RECEIVED

Campaign Treasurer's Report Miami-Dade County Electronic Filing Requirements

	Candidate (office sought): Miami-Dade County School Board, District 2						
	Candidate's Florida Voter Registration Number. 109038934						
	Political Committee:						
	Party Executive Committee:		ELECTI	2014 JUN			
	Other:		SNO NAG-II	J.			
			DE C	7			
Ι,	DOROTHY BENDROSS		RIM	11:11			
		se print name of Candidate or Chairperson)	ally via				
		easurer's Reports <u>must</u> be filed electronic					
		e by midnight of the day designated in order					
	·	ements. I also acknowledge that Sections 12					
21 of the Code of Miami-Dade County regarding the filing of the campaign finance							
	***************************************	Elections were recently amended in that ori	ginai si	gnea			
na	irdcopies are no longer requir	ea.					
I also understand that, in accordance with Section 12-14.1 of the Code of Miami-Dade							
County, Florida, candidates running for the Offices of Miami-Dade County Mayor,							
Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Community Council							
must now file the Absentee Ballot Campaign Report (MD-ED 26) to disclose the names							
of paid campaign workers engaged in absentee ballot activities.							
X	Sorothy Berdrass Mindingall 6/17/14 Signature of Candidate or Chairperson Date						
Da	ay Time Telephone Number:	305-345-4068					
		5-445-0777					
dbmindingall@gmail.com							
Er	Email Address:						

This form must be filed with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository form is filed.

CANDIDATE OATH -SCHOOL BOARD NONPARTISAN OFFICE

RECEIVED

2014 JUN 17 PM 4: 45

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

OFFICE USE ONLY

OATH OF CANDIDATE (Sections 99.021 and 105.031, Florida Statutes)					
I, Dorothy Bendross-Mindingall					
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALI	OT * - NAME MAY NOT BE CHANGED AFTER	R THE END OF QUALIFYING)			
am a candidate for the nonpartisan office of Miami-Dade County School Board Member ,2 ,					
	(office)	(district #)			
(circuit#); I am a qualified el	ector of Miami-Dade	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.					
X with Bendress-H. 1305) 30	45-4068 dbmindingall@	ngmail.com			
Signature of Candidate Telephone	Number Ema	il Address			
3310 NW 80th Terrace Miami	FL	33147			
Address City	State	ZIP Code			
Candidate's Florida Voter Registration Number (located	on your voter information card):006	70331 0005893:4			
* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):					
BEN-DRAHSS-MEN-DEN-GAWL					
STATE OF FLORIDA COUNTY OF MISMI - Dade					
Sworn to (or affirmed) and subscribed before me this day of, 20, 20, 20					
Personally Known: or OFFICIAL Motary Public, States Au Produced Identification: Notary Public, States Au My Comm. Expires Au Notary Public, States Au Notary Public, St	to of Florida acquerine	Gliven			
		nissioned Name of Notary Public			
Bonded thru Arthur J. Gallagh	Print, Type, or Stamp Comm	nissioned Name of Notary Public			

FORM 6

FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTEREST

2013

2014 JUN 17 PM 4: 44

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

Dr Dorothy Bendross-Mindingall **Board Member** Miami-Dade County Public Schools **Elected Constitutional Officer** 3310 NW 80th Ter Miami FL 33147-4623 իկիկինունգրնենունիկորկինկիոնենունել

ID Code

ID No.

43964

Conf. Code

Bendross-Mindingall, Dorothy

1 CHECK IF THIS IS A FILING BY A CANDIDATE

			40
PART A	 NET	WOI	₹TH

Please enter the value of your net worth as of December 31, 2013, 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.]

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

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.

The aggregate value of my household goods and personal effects (described above) is \$

DESCRIPTION OF ASSET (specific description is required - see instructions p.4) VALUE OF ASSET

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

PART D INCOME					
You may <i>EITHER</i> (1) file a complete copy of your 2013 federal income tax return, <i>including all W2's, schedules, and attachments, