

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 10/08/2025

General Information

Name: Mrs Brenda Harmer Fam Esq

CONFIDENTIAL

PID 300168

AGENCY INFORMATION

Organization	Suborganization	Title
Broward County Public Schools	Elected Constitutional Officer	Board Member

Net Worth

My Net Worth as of December 31, 2024 was \$ 1,200,000.00.

Assets

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 effect is \$ 150,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Home	\$ 600,000.00
Condo	\$ 150,000.00
Land	\$ 25,000.00
2nd Home	\$ 400,000.00
Stocks	\$ 120,000.00
Jt Stocks	\$ 34,500.00
auto	\$ 10,000.00
Jewelry	\$ 50,000.00
Furniture	\$ 50,000.00
Clothing and personal items	\$ 25,000.00
state employee retirement	\$ 3,128.00
Checking Account	\$ 6,200.00
Joint Account	\$ 12,500.00
Condo	\$ 85,000.00
Joint Account	\$ 34,500.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Spirit Mastercard Credit Card	Bank of America PO Box 672050, Dallas TX 75267-2050	\$ 5,000.00
Southwest Visa Credit Card	PO Box 6294 Carol Stream IL 60197-6294	\$ 2,000.00
See Attached		

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

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 2024 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 2024 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
Spirit Airlines	2800 Executive Way, Mirimar FL 33025	\$ 3,664.50
Broward County School District	600 SE Third Avenue Ft. Lauderdale FL 33301	\$ 10,955.04
See Attached		

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
See Attached			

Interests in Specified Businesses**Business Entity # 1**

N/A

Training

This section applies only to a Constitutional or elected municipal officer, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

- ☒ I certify that I have completed the required training under Section 112.3142, F.S.
- ☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

Brenda Fam Esq

Digitally signed: 10/08/2025

Filed with COE: 10/08/2025

Form W-2 Wage and Tax Statement 2024		7 Social security tips	1 Wages, tips, other comp.	2 Federal income tax withheld
c Employer's name, address and ZIP code 00135030 SCHOOL BOARD OF BROWARD COUNTY 600 SE THIRD AVENUE FT. LAUDERDALE FL 33301		8 Allocated tips	49,757.48	5,473.07
		9	3 Social security wages	4 Social security tax withheld
			49,219.67	3,051.62
		10 Dependent care benefits	5 Medicare wages and tips	6 Medicare tax withheld
			49,219.67	713.69
		11 Nonqualified plans	12a Code See inst. for box 12	1,164.24
			C	
e Employee's name, address and ZIP code BRENDA H FAM [REDACTED]		13 Statutory Retirement Third-Party Employee Plan Sick Pay X	14 Other Frs 414h Ee Contrib. 1,462.19	12b - 12d Codes DD 10,955.04
		b Employer ID number 59-6000530		
		a Employee's social security number [REDACTED]		
15 State Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
				20 Locality name

Copy B to be filed with employee's FEDERAL Tax Return.

OMB No. 1545-0047

2024

Form W-2 Wage and Tax Statement 2024		7 Social security tips	1 Wages, tips, other comp.	2 Federal income tax withheld
c Employer's name, address and ZIP code 00135030 SCHOOL BOARD OF BROWARD COUNTY 600 SE THIRD AVENUE FT. LAUDERDALE FL 33301		8 Allocated tips	49,757.48	5,473.07
		9	3 Social security wages	4 Social security tax withheld
			49,219.67	3,051.62
		10 Dependent care benefits	5 Medicare wages and tips	6 Medicare tax withheld
			49,219.67	713.69
		11 Nonqualified plans	12a Code See inst. for box 12	1,164.24
			C	
e Employee's name, address and ZIP code BRENDA H FAM [REDACTED]		13 Statutory Retirement Third-Party Employee Plan Sick Pay X	14 Other Frs 414h Ee Contrib. 1,462.19	12b - 12d Codes DD 10,955.04
		b Employer ID number 59-6000530		
		a Employee's social security number [REDACTED]		
15 State Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
				20 Locality name

Copy C for EMPLOYEES RECORDS. (See Notice to Employee).

Form W-2 Wage and Tax Statement 2024		7 Social security tips	1 Wages, tips, other comp.	2 Federal income tax withheld
c Employer's name, address and ZIP code 00135030 SCHOOL BOARD OF BROWARD COUNTY 600 SE THIRD AVENUE FT. LAUDERDALE FL 33301		8 Allocated tips	49,757.48	5,473.07
		9	3 Social security wages	4 Social security tax withheld
			49,219.67	3,051.62
		10 Dependent care benefits	5 Medicare wages and tips	6 Medicare tax withheld
			49,219.67	713.69
		11 Nonqualified plans	12a Code See inst. for box 12	1,164.24
			C	
e Employee's name, address and ZIP code BRENDA H FAM [REDACTED]		13 Statutory Retirement Third-Party Employee Plan Sick Pay X	14 Other Frs 414h Ee Contrib. 1,462.19	12b - 12d Codes DD 10,955.04
		b Employer ID number 59-6000530		
		a Employee's social security number [REDACTED]		
15 State Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
				20 Locality name

Copy 2 to be filed with employee's State, City or Local Tax Return.

