CANDIDATE OATH -SCHOOL BOARD NONPARTISAN OFFICE SUPERVISOR OF ELECTIONS 2022 JUN -9 AM 10: 55 Check box only if you are seeking to qualify as a write-in candidate: PALM BEACH COUNTY, FL. Write-in candidate OFFICE USE ONLY Candidate Oath (Section 99.021(1)(a) and 105.031, Florida Statutes) Contreras (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 Board (Office) (District #) _ ; I am a qualified elector of Palm Be a 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 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): 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.] H-LEEK CONT- RE-RAS Signature of Candidate Telephone Number STATE OF FLORIDA

COUNTY OF Palm Beach

Sworn to (or affirmed) and subscribed before me by means of online notarization OR physical presence of

Type of Identification Produced: US FOOSSOV+

this 9th day of 1, 100

physical presence 20

Personally Known OR Prod

OR Produced Identification

PAR PAR

Signature of Notary Public

AMBER SACKS
Notary Public - State of Florida
Commission # HH 185755

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

My Comm. Expires Nov 14, 2025

Bonded through National Notary Assn.

| FOR | RM 6 |] | FULL | AND PUBLIC | C DISCLOSU | RE | 2021 |
|----------------------------------|-------------------------------------------------|----------------------------------|-----------------------------|-----------------------------|---------------------------|--------------------------------------------------------------------------------------------|--------------------|
| Please print address, age | or type your name, i ncy name, and posi | mailing | | | INTERESTS | FOR OFFICE | E USE ONLY: |
| | ME FIRST NAM | | E NAME: | | | SUPER VISOR OF | ELECTIONS |
| | , Angelique N | Marie | | | | 2022 JUN -7 | PM 2: 38 |
| P.O. Box | ADDRESS: | | | | | PALM BEACH | OUNTY, FL. |
| 1.0. DOX | 3073 | | | | | PALM BEACH | ,00.4 |
| | | | | | | | |
| CITY: | .1 | | ZIP: | COUNTY: | | | |
| Lake Wo | | 334 | 466 | Palm Beach | 1 | | |
| NAME OF | AGENCY: | | | | | | |
| NAME OF Palm Bea | OFFICE OR POSI ch County Scl | TION HELD | OR SOUG | HT: | | | |
| | THIS IS A FILING | | | 2 | | | |
| | | | | | | | |
| Please o | ntor the value o | £ | | PART A NET | | | |
| culated b | v subtracting v | or your ne our <i>renor</i> i | t worth as fed liabiliti | s of December 31, 20 |)21 or a more current | date. [Note: Net wo | rth is not cal- |
| | | _ | | | | see the instructions on | page 3.] |
| M | y net worth as | s of June | | , 20 22 | 2 was \$ <u>52,261</u> | | - |
| | | | | | | | |
| | | | | PART B A | SSETS | | |
| HOUSEHO | LD GOODS AND | PERSONAL | EFFECTS: | | | | |
| | | | | | | eds \$1,000. This category in items; art objects; househousehousehousehousehousehousehouse | ncludes any of the |
| furnishing | gs; clothing; other I | nousehold it | ems; and ve | chicles for personal use, w | hether owned or leased. | icina, art objects, nousen | old equipment and |
| The aggr | egate value of my | household (| goods and p | ersonal effects (described | l above) is \$ 57,000 | | |
| ASSETS IN | DIVIDUALLY VAL | | | | | 1 | |
| 2012 II | DESCRIPTION | ON OF ASS | ET (specific | c description is required | l - see instructions p.4) | VA | LUE OF ASSET |
| 2012 Hyui | ndai Veloster | | | | | 6,500 | |
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| | | | | | | | |
| | | | | DADE C | | | |
| LIABILITIES | IN EXCESS OF \$ | 1.000 (See | instruction | PART C - LIAI | ILITIES | | |
| | NAME AND | ADDRESS (| OF CREDIT | OR | | ı AMOL | JNT OF LIABILITY |
| VELOCIT | Y CREDIT U | NION | | | | 11,239 | |
| | | | | | | 11,20 | |
| | | | | | | | |
| | | | | | | | |
| JOINT AND | SEVERAL LIABIL | ITIES NOT | REPORTED | ABOVE: | | | |
| | NAME AND A | | | | | AMOL | INT OF LIABILITY |
| | | | | | | | |
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| | | | | | | | |
| CE FORM 6 - E Incorporated by | ffective June 2, 2022 reference in Rule 34-8 | 3.002(1), F.A.C | | (Continued on re | everse side) | | PAGE 1 |

