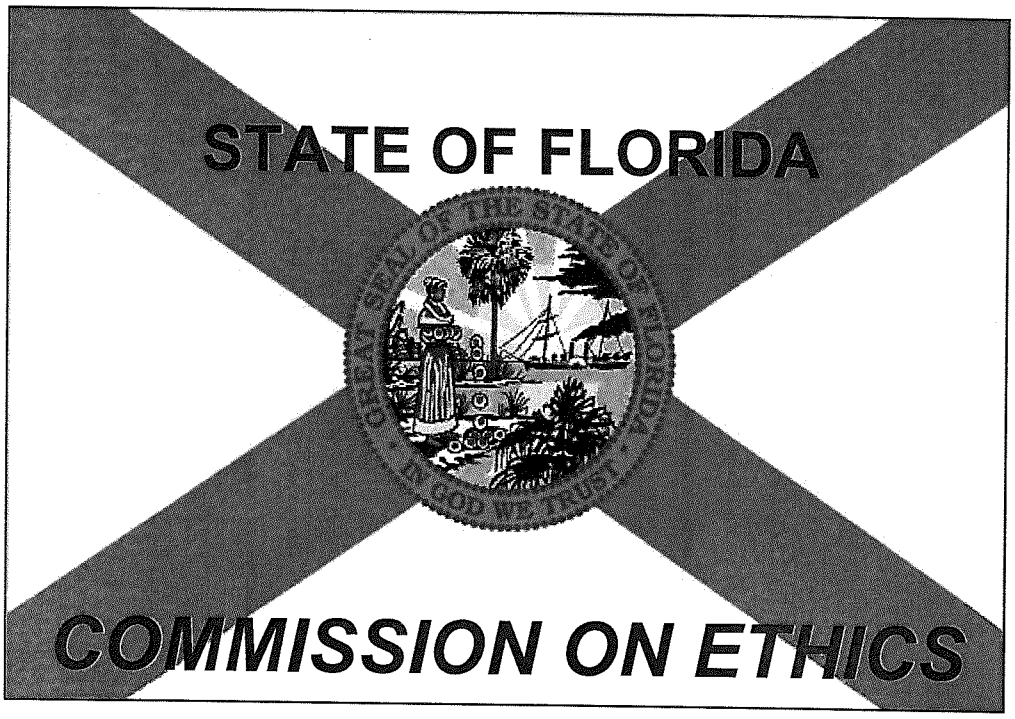
REPORT OF INVESTIGATION



Complaint Number 21-093

NOTICE CONCERNING CONFIDENTIALITY

This report of investigation concerns an alleged violation of Chapter 112, Part III, Florida Statutes, or other breach of public trust under provisions of Article II, Section 8, Florida Constitution. The Report and any exhibits may be confidential (exempt from the public records law) pursuant to Section 112.324, Florida Statutes, and Chapter 34-5, F.A.C., the rules of the Commission on Ethics. Unless the Respondent has waived the confidentiality in writing, this report will remain confidential until one of the following occurs: (1) the complaint is dismissed by the Commission; (2) the Commission finds sufficient evidence to order a public hearing; or (3) the Commission orders a public report as a final disposition of the matter. *See Section 112.3215, Florida Statutes, regarding executive branch lobbying matters and confidentiality.

STATE OF FLORIDA
COMMISSION ON ETHICS
Post Office Drawer 15709
Tallahassee, Florida 32317-5709

REPORT OF INVESTIGATION

TITLE: DALE V. C. HOLNESS
Broward County Commissioner
Plantation, Florida

COMPLAINT NO.: 21-093
Exhibits A through B

INVESTIGATED BY: Tracey L. Maleszewski

Distribution: Commission on Ethics
Respondent
Advocate
File

Releasing Authority: Kerrie J. Stillman
Executive Director

September 3, 2021
Date

* * * *

REPORT OF INVESTIGATION
COMPLAINT NO. 21-093

(1) Mr. Richard Giorgio of Tallahassee, Florida, alleges Mr. Dale V. C. Holness, a member of the Broward County Commission, violated the Code of Ethics for Public Officers and Employees.

(2) The complaint alleges the Respondent owns two corporations: American Holding Group, Inc., and All Broward Realty, Inc. The complaint alleges All Broward Realty, Inc., is the Respondent's primary source of income. The complaint alleges the Respondent did not disclose income from either of the corporations on his CE Form 6, Full and Public Disclosure of Financial Interests, submissions for 2016-2019, and did not disclose any secondary sources of income related to these corporations.

(3) The complaint also alleges the Respondent listed seven investment or rental properties on his CE Form 6 submissions for 2016-2019. The complaint alleges the Respondent failed to report rental and investment income derived from these properties on his CE Form 6 submissions for 2016-2019.

(4) The Executive Director of the Commission on Ethics noted that based upon the information provided in the complaint, the above-referenced allegations were sufficient to warrant a preliminary investigation to determine whether the Respondent's actions violated Section 112.3144, Florida Statutes, and Article II, Section 8, Florida Constitution (Full and Public Disclosure of Financial Interests).

(5) The Respondent, interviewed via Zoom in the presence of his attorney, Hans Ottinot, stated he was elected to the Broward County Commission in 2010, and, prior to his service on the Broward County Commission, he served on the City Council of Lauderhill from 2004 to 2010. He confirmed he has been required to file a CE Form 6 since 2010. He added he was required to file a CE Form 1, Statement of Financial Interests, when he served on the Lauderhill City Council. The Respondent stated he completed high school and some college. He related his employment primarily has been in real estate, insurance, and restaurant management.

(6) The Respondent stated he is the principal of two corporations: American Holding Group, Inc., and All Broward Realty, Inc. He maintained he did not receive any income from either corporation during the years 2016-2019. His income, he explained, comes from his service on the County Commission and is disclosed on his financial disclosure forms.

(7) The Respondent listed seven properties under Part B-Description of Assets on his CE Form 6 for the years 2016-2019. The Respondent acknowledged he received rental income during the years 2016-2019, but explained he did not understand he was required to report the rental income since it was offset by other expenses and depreciation. He commented, "I received no training on that." (Copies of the Respondent's Form 6, Full and Public Disclosure of Financial Interests, for years 2016-2019, are appended as Composite Exhibit A).

(8) The Respondent stated he completed his CE Form himself and confirmed he did not have an accountant or an attorney assist him with the completion of the forms. He affirmed he did read the filing instructions provided with the forms and said he does not recall how long it took for him to complete them.

(9) The Respondent voiced his belief that it is important for public officials to file financial disclosures and to read and understand the instructions when completing the forms. He said he now understands he is required to report the gross income derived from rents received on his CE Form 6, regardless of expenses and depreciation. He also said he understands he is required to report income from his corporations were he to ever receive income.

(10) The Respondent filed a CE Form 6X, Amendment to Full and Public Disclosure of Financial Interests, for calendar years 2016, 2017, 2018, and 2019, on August 27, 2021. The Respondent said he filed the amended financial disclosure forms following a phone inquiry to Commission on Ethics staff, during which he received clarification of the financial disclosure filing requirements. (Copies of the Respondent's form 6X, Amendment to Full and Public Disclosure of Financial Interests, for years 2016-2019, are appended as Composite Exhibit B).

(11) The Respondent filed his 2020 CE Form 6 on August 30, 2021, which included the disclosure of rental income from his investment properties.

END OF REPORT OF PRELIMINARY INVESTIGATION

EXHIBIT A

EXHIBIT A

FORM 6 — FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS — 2016

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

LAST NAME — FIRST NAME — MIDDLE NAME:
HOLNESS DALE V.C.

MAILING ADDRESS:
107 BRYAN BLVD.

CITY: PLANTATION ZIP: 33317 COUNTY: BROWARD

NAME OF AGENCY:
BROWARD COUNTY COMMISSION

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
BROWARD COUNTY COMMISSIONER DISTRICT 9

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

FOR OFFICE USE ONLY:
96636

FLORIDA COMMISSION ON ETHICS
AUG 31 2017
RECEIVED
PROCESSED

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2016 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 DECEMBER, 20 16 was $ 458,322.

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 $ 0

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
BB&T CHECKING / SAVINGS	$11,200
VALIC SAVINGS	$5400
ALL BROWARD REALTY, INC BUSINESS	$40,000
SEE ATTACHED ADDENDUM	

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
CHASE BANK, BOX 78148 PHOENIX, AZ 85062-8148	$56,250
BANK OF AMERICA PO BOX 660807 DALLAS, TX 75266-0807	$80,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

(Continued on reverse side)

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 2016 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 2016 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2016 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
BROWARD COUNTY	115 S. ANDREWS AVE., FT. LAUDERDALE FL 33301	95,890
CITY OF LAUDERHILL PENSION	38 FOUNTAIN SQUARE PLZ., CINCINNATI, OH 45263	7,513

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

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	ALL BROWARD REALTY	AMERICAN HOLDINGS	
ADDRESS OF BUSINESS ENTITY	4325 W. SUNRISE BLVD.	4325 W. SUNRISE BLVD.	
PRINCIPAL BUSINESS ACTIVITY	REAL ESTATE BROKERAGE	INVESTMENTS	
POSITION HELD WITH ENTITY	PRESIDENT	PRESIDENT	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES	YES	
NATURE OF MY OWNERSHIP INTEREST	100%	100%	

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 BROWARD

Sworn to (or affirmed) and subscribed before me this 30th day of August, 2017 by Liana Ravello

(Signature of Notary Public--State of Florida)

LIANA RAVELLO
(Print, Type, or Stamp Commissioned Name of Notary Public)

LIANA RAVELLO
MY COMMISSION # FF211192
EXPIRES April 26, 2019
(407) 398-0153 FloridaNotaryService.com

Personally Known ____ OR Produced Identification ____

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 ☐

DALE V.C. HOLNESS

FORM 6 – REPORTING PERIOD 2016 ADDENDUM

PART B – ASSETS

DESCRIPTION OF ASSETS	VALUE OF ASSETS
1660 SW 38th Avenue, Ft. Lauderdale, FL 33312	$250,000
2630 NW 52nd Avenue, Lauderhill, FL 33313	$50,000
5311 NW 27th Street, Lauderhill, FL 33313	$50,000
5327 NW 27th Street, Lauderhill, FL 33313	$50,000
4211 NW 19th Street, #191 Lauderhill, FL 33313	$40,000
2800 NW 56th Avenue, #E405, Lauderhill, FL 33313	$40,000
2611 NW 56th Avenue, #A529, Lauderhill, FL 33313	$42,000
AMERICAN HOLDINGS	$5,000
CAPITAL ONE INVESTMENTS	$3,699
BANK OF AMERICA	$1105
MERRILL LYNCH	$694
TIVO	$794
FANNIE MAE	$4,680

FORM 6 — FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS — 2017

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

LAST NAME — FIRST NAME — MIDDLE NAME:
HOLNESS DALE VINCENT CLARK

MAILING ADDRESS:
107 BRYAN BLVD.

CITY: PLANTATION
ZIP: 33317
COUNTY: BROWARD

NAME OF AGENCY:
BROWARD COUNTY COMMISSION

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
BROWARD COUNTY COMMISSIONER DISTRICT 9

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

FOR OFFICE USE ONLY:
96636

PROCESSED
FLORIDA
COMMISSION ON ETHICS
AUG 27 2018
RECEIVED

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2017 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 DECEMBER, 20 17 was $ 505,394.