Form W-2 Wage and Tax Statement 2024		7 Social security tips	1 Wages, tips, other comp.	2 Federal income tax withheld
c Employer's name, address and ZIP code 00135030 SCHOOL BOARD OF BROWARD COUNTY 600 SE THIRD AVENUE FT. LAUDERDALE FL 33301		8 Allocated tips	49,757.48	5,473.07
		9	3 Social security wages	4 Social security tax withheld
			49,219.67	3,051.62
		10 Dependent care benefits	5 Medicare wages and tips	6 Medicare tax withheld
			49,219.67	713.69
		11 Nonqualified plans	12a Code See inst. for box 12	1,164.24
			C	
e Employee's name, address and ZIP code BRENDA H FAM [REDACTED]		13 Statutory Retirement Third-Party Employee Plan Sick Pay X	14 Other Frs 414h Ee Contrib. 1,462.19	12b - 12d Codes DD 10,955.04
		b Employer ID number 59-6000530		
		a Employee's social security number [REDACTED]		
15 State Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
				20 Locality name

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Copy 2 to be filed with employee's State, City or Local Tax Return.

2024 W-2 and EARNINGS SUMMARY

Employee Reference Copy			
W-2 Wage and Tax Statement		2024	
Copy C for employee's records.			
d Control number	Dept	Corp	Employer use only
000007842 VLN	11200	SCX0	A C S 3943
c Employer's name, address, and ZIP code			
SPIRIT AIRLINES INC 2800 EXECUTIVE WAY MIRAMAR, FL 33025			
e/f Employee's name, address, and ZIP code			
BRENDA H FAM			
b Employer's FED ID number	a Employee's SSA number		
38-1747023			
1 Wages, tips, other comp.	2 Federal income tax withheld		
3334.70	472.51		
3 Social security wages	4 Social security tax withheld		
3664.50	227.20		
5 Medicare wages and tips	6 Medicare tax withheld		
3664.50	53.14		
7 Social security tips	8 Allocated tips		
9 Dependent care benefits	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
	D 329.80		
14 Other	12b		
	12c		
	12d		
	13 Total emp. Ret. plan 3rd party sick pay		
	X		
15 State Employer's state ID no.	16 State wages, tips, etc.		
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Your gross pay may not match your box 1 totals due to adjustments made for GTL, 401(k), cafeteria plans, etc...

To change your employee W-4 profile information, file a new W-4 with your payroll department.

BRENDA H FAM

Social Security Number:

© 2024 ACP Inc.

PAGE 1 OF 1

1 Wages, tips, other comp.	2 Federal income tax withheld
3334.70	472.51
3 Social security wages	4 Social security tax withheld
3664.50	227.20
5 Medicare wages and tips	6 Medicare tax withheld
3664.50	53.14
d Control number	Dept
000007842 VLN	11200
c Employer's name, address, and ZIP code	Corp
SPIRIT AIRLINES INC	
2800 EXECUTIVE WAY	
MIRAMAR, FL 33025	
e/f Employee's name, address and ZIP code	Employer use only
BRENDA H FAM	
15 State Employer's state ID no.	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

Federal Filing Copy		2024	
W-2 Wage and Tax Statement			
Copy B to be filed with employee's Federal income tax return.			

1 Wages, tips, other comp.	2 Federal income tax withheld
3334.70	472.51
3 Social security wages	4 Social security tax withheld
3664.50	227.20
5 Medicare wages and tips	6 Medicare tax withheld
3664.50	53.14
d Control number	Dept
000007842 VLN	11200
c Employer's name, address, and ZIP code	Corp
SPIRIT AIRLINES INC	
2800 EXECUTIVE WAY	
MIRAMAR, FL 33025	
e/f Employee's name, address and ZIP code	Employer use only
BRENDA H FAM	
15 State Employer's state ID no.	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

State Filing Copy		2024	
W-2 Wage and Tax Statement			
Copy 2 to be filed with employee's State income tax return.			

1 Wages, tips, other comp.	2 Federal income tax withheld
3334.70	472.51
3 Social security wages	4 Social security tax withheld
3664.50	227.20
5 Medicare wages and tips	6 Medicare tax withheld
3664.50	53.14
d Control number	Dept
000007842 VLN	11200
c Employer's name, address, and ZIP code	Corp
SPIRIT AIRLINES INC	
2800 EXECUTIVE WAY	
MIRAMAR, FL 33025	
e/f Employee's name, address and ZIP code	Employer use only
BRENDA H FAM	
15 State Employer's state ID no.	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

City or Local Filing Copy		2024	
W-2 Wage and Tax Statement			
Copy 2 to be filed with employee's City or Local income tax return.			