CANDIDATE OATH

SCHOOL BOARD NONPARTISAN OFFICE

Check box \emph{only} if you are seeking to qualify as a write-in candidate:

Write-in candidate

SUPERVISOR OF ELECTIONS

2022 JUN 13 AM 11: 22

PALM BEACH COUNTY, FL.

OFFICE USE ONLY

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.] X	
(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 Parm Beach County Screet Board (Office) (Initial) (Group or Seat #) I am qualified elector of Parm Beach County, Florida; (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 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): 11 2 9 2 2 2 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.] Signature of Candidate Telephone Number Email Address Signature of Notary Public Print, Type, or Stantes of Notary Public Delow: Signature of Notary Public Stantes Fired Commissioned Name of Notary Public Stantes Fired Commissioned Name of Notary Public Commission	
(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	
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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 Scrool Beaks 3, (Office) (Office) (I am a qualified elector of Palm Beach County, Florida; (Circuit #) (Group or Seat #) Lam a qualified elector of Palm Beach County, Florida; (Circuit #) (Group or Seat #) Lam qualified of 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): 11 90000000000000000000000000000000000	
am a candidate for the nonpartisan office of Palm Beach County School Beach 2 (Office) (District #) (I am a qualified elector of Palm Beach County, Florida; (Circuit #) (Group or Seat #) Lam 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): 11 1 90 2 4 2 7	hyphen, check box 🔲 (see page 2 - Compound Last Names). No change can be made after the end of qualifying.
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County, Florida; County, Flo	am a candidate for the nonpartisan office of PALM BEACH LOUNTY SCHOOL BOARS 3,
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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.] Signature of Candidate Telephone Number Email Address Dobox 540664 Greenances City State ZIP Code STATE OF FLORIDA COUNTY OF Parm Beach Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below: MABER SACKS Notary Public - State of Florida This day of Land County Public print, Type, or Stamp Commissioned Name of Notary Public - State of Florida This day of Land County Public - State of Florida This day of Land County Public - State of Florida This day of Land County Public - State of Florida This day of Land County Public - State of Florida This day of Land County Public - State of Florida This day of Land County Public - State of Florida This day of Land County Public - State of Florida This day of Land County Public - State of Florida This day of Land County Public - State of Florida This day of Land County Public - State of Florida This day of Land County Public - State of Florida This day of Land County Public - State of Florida This day of Land County Public - State of Florida This day of Land County Public - State of Florida This day of Land County Public - State of Florida This day of Land County Public - State of Florida This day of Land County Public - State of Florida This day of Land County Public - State of Florid	
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): 111901477 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.] Signature of Candidate Telephone Number Email Address City State ZIP Code STATE OF FLORIDA COUNTY OF COUNTY OF COUNTY OF Page County Public Print, Type, or Stamp Commissioned Name of Notary Public below: Notary Public State of Florida Commission and Subscribed before me by means of online notarization OR physical presence of the school of the scho	Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.
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): 11190000000000000000000000000000000000	
States and of the State of Florida. Candidate's Florida Voter Registration Number (located on your voter information card): 11190747 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.] X	
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AABER SACKS Sworn to (or affirmed) and subscribed before me by means of online notarization OR physical presence Address OR physical presence AABER SACKS Notary Public - State of Florida Commission #H 185755	Candidate's Florida Voter Registration Number (located on your voter information card): 11190747
Signature of Candidate Telephone Number Email Address City State Email Address Email Address State State ZIP Code STATE OF FLORIDA COUNTY OF Pam Beach 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 AMBER SACKS Notary Public - State of Florida Commission # HH 185755	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.]
Signature of Candidate Telephone Number Email Address City State Email Address Email Address State State ZIP Code STATE OF FLORIDA COUNTY OF Pam Beach 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 AMBER SACKS Notary Public - State of Florida Commission # HH 185755	
Signature of Candidate Telephone Number Email Address City State Email Address Email Address State State ZIP Code STATE OF FLORIDA COUNTY OF Pam Beach 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 AMBER SACKS Notary Public - State of Florida Commission # HH 185755	/)
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Address State State ZIP Code STATE OF FLORIDA COUNTY OF Pam Beach 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 on the print of the public of Florida Commission # HH 185755	Simply of Cantilate Telephone Number
STATE OF FLORIDA COUNTY OF Para Beach 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 day of day of 20 33	α
STATE OF FLORIDA COUNTY OF Pam Beach 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 day of AMBER SACKS Notary Public - State of Florida Commission# HH 185755	PO BOX 540664 GREENALNES FL 33454
Sworn to (or affirmed) and subscribed before me by means of online notarization OR physical presence this day of day of 20 33	Address City State ZIP Code
Sworn to (or affirmed) and subscribed before me by means of online notarization OR physical presence this day of day of 20 33	
Sworn to (or affirmed) and subscribed before me by means of online notarization OR physical presence This day of Commissioned Name of Notary Public below: AMBER SACKS Notary Public - State of Florida Commission# HH 185755	STATE OF FLORIDA
Sworn to (or affirmed) and subscribed before me by means of online notarization OR physical presence Notary Public - State of Florida Commission # HH 185755	COUNTY OF Pam Beach Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below:
this day of Commission # HH 185755	
this day of Commission # HH 185755	online notarization OR physical presence
	this day of Commission # HH 185755
Personally Known OR Produced Identification on Source Sour	My Comm. Expires Nov 14, 2025
Type of Identification Produced: FL DL	

FORM 6 FULL AND PUBLIC DISCLOSURE	710NS 2021
Please print or type your name, mailing address, agency name, and position below: OF FINANCIAL INTERESTS FOR AM 11	OFFICE USE ONLY:
LAST NAME — FIRST NAME — MIDDLE NAME:	The second secon
MAILING ADDRESS: BAILEY K. BALM BEACH COUNT	Y, FL.
PO Box 540664	
GREENACRES 33454 PALM BEACH	
CITY: ZIP: COUNTY:	
NAME OF AGENCY:	
NAME OF DEFICE OR POSITION HELD OR SOUGHT: PALM BEACH COUNTY SCHOOL BOARD, DISTRICT 3	
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, 2021 or a more current date. [Note: N	Net worth is not cal-
culated by subtracting your reported liabilities from your reported assets, so please see the instruction	ons on page 3.]
My net worth as of <u>December 31</u> , 20 <u>21</u> was \$ <u>222, 501.</u> 6	7
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 ca following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.	0 ,
The aggregate value of my household goods and personal effects (described above) is \$ $\frac{\#125,541,6}{}$	00
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
HOME IN MOCREMAYEN, FLORIDA	\$100,00000
PART C LIABILITIES	
LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4): NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
CHASE BANK	#3,039.33
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:	
NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

		PART D -	- INCOME	ARTICLE STATE CONTROL			
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 2021 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 alasta filo a servata	2024 fordered in a constant	-t	No colo del constituto de la colo	2022 JUN 13	AM 11: 16		
[If you check this box ar	nd attach a copy of your 2020	tax return, you	2's, schedules, and attachments. I need not complete the remaind	er of Part D.1 CH	COUNTY EL		
PRIMARY SOURCES OF INCO				The second			
NAME OF SOURCE OF INC	OME EXCEEDING \$1,000		ADDRESS OF SOURCE OF IN	NCOME .	AMOUNT		
LASMELLS PMO	TOGRAPHY	ON LOC.	ATION		413,78200		
SECONDARY SOURCES OF I	NCOME [Major customers, cl	ients, etc., of bu	usinesses owned by reporting pe	erson-see instructi	ons on page 5]:		
NAME OF BUSINESS ENTITY	NAME OF MAJOR		ADDRESS OF SOURCE	1	PRINCIPAL BUSINESS		
DOGINEGO ENTITT	OF BUSINESS	HACOINE	OF SOURCE		ACTIVITY OF SOURCE		
	!		l.				
ŀ			D BUSINESSES [Instruction				
NAME OF	BUSINESS ENTITY	#1	BUSINESS ENTITY # 2	BUS	INESS ENTITY # 3		
BUSINESS ENTITY ADDRESS OF							
BUSINESS ENTITY PRINCIPAL BUSINESS							
POSITION HELD							
WITH ENTITY I OWN MORE THAN A 5%							
INTEREST IN THE BUSINESS NATURE OF MY							
OWNERSHIP INTEREST							
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.							
O.A	ATH		OF FLORIDA	2.0.10			
I, the person whose name app		COUN	to (or affirmed) and subscribed	hefore me by mea	uns of		
beginning of this form, do depo			sical presence or online no				
and say that the information di	isclosed on this form	,	2072 by	Bailey	LAShellS		
and any attachments hereto is	true, accurate,	, ?	July 2	SHITCH	CHORCHO.		
and complete.		(Signal	ture of Notary PublicState of F	lorida CTARY	SUSAN RILEY		
			Jusan Rus	eu ta	Commission # HH 08839 Expires April 1, 2023		
125-1 A	1 11:	(Print,	Type, or Stamp Commissioned	Name of Notary	Bonded Thru Budget Notary Serv		
SIGNATURE OF REPORTING	OFFICIAL OR CANDIDATI		ally Known OR	Produced Identif	ication		
	POLITICAL OF OPHICIAL		f Identification Produced				
If a certified public accountan	it licensed under Chapter 4	73, or attorney	in good standing with the Flo	rida Bar prepared	this form for you, he or		
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, SAILEY ASPIECES, 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.							
Wailey La	chills		Ju	υε /3 <i>TF</i> Date	1,2022		
Signatu							
Preparation of this form	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 CO	ONTINUED	ON A SEPARATE SHEET	, PLEASE CH	ECK HERE		