Bank, 5151 Corporate Dr., Troy MI 48098 372000 USAA, 10750 McDermott Freeway, San Antonio, TX 78288 17620

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

	PART D -	- INCOME			
Identify each separate source and amount of income which e copy of your 2021 federal income tax return, including all W2 attaching your returns, as the law requires these documents  I elect to file a copy of my 2021 federal income tax re [If you check this box and attach a copy of your 2020]	be posted to th	and attachments. Please redact a se Commission's website.	ny social security or a	ccount num	a complete bers before
[If you check this box and attach a copy of your 2020 PRIMARY SOURCES OF INCOME (See instructions on page 1)	tur rotain, you	2022 J	UN 73 PM 2: 3	32	
NAME OF SOURCE OF INCOME EXCEEDING \$1,000	Ĺ	ADDRESS OF SOURCE OF IN	COMEH COUNTY	FL. AN	IOUNT
The Ferguson Firm,PLLC	2826 Broadway Ave., Ste 102			93828.73	
The Ferguson Firm,PLLC	2826 Broadway Ave., Ste 102		2 2	2367	
SECONDARY SOURCES OF INCOME [Major customers, cl	CONTRACTOR OF THE PROPERTY OF	THE PERSON NAMED IN THE PE		on page 51:	
NAME OF NAME OF MAJOR BUSINESS ENTITY OF BUSINESS	R SOURCES	ADDRESS OF SOURCE	, PR	INCIPAL BUTIVITY OF S	ISINESS
PART E INTERESTS I	N SPECIFIE	D BUSINESSES [Instruction	is on page 61		and the first of the
BUSINESS ENTITY		BUSINESS ENTITY # 2		SS ENTITY #	‡ 3
NAME OF BUSINESS ENTITY The Fergus on Fice	PRIC				
	e hiverage				
PRINCIPAL BUSINESS Law Practice					
POSITION HELD WITH ENTITY  Owner   me		The second se			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS YES, 100 %					The Court of Court of the Court
NATURE OF MY OWNERSHIP INTEREST  Member of PLL	7				
	પ્રતિવાદ કરો છે. જો	TO A TRUTO			(M. Carlotte
PART F - TRAINING  This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S. [See instructions p. 6]					
I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.					
OATH		OF FLORIDA			
I, the person whose name appears at the	COUN				8
beginning of this form, do depose on oath or affirmation		to (or affirmed) and subscribed by rsical presence or online nota			NRA N. MANNING IMISSION # HH 4944 RES: May 31, 2024 Notary Public Underwiters
and say that the information disclosed on this form		- 22	T :		A N. MANNING SSION # HH 494 S: May 31, 2024 any Public Underwit
and any attachments hereto is true, accurate,	$\sim$ $\sim$	20 12 by	tanin Fe	rguss-	MAN Sy 31
and complete,	(O)	SCOM	100	>	TAKARA N. MANNING COMMISSION # HH 4K EXPIRES: May 31, 2024 d'Thn Notay Public Under
	(Signa	ture of Notary PublicState of Flo	onda)		TAKAR Y COMIN EXPIRE
	(Print.	Type, or Stamp Commissioned N	Jame of Notary Public	2)	M A A
Edwy 57			Produced Identification		
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE	=	MANINE	Produced Identification	on	3 4
	Type o	f Identification Produced	See Marco Ma		70
If a certified public accountant licensed under Chapter 4	73, or attorney	in good standing with the Flori	ida Bar prepared this	s form for y	ou, he or
she must complete the following statement:			the state of the country and the	a a small	
I, Forda Statutes, and the instructions	, prepared	the CE Form 6 in accordance v	with Art. II, Sec. 8, F	Iorida Cons	titution,
and correct.	to the form. Up	oon my reasonable knowledge	and belief, the disclo	osure herei	n is true
- Zalun Dur			6-10-27	2	
Signature			Date		
Preparation of this form by a CPA or attorney of	loes not relic	eve the filer of the responsi	bility to sign the	form und	er oath.
IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					