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 $ 0

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
BB&T CHECKING/SAVINGS	9,800
VALIC SAVINGS (Retirement)	5,200
ALL BROWARD REALTY, INC. BUSINESS	42,000
SEE ATTACHED ADDENDUM	

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
DISCOVER PO BOX 71084, CHARLOTTE, NC	5,500
CHASE BANK, PO BOX 78148 PHOENIX, AZ 85062-8148	63,053
BANK OF AMERICA, PO BOX 660807 DALLAS, TX 75266-0807	90,000
BB&T, PO BOX 580435 CHARLOTTE, NC	30,500

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

(Continued on reverse side)

A-4

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 2017 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 2017 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2017 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
BROWARD COUNTY	115 S ANDREWS, FT LAUDERDALE, FL 33301	93,056
CITY OF LAUDERHILL PENSION	38 FOUNTAIN SQ PLZ, CINCINNATI, OH 45263	7,795

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

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	ALL BROWARD REALTY, INC	AMERICAN HOLDINGS	
ADDRESS OF BUSINESS ENTITY	4325 W SUNRISE BLVD	4325 W SUNRISE BLVD	
PRINCIPAL BUSINESS ACTIVITY	REAL ESTATE BROKERAGE	INVESTMENTS	
POSITION HELD WITH ENTITY	PRESIDENT	PRESIDENT	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES	YES	
NATURE OF MY OWNERSHIP INTEREST	100%	100%	

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 BROWARD

Sworn to (or affirmed) and subscribed before me this 24th day of August, 2018 by DALE HOLNESS

(Signature of Notary Public--State of Florida)

ARLENE JARDINE
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ✓ OR Produced Identification _____

Type of Identification Produced _____

ARLENE JARDINE
MY COMMISSION # GG 167505
EXPIRES: March 22, 2022
Bonded Thru Notary Public Underwriters

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 ☐

DALE V.C. HOLNESS

FORM 6 – REPORTING PERIOD 2018 ADDENDUM

PART B – ASSETS

DESCRIPTION OF ASSETS	VALUE OF ASSETS
1660 SW 38th Avenue, Ft. Lauderdale, FL 33312	$300,000
2630 NW 52nd Avenue, Lauderhill, FL 33313	$59,000
5311 NW 27th Street, Lauderhill, FL 33313	$61,000
5327 NW 27th Street, Lauderhill, FL 33313	$60,000
4211 NW 19th Street, #191 Lauderhill, FL 33313	$40,000
2800 NW 56th Avenue, #E405, Lauderhill, FL 33313	$50,000
2611 NW 56th Avenue, #A529, Lauderhill, FL 33313	$50,000
AMERICAN HOLDINGS	$5,000
CAPITAL ONE INVESTMENTS	$5,583
BANK OF AMERICA	$322
MERRILL LYNCH	$2,779
TIVO	$979
FANNIE MAE	$2,784
Total	$694,447

FORM 6 — FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS — 2018

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

LAST NAME — FIRST NAME — MIDDLE NAME:
HOLNESS DALE VINCENT CLARK

MAILING ADDRESS:
107 BRYAN BLVD.

CITY: PLANTATION ZIP: 33317 COUNTY: BROWARD

NAME OF AGENCY:
BROWARD COUNTY COMMISSION

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
BROWARD COUNTY COMMISSIONER DISTRICT 9

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

FOR OFFICE USE ONLY:
96636

FLORIDA
COMMISSION ON ETHICS
AUG 29 2019
RECEIVED
PROCESSED

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2018 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 December, 20 2018 was $ 668,589.59.

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 $ 0

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
BB&T CHECKING/SAVINGS	5,530.00
VALIC SAVINGS (Retirement)	5,200.00
ALL BROWARD REALTY, INC. BUSINESS	50,000.00
SEE ATTACHED ADDENDUM	

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
DISCOVER PO BOX 71084, CHARLOTTE, NC	5,000.00
CHASE BANK, PO BOX 78148 PHOENIX, AZ 85062-8148	65,822.76
BANK OF AMERICA, PO BOX 660807 DALLAS, TX 75266-0807	84,814.87
BB&T, PO BOX 580435 CHARLOTTE, NC	24,929.78

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

(Continued on reverse side)

A-7

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 2018 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 2018 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2018 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
BROWARD COUNTY	115 S. ANDREWS AVE FT. LAUD FL 3330	99,866.26
CITY OF LAUDERHILL PENSION	38 FOUNTAIN SQ PLZ. CINN. OH 45263	7,739.00

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

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	ALL BROWARD REALTY	AMERICAN HOLDINGS	
ADDRESS OF BUSINESS ENTITY	4325 W. Sunrise Blvd	4325 W. SUNRISE BLVD	
PRINCIPAL BUSINESS ACTIVITY	REAL ESTATE BROKERA	INVESTMENTS	
POSITION HELD WITH ENTITY	PRESIDENT	PRESIDENT	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES	YES	
NATURE OF MY OWNERSHIP INTEREST	100%	100%	

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 BROWARD

Sworn to (or affirmed) and subscribed before me this 27th day of August, 2019 by Dale V.C. Holness

(Signature of Notary Public--State of Florida)

ARLENE JARDINE
(Print, Type, or Stamp Commissioned Name of Notary Public)

ARLENE JARDINE
MY COMMISSION # GG 187505
EXPIRES: March 22, 2022
Bonded Thru Notary Public Underwriters

Personally Known ✓ OR Produced Identification

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 ☐

DALE V.C. HOLNESS

FORM 6 - REPORTING PERIOD 2018 ADDENDUM

PART B - ASSETS

DESCRIPTION OF ASSETS	VALUE OF ASSETS
1660 SW 38th AVE, FT LAUDERDALE, FL 33312	$390,957
2630 NW 52nd AVE, LAUDERHILL, FL 33313	$69,592
5311 NW 27th ST, LAUDERHILL, FL 33313	$71,386
5327 NW 27th ST, LAUDERHILL, FL 33313	$68,818
4211 NW 19th ST #191 LAUDERHILL, FL 33313	$47,553
2800 NW 56th AVE #E405, LAUDERHILL, FL 33313	$55,276
2611 NW 56th AVE, #A529, LAUDERHILL, FL 33313	$67,398
AMERICAN HOLDINGS	$5,000
CAPITAL ONE INVESTMENTS	$5,583
BANK OF AMERICA	$322
MERRILL LYNCH	$2,779
TIVO	$979
FANNIE MAE	$2,784
TOTAL	$788,427

FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2019

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

FOR OFFICE USE ONLY:
96636

2020 JUN 10 PM 3:18

PROCESSED
FLORIDA
COMMISSION ON ETHICS
JUN 15 2020
RECEIVED

LAST NAME — FIRST NAME — MIDDLE NAME:
HOLNESS DALE VINCENT CLARKE

MAILING ADDRESS:
107 BRYAN BLVD

CITY: PLANTATION ZIP: 33317 COUNTY: BROWARD

NAME OF AGENCY:
BROWARD COUNTY COMMISSION

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
BROWARD COUNTY COMMISSIONER DISTRICT 9

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 DECEMBER, 20 19 was $ $636,234.47.

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
BB&T CHECKING & SAVINGS	$28,175.75
VALIC SAVINGS	$5,400
ALL BROWARD REALTY, INC- BUSINESS	$50,000
SEE ATTACHED ADDENDUM	

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
CHASE BANK P.O. BOX 78148 PHOENIX, AZ 85062-8148	$51,583.73
BANK OF AMERICA P.O. BOX 660807 DALLAS, TX	$72,320
BB&T P.O. BOX 580435 CHARLOTTE, NC	$7,469.36
PENFED 2930 EISENHOWER AVENUE ALEXANDRIA VA 22313	$15,566.19

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

(Continued on reverse side)

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
BROWARD COUNTY	115 S. ANDREWS, FT LAUDERDALE FL 33	$106,329.30
CITY OF LAUDERHILL PENSION	38 FOUNTAIN SQ PLZ, CINCINNATI, OH	$7,738.80

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

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	ALL BROWARD REALTY,	AMERICAN HOLDINGS	
ADDRESS OF BUSINESS ENTITY	4325 W SUNRISE BLVD	4325 W SUNRISE BLVD	
PRINCIPAL BUSINESS ACTIVITY	REAL ESTATE BROKERA(	INVESTMENTS	
POSITION HELD WITH ENTITY	PRESIDENT	PRESIDENT	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES	YES	
NATURE OF MY OWNERSHIP INTEREST	100%	100%	

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 BROWARD
Sworn to (or affirmed) and subscribed before me by means of ☑ physical presence or ☐ online notarization, this 10th day of June, 2020 by DALE HOLNESS.

(Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

CLAUDETTE HAMILTON
Commission # GG 303995
Commission Expires 02-20-2023
Bonded Through - Cynanotary
Florida - Notary Public

Personally Known ✓
Produced Identification
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

6-10-2020
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 ☐

DALE V.C. HOLNESS

2020 JUN 10 PM 3: 18

FORM 6- REPORTING PERIOD 2019 ADDENDUM

PART B - ASSETS

DESCRIPTION OF ASSETS	VALUE OF ASSETS
1660 SW 38TH AVE, FORT LAUDERDALE, FL 33312	$309,000
2630 NW 52ND AVE, LAUDERHILL, FL 33313	$69,300
5311 NW 27TH ST, LAUDERHILL, FL 33313	$69,300
5327 NW 27TH ST, LAUDERHILL, FL 33313	$75,200
4211 NW 19TH ST #191 LAUDERHILL, FL 33313	$50,000
2800 NW 56TH AVE #E405 LAUDERHILL, FL 33313	$56,100
2611 NW 56TH AVE #A529 LAUDERHILL, FL 33313	$53,220
AMERICAN HOLDINGS	$5,000
E-TRADE	$3724
BANK OF AMERICA	$1761
MERRILL LYNCH	$2,927
TIVO	$322
FANNIE MAE	$3744
TOTAL	$783,173.75

EXHIBIT B

EXHIBIT B

916636

FLORIDA COMMISSION ON ETHICS
AUG 27 2021
RECEIVED

FORM 6X AMENDMENT TO FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

LAST NAME - FIRST NAME - MIDDLE NAME (same as on original Form 6):

HOLNESS DALE VINCENT CLARK

MAILING ADDRESS:

107 BRYAN BLVD

CITY: PLANTATION ZIP: 33317 COUNTY: BROWARD

◆ THIS FORM AMENDS THE (Choose one)

☑ FORM 6 I FILED FOR THE YEAR: 2016
(Use a separate Form 6X for each Form 6 you are amending.)

☐ FORM 6F I FILED FOR THE PERIOD
January 1, _____ THROUGH _____
(Must be between January 1 of the last year in which you held public office or employment and the last date you held that office or employment.)

◆ DURING THAT YEAR, I HELD, OR WAS A CANDIDATE FOR, THE POSITION OF: COMMISSIONER DISTRICT 9

◆ WITH THIS GOVERNMENTAL AGENCY: BROWARD COUNTY

PROCESSED

PART A – NET WORTH

[Instructions on page 3] If your reported net worth will change because of this amendment, please enter the corrected value of your net worth as of the date used on the original Form 6 or 6F you are seeking to amend, together with that date:

My net worth as of December 31, 20 16 was $ 450,112.38.

PART B – ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS (Instructions on page 3):
If you are amending the value originally reported for household goods and personal effects, please enter the amended value below:

The aggregate value of my household goods and personal effects as of the above date was $ 5,000.00

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET	VALUE OF ASSET
BB&T CHECKING/SAVING	$11,200.00
VALIC SAVINGS	$5,550.00
SEE ATTACHED ADDENDUM	

PART C – LIABILITIES

LIABILITIES IN EXCESS OF $1,000 (Instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
BANK OF AMERICA P.O. BOX 5170 SEMI VALLEY, CA 93062	$11,468.82
CHASE P.O. BOX 78148 PHOENIX, AZ 85062	$56,350.31
BANK OF AMERICA P.O. BOX 660807 DALLAS, TX 75266	$86,599.49

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D – INCOME

If you are filing an amended copy of your federal income tax return, including all W2's, schedules, and attachments, please check here: ☐

PRIMARY SOURCES OF INCOME (Instructions on page 4):

NAME OF SOURCE OF INCOME EXCEEDING $1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
BROWARD COUNTY	115 S ANDREWS AVE, RM411 33301	$92,124.00

(Continued on reverse side)

B-1

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
SEE ATTACHED			
ADDENDUM			

PART E — INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 5]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	ALL BROWARD REALTY, INC	AMERICAN HOLDINGS
ADDRESS OF BUSINESS ENTITY	4325 W SUNRISE BLVD	4325 W SUNRISE BLVD
PRINCIPAL BUSINESS ACTIVITY	REAL ESTATE BROKERAGE	INVESTMENT
POSITION HELD WITH ENTITY	PRESIDENT	PRESIDENT
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES	YES
NATURE OF MY OWNERSHIP INTEREST	100%	100%

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.**

PART G — EXPLANATION OF CHANGES

CORRECTION TO ASSETS, LIABILITIES AND INCOME

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

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 formand any attachments hereto is true, accurate,and complete.

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me by means of

☑ physical presence or ☐ online notarization, this 08 day of 26, 2021 by

(Signature of Notary Public--State of Florida)

JOHNNY PRELLIS
Notary Public - State of Florida
Commission # HH 2119
My Comm. Expires Oct 19, 2024
Bonded through National Notary Assn.

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification Driver License

Type of Identification Produced H452 173 57 177-0

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 6X 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.

INSTRUCTIONS FOR COMPLETING and FILING FORM 6X:

PARTS A through F:
Use these sections of the form to report the new information you believe should have been reported on your original Form 6 or 6F, continuing on a separate sheet if necessary. **Instructions for individual sections are found on pages 3-5, attached.**

PART G:
Use this section of the form to explain the changes in your original Form 6 or 6F.

OATH:
All information on this form should be submitted under oath.

WHERE TO FILE:
If you are amending a Form 6 you filed as a candidate, file the Form 6X at the office where you filed your qualifying papers. All other persons should file Form 6X with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, Florida 32303..

Originals are required. Photocopies, faxed copies and emailed copies will not be accepted.

DALE V.C. HOLNESS

REVISED

FORM 6 - REPORTING PERIOD 2016 ADDENDUM

PART B - ASSETS

DESCRIPTION OF ASSETS	VALUE OF ASSETS
ALL BROWARD REALTY BUSINESS	40,000.00
AMERICAN HOLDINGS	$5,000
1660 SW 38th AVE, FT LAUDERDALE, FL 33312	$250,000
2630 NW 52nd AVE, LAUDERHILL, FL 33313	$50,000
5311 NW 27th ST, LAUDERHILL, FL 33313	$50,000
5327 NW 27th ST, LAUDERHILL, FL 33313	$50,000
4211 NW 19th ST #191 LAUDERHILL, FL 33313	$40,000
2800 NW 56th AVE #E405, LAUDERHILL, FL 33313	$40,000
2611 NW 56th AVE, #A529, LAUDERHILL, FL 33313	$42,000
CAPITAL ONE INVESTMENTS	$8,378
MERRILL	$2,594
LINCOLN BENEFIT LIFE COMPANY	$4,809
TOTAL	$582,781

PART D - INCOME

NAME OF SOURCE OF INCOME EXCEEDING $1,000	ADDRESS OF SOURCE OF INCOME	Amount
RENTAL PROPERTY - CURRENT TENANT	1660 SW 38th AVE, FT LAUDERDALE, FL 33312	$5,600.00
RENTAL PROPERTY - CURRENT TENANT	2630 NW 52nd AVE, LAUDERHILL, FL 33313	$7,742.50
RENTAL PROPERTY - CURRENT TENANT	5311 NW 27th ST, LAUDERHILL, FL 33313	$4,050.00
RENTAL PROPERTY - CURRENT TENANT	5327 NW 27th ST, LAUDERHILL, FL 33313	$6,950.00
RENTAL PROPERTY - CURRENT TENANT	4211 NW 19th ST #191 LAUDERHILL, FL 33313	$9,200.00
PROPERTY OWNED - FAMILY MEMBER RESIDES	2800 NW 56th AVE #E405, LAUDERHILL, FL 33313	$0.00
RENTAL PROPERTY - CURRENT TENANT	2611 NW 56th AVE, #A529, LAUDERHILL, FL 33313	$10,140.00
	TOTAL	$43,682.50

9000636

FLORIDA COMMISSION ON ETHICS
AUG 27 2021
RECEIVED

FORM 6X AMENDMENT TO FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

LAST NAME - FIRST NAME - MIDDLE NAME (same as on original Form 6):

HOLNESS DALE VINCENT CLARK

MAILING ADDRESS:

107 BRYAN BLVD

CITY: PLANTATION ZIP: 33317 COUNTY: BROWARD

◆ THIS FORM AMENDS THE (Choose one)

☑ FORM 6 I FILED FOR THE YEAR: 2017
(Use a separate Form 6X for each Form 6 you are amending.)

☐ FORM 6F I FILED FOR THE PERIOD January 1, _____ THROUGH _____
(Must be between January 1 of the last year in which you held public office or employment and the last date you held that office or employment.)

◆ DURING THAT YEAR, I HELD, OR WAS A CANDIDATE FOR, THE POSITION OF: COMMISSIONER DISTRICT 9

◆ WITH THIS GOVERNMENTAL AGENCY: BROWARD COUNTY

PROCESSED

PART A – NET WORTH

[Instructions on page 3] If your reported net worth will change because of this amendment, please enter the corrected value of your net worth as of the date used on the original Form 6 or 6F you are seeking to amend, together with that date:

My net worth as of December 31, 20 17 was $ 539,735.43.

PART B – ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS (Instructions on page 3):
If you are amending the value originally reported for household goods and personal effects, please enter the amended value below:

The aggregate value of my household goods and personal effects as of the above date was $ 5,000.00

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET	VALUE OF ASSET
BB&T CHECKING/SAVING	$9,800.00
VALIC SAVINGS	$6,331.00
SEE ATTACHED ADDENDUM	

PART C – LIABILITIES

LIABILITIES IN EXCESS OF $1,000 (Instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
CHASE P.O. BOX 78148 PHOENIX, AZ 85062	$54,828.91
BANK OF AMERICA P.O. BOX 660807 DALLAS, TX 75266	$86,249.49
BB&T P.O. BOX 580435, CHARLOTTE, N.C.	$23,327.17

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D – INCOME

If you are filing an amended copy of your federal income tax return, including all W2's, schedules, and attachments, please check here: ☐

PRIMARY SOURCES OF INCOME (Instructions on page 4):

NAME OF SOURCE OF INCOME EXCEEDING $1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
BROWARD COUNTY	115 S ANDREWS AVE, RM411 33301	$93,056.00

(Continued on reverse side)

B-4

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
SEE ATTACHED			
ADDENDUM			

PART E — INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 5]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	ALL BROWARD REALTY, INC	AMERICAN HOLDINGS
ADDRESS OF BUSINESS ENTITY	4325 W SUNRISE BLVD	4325 W SUNRISE BLVD
PRINCIPAL BUSINESS ACTIVITY	REAL ESTATE BROKERAGE	INVESTMENT
POSITION HELD WITH ENTITY	PRESIDENT	PRESIDENT
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES	YES
NATURE OF MY OWNERSHIP INTEREST	100%	100%

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.**

PART G — EXPLANATION OF CHANGES

CORRECTION TO ASSETS, LIABILITIES AND INCOME

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

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 formand any attachments hereto is true, accurate,and complete.

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me by means of

☒ physical presence or ☐ online notarization, this 08 day of 06, 20 21 by JOHNNY PREVILUS.

(Signature of Notary Public–State of Florida)

Notary Public - State of Florida
Commission # HH 21191
My Comm. Expires Oct 19, 2024
Bonded through National Notary Assn.

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ *OR* Produced Identification Driver License

Type of Identification Produced H452 178 57 122-0

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 6X 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.

INSTRUCTIONS FOR COMPLETING and FILING FORM 6X:

PARTS A through F:
Use these sections of the form to report the new information you believe should have been reported on your original Form 6 or 6F, continuing on a separate sheet if necessary. **Instructions for individual sections are found on pages 3-5, attached.**

PART G:
Use this section of the form to explain the changes in your original Form 6 or 6F.

OATH:
All information on this form should be submitted under oath.

WHERE TO FILE:
If you are amending a Form 6 you filed as a candidate, file the Form 6X at the office where you filed your qualifying papers. All other persons should file Form 6X with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, Florida 32303..

Originals are required. Photocopies, faxed copies and emailed copies will not be accepted.

DALE V.C. HOLNESS

REVISED

FORM 6 - REPORTING PERIOD 2017 ADDENDUM

PART B - ASSETS

DESCRIPTION OF ASSETS	VALUE OF ASSETS
ALL BROWARD REALTY BUSINESS	42,000.00
AMERICAN HOLDINGS	$5,000
1660 SW 38th AVE, FT LAUDERDALE, FL 33312	$300,000
2630 NW 52nd AVE, LAUDERHILL, FL 33313	$59,000
5311 NW 27th ST, LAUDERHILL, FL 33313	$61,000
5327 NW 27th ST, LAUDERHILL, FL 33313	$60,000
4211 NW 19th ST #191 LAUDERHILL, FL 33313	$40,000
2800 NW 56th AVE #E405, LAUDERHILL, FL 33313	$50,000
2611 NW 56th AVE, #A529, LAUDERHILL, FL 33313	$50,000
CAPITAL ONE INVESTMENTS	$6,878
MERRILL LYNCH	$4,080
LINCOLN BENEFIT LIFE COMPANY	$5,052
TOTAL	$683,010

PART D - INCOME

NAME OF SOURCE OF INCOME EXCEEDING $1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
RENTAL PROPERTY - CURRENT TENANT	1660 SW 38th AVE, FT LAUDERDALE, FL 33312	$9,300.00
RENTAL PROPERTY - CURRENT TENANT	2630 NW 52nd AVE, LAUDERHILL, FL 33313	$8,970.00
RENTAL PROPERTY - CURRENT TENANT	5311 NW 27th ST, LAUDERHILL, FL 33313	$10,350.00
RENTAL PROPERTY - CURRENT TENANT	5327 NW 27th ST, LAUDERHILL, FL 33313	$10,675.00
RENTAL PROPERTY - CURRENT TENANT	4211 NW 19th ST #191 LAUDERHILL, FL 33313	$11,195.00
PROPERTY OWNED - FAMILY MEMBER RESIDES	2800 NW 56th AVE #E405, LAUDERHILL, FL 33313	$0.00
RENTAL PROPERTY - CURRENT TENANT	2611 NW 56th AVE, #A529, LAUDERHILL, FL 33313	$10,195.00
	TOTAL	$60,685.00

946636

FLORIDA COMMISSION ON ETHICS
AUG 27 2021
RECEIVED

FORM 6X AMENDMENT TO FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

LAST NAME - FIRST NAME - MIDDLE NAME (same as on original Form 6):

HOLNESS DALE VINCENT CLARK

MAILING ADDRESS:

107 BRYAN BLVD

CITY: PLANTATION ZIP: 33317 COUNTY: BROWARD

◆ THIS FORM AMENDS THE (Choose one)

☑ FORM 6 I FILED FOR THE YEAR: 2018
(Use a separate Form 6X for each Form 6 you are amending.)

☐ FORM 6F I FILED FOR THE PERIOD
January 1, _____ THROUGH _____
(Must be between January 1 of the last year in which you held public office or employment and the last date you held that office or employment.)

◆ DURING THAT YEAR, I HELD, OR WAS A CANDIDATE FOR, THE POSITION OF: COMMISSIONER DISTRICT 9

◆ WITH THIS GOVERNMENTAL AGENCY: BROWARD COUNTY

PROCESSED

PART A – NET WORTH

[Instructions on page 3] If your reported net worth will change because of this amendment, please enter the corrected value of your net worth as of the date used on the original Form 6 or 6F you are seeking to amend, together with that date:

My net worth as of December 31, 20 18 was $ 623,823.73.

PART B – ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS (Instructions on page 3):
If you are amending the value originally reported for household goods and personal effects, please enter the amended value below:

The aggregate value of my household goods and personal effects as of the above date was $ 5,000.00

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET	VALUE OF ASSET
BB&T CHECKING/SAVING	$5,530.00
VALIC SAVINGS	$5,729.00
SEE ATTACHED ADDENDUM	

PART C – LIABILITIES

LIABILITIES IN EXCESS OF $1,000 (Instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
CHASE P.O. BOX 78148 PHOENIX, AZ 85062	$53,305.64
BANK OF AMERICA P.O. BOX 660807 DALLAS, TX 75266	$84,369.51
BB&T P.O. BOX 580435, CHARLOTTE, N.C.	$18,151.21

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
PENFED 2930 EISENHOWER AVE, ALEXANDRIA, VA 22313	$20,633.91

PART D – INCOME

If you are filing an amended copy of your federal income tax return, including all W2's, schedules, and attachments, please check here: ☐

PRIMARY SOURCES OF INCOME (Instructions on page 4):

NAME OF SOURCE OF INCOME EXCEEDING $1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
BROWARD COUNTY	115 S ANDREWS AVE, RM411 33301	$99,166.88

(Continued on reverse side)

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
SEE ATTACHED			
ADDENDUM			

PART E — INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 5]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	ALL BROWARD REALTY, INC	AMERICAN HOLDINGS
ADDRESS OF BUSINESS ENTITY	4325 W SUNRISE BLVD, PLAN	4325 W SUNRISE BLVD, PLAN
PRINCIPAL BUSINESS ACTIVITY	REAL ESTATE BROKERAGE	INVESTMENT
POSITION HELD WITH ENTITY	PRESIDENT	PRESIDENT
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES	YES
NATURE OF MY OWNERSHIP INTEREST	100%	100%

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.**

PART G — EXPLANATION OF CHANGES

CORRECTION TO ASSETS, LIABILITIES AND INCOME

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

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 formand any attachments hereto is true, accurate,and complete.

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me by means of

☑ physical presence or ☐ online notarization, this 06 day of 06, 2021 by JOHNNY PRYVILLE.

(Signature of Notary Public--State of Florida)

Notary Public - State of Florida
Commission # HH 21191
My Comm. Expires Oct 19, 2024
Bonded through National Notary Assn.

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ *OR* Produced Identification Driver License

Type of Identification Produced H452 178 57 122.0

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 6X 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.

INSTRUCTIONS FOR COMPLETING and FILING FORM 6X:

PARTS A through F:
Use these sections of the form to report the new information you believe should have been reported on your original Form 6 or 6F, continuing on a separate sheet if necessary. **Instructions for individual sections are found on pages 3-5, attached.**

PART G:
Use this section of the form to explain the changes in your original Form 6 or 6F.

OATH:
All information on this form should be submitted under oath.

WHERE TO FILE:
If you are amending a Form 6 you filed as a candidate, file the Form 6X at the office where you filed your qualifying papers. All other persons should file Form 6X with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, Florida 32303..

Originals are required. Photocopies, faxed copies and emailed copies will not be accepted.

DALE V.C. HOLNESS

REVISED

FORM 6 - REPORTING PERIOD 2018 ADDENDUM

PART B - ASSETS

DESCRIPTION OF ASSETS	VALUE OF ASSETS
ALL BROWARD REALTY BUSINESS	50,000.00
AMERICAN HOLDINGS	$5,000
1660 SW 38th AVE, FT LAUDERDALE, FL 33312	$390,957
2630 NW 52nd AVE, LAUDERHILL, FL 33313	$69,592
5311 NW 27th ST, LAUDERHILL, FL 33313	$71,386
5327 NW 27th ST, LAUDERHILL, FL 33313	$68,818
4211 NW 19th ST #191 LAUDERHILL, FL 33313	$47,553
2800 NW 56th AVE #E405, LAUDERHILL, FL 33313	$55,276
2611 NW 56th AVE, #A529, LAUDERHILL, FL 33313	$67,398
E-TRADE	$4,971
MERRILL LYNCH	$2,779
LINCOLN BENEFIT LIFE COMPANY	$5,296
TOTAL	$784,025

PART D - INCOME

NAME OF SOURCE OF INCOME EXCEEDING $1,000	ADDRESS OF SOURCE OF INCOME	Amount
RENTAL PROPERTY - CURRENT TENANT	1660 SW 38th AVE, FT LAUDERDALE, FL 33312	$12,285.00
RENTAL PROPERTY - CURRENT TENANT	2630 NW 52nd AVE, LAUDERHILL, FL 33313	$10,000.00
RENTAL PROPERTY - CURRENT TENANT	5311 NW 27th ST, LAUDERHILL, FL 33313	$12,550.00
RENTAL PROPERTY - CURRENT TENANT	5327 NW 27th ST, LAUDERHILL, FL 33313	$11,940.00
RENTAL PROPERTY - CURRENT TENANT	4211 NW 19th ST #191 LAUDERHILL, FL 33313	$9,350.00
PROPERTY OWNED - FAMILY MEMBER RESIDES	2800 NW 56th AVE #E405, LAUDERHILL, FL 33313	$0.00
RENTAL PROPERTY - CURRENT TENANT	2611 NW 56th AVE, #A529, LAUDERHILL, FL 33313	$10,190.00
	TOTAL	$66,315.00

916636

FORM 6X AMENDMENT TO FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

FLORIDA COMMISSION ON ETHICS
AUG 27 2021
RECEIVED

LAST NAME - FIRST NAME - MIDDLE NAME (same as on original Form 6):

HOLNESS DALE VINCENT CLARK

MAILING ADDRESS:
107 BRYAN BLVD

CITY: PLANTATION ZIP: 33317 COUNTY: BROWARD

◆ THIS FORM AMENDS THE (Choose one)

☑ FORM 6 I FILED FOR THE YEAR: 2020
(Use a separate Form 6X for each Form 6 you are amending.)

☐ FORM 6F I FILED FOR THE PERIOD January 1, _____ THROUGH _____
(Must be between January 1 of the last year in which you held public office or employment and the last date you held that office or employment.)

◆ DURING THAT YEAR, I HELD, OR WAS A CANDIDATE FOR, THE POSITION OF: COMMISSIONER DISTRICT 9

◆ WITH THIS GOVERNMENTAL AGENCY: BROWARD COUNTY

PROCESSED

PART A – NET WORTH

[Instructions on page 3] If your reported net worth will change because of this amendment, please enter the corrected value of your net worth as of the date used on the original Form 6 or 6F you are seeking to amend, together with that date:

My net worth as of December 31, 20 19 was $ 643,084.99.

PART B – ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS (Instructions on page 3):
If you are amending the value originally reported for household goods and personal effects, please enter the amended value below:

The aggregate value of my household goods and personal effects as of the above date was $ 5,000.00

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET	VALUE OF ASSET
BB&T CHECKING/SAVING	$28,175.75
VALIC SAVINGS	$6,986.00
SEE ATTACHED ADDENDUM	

PART C – LIABILITIES

LIABILITIES IN EXCESS OF $1,000 (Instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
CHASE P.O. BOX 78148 PHOENIX, AZ 85062	$51,583.73
BANK OF AMERICA P.O. BOX 660807 DALLAS, TX 75266	$78,649.59
BB&T P.O. BOX 580435, CHARLOTTE, N.C.	$12,975.25

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
PENFED 2930 EISENHOWER AVE, ALEXANDRIA, VA 22313	$15,566.19

PART D – INCOME

If you are filing an amended copy of your federal income tax return, including all W2's, schedules, and attachments, please check here: ☑

PRIMARY SOURCES OF INCOME (Instructions on page 4):

NAME OF SOURCE OF INCOME EXCEEDING $1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
BROWARD COUNTY	115 S ANDREWS AVE, RM411 33301	$106,329.30

(Continued on reverse side)

B-10

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
SEE ATTACHED			
ADDENDUM			

PART E — INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 5]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	ALL BROWARD REALTY, INC	AMERICAN HOLDINGS
ADDRESS OF BUSINESS ENTITY	4325 W SUNRISE BLVD, PLAN	4325 W SUNRISE BLVD, PLAN
PRINCIPAL BUSINESS ACTIVITY	REAL ESTATE BROKERAGE	INVESTMENT
POSITION HELD WITH ENTITY	PRESIDENT	PRESIDENT
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES	YES
NATURE OF MY OWNERSHIP INTEREST	100%	100%

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.**

PART G — EXPLANATION OF CHANGES

CORRECTION TO ASSETS, LIABILITIES AND INCOME

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

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 formand any attachments hereto is true, accurate,and complete.

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me by means of

☒ physical presence or ☐ online notarization, this 06 day of 06, 20 21 by [illegible]

(Signature of Notary Public–State of Florida)

Johnny Previlus

(Print, Type, or Stamp Commissioned Name of Notary Public)

JOHNNY PREVILUS
Notary Public - State of Florida
Commission # HH 21191
My Comm. Expires Oct 19, 2024
Bonded through National Notary Assn.

Personally Known _____ *OR* Produced Identification Driver License

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 6X 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.

INSTRUCTIONS FOR COMPLETING and FILING FORM 6X:

PARTS A through F:
Use these sections of the form to report the new information you believe should have been reported on your original Form 6 or 6F, continuing on a separate sheet if necessary. **Instructions for individual sections are found on pages 3-5, attached.**

PART G:
Use this section of the form to explain the changes in your original Form 6 or 6F.

OATH:
All information on this form should be submitted under oath.

WHERE TO FILE:
If you are amending a Form 6 you filed as a candidate, file the Form 6X at the office where you filed your qualifying papers. All other persons should file Form 6X with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, Florida 32303..

Originals are required. Photocopies, faxed copies and emailed copies will not be accepted.

DALE V.C. HOLNESS

REVISED

FORM 6 - REPORTING PERIOD 2019 ADDENDUM

PART B - ASSETS

DESCRIPTION OF ASSETS	VALUE OF ASSETS
ALL BROWARD REALTY BUSINESS	50,000.00
AMERICAN HOLDINGS	$5,000
1660 SW 38th AVE, FT LAUDERDALE, FL 33312	$309,000
2630 NW 52nd AVE, LAUDERHILL, FL 33313	$69,300
5311 NW 27th ST, LAUDERHILL, FL 33313	$69,300
5327 NW 27th ST, LAUDERHILL, FL 33313	$75,200
4211 NW 19th ST #191 LAUDERHILL, FL 33313	$50,000
2800 NW 56th AVE #E405, LAUDERHILL, FL 33313	$56,100
2611 NW 56th AVE, #A529, LAUDERHILL, FL 33313	$53,220
E-TRADE	$7,444
MERRILL LYNCH	$2,927
LINCOLN BENEFIT LIFE COMPANY	$5,530
TOTAL	$753,022

PART D - INCOME

NAME OF SOURCE OF INCOME EXCEEDING $1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
RENTAL PROPERTY - CURRENT TENANT	1660 SW 38th AVE, FT LAUDERDALE, FL 33312	$29,700.00
RENTAL PROPERTY - CURRENT TENANT	2630 NW 52nd AVE, LAUDERHILL, FL 33313	$10,020.00
RENTAL PROPERTY - CURRENT TENANT	5311 NW 27th ST, LAUDERHILL, FL 33313	$10,450.00
RENTAL PROPERTY - CURRENT TENANT	5327 NW 27th ST, LAUDERHILL, FL 33313	$11,940.00
RENTAL PROPERTY - CURRENT TENANT	4211 NW 19th ST #191 LAUDERHILL, FL 33313	$6,100.00
PROPERTY OWNED - FAMILY MEMBER RESIDES	2800 NW 56th AVE #E405, LAUDERHILL, FL 33313	$0.00
RENTAL PROPERTY - CURRENT TENANT	2611 NW 56th AVE, #A529, LAUDERHILL, FL 33313	$9,595.00
	TOTAL	$77,805.00