| ا عامساند | | | | PART D - | | | | | | | | |
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| copy of v | ach separate source ar our 2021 federal incom | nd amount | of income which of | exceeded \$1,000 | during the year, including second | ary sources of inc | ome. Or attach a complete | | | | | |
| attaching | your returns, as the la | w requires | these documents | s be posted to the | during the year, including second attachments. Please redact an Commission's website. | y social security co | or account numbers before | | | | | |
| 1 1 . | | | | | | 2022 11 194 | -7 PM 2:39 | | | | | |
| [H | I elect to file a copy of my 2021 federal income tax return and all W2's, schedules, and attachments. [If you check this box and attach a copy of your 2020 tax return, you need not complete the remainder of Part DJ PACH BEACH COUNTY, | | | | | | | | | | | |
| PRIMAR | Y SOURCES OF INCO | ME (See i | nstructions on n | age 5): | , | PACH BEA | CH COUNTY, FL. | | | | | |
| | OF SOURCE OF INC | | | | ADDRESS OF SOURCE OF INC | OME | | | | | | |
| | | | | | ADDITION OF COURCE OF INC | OWE | AMOUNT | | | | | |
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| SECOND | ARY SOURCES OF IN | NCOME [M | lajor customers, c | lients, etc., of bus | sinesses owned by reporting pers | on-see instruction | ns on page 5]: | | | | | |
| | NAME OF USINESS ENTITY | 1 | NAME OF MAJO | R SOURCES , | OURCES ADDRESS PRINCIPAL | | | | | | | |
| | JOINEGO ENTITY | | OF BUSINESS | S INCOME | OF SOURCE | A | ACTIVITY OF SOURCE | | | | | |
| | | | | | | | | | | | | |
| ER CHANGE | | | | | | | | | | | | |
| | P | ART E - | INTERESTS I | N SPECIFIED | BUSINESSES [Instructions | on nego 61 | | | | | | |
| | | | JSINESS ENTITY | | BUSINESS ENTITY # 2 | | IEOO ENTITY () o | | | | | |
| NAME OF BUSINES | S ENTITY | | | | DOSINESS ENTITY # 2 | BOSIN | IESS ENTITY # 3 | | | | | |
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| | | | | PARTE_T | DAINING | | | | | | | |
| This sec | ction applies only to | officers re | equired to compl | PART F - T | | 440.0440.50 | 50 | | | | | |
| This sec | ction applies only to | officers re | equired to compl | ete annual ethi | s training pursuant to section | 112.3142, F.S. | [See instructions p. 6] | | | | | |
| This sec | U | CERTI | equired to compl | ete annual ethi | cs training pursuant to section LETED THE REQUIRE | 112.3142, F.S. D TRAINING | [See instructions p. 6] | | | | | |
| This sec | U | officers re | equired to compl | ete annual ethic | cs training pursuant to section LETED THE REQUIRE OF FLORIDA | D TRAINING | [See instructions p. 6] | | | | | |
| <u> </u> | U | TH | equired to compl | ete annual ethic IAVE COMP STATE (COUNT | cs training pursuant to section LETED THE REQUIRE OF FLORIDA OF Palm Beg | D TRAINING |). | | | | | |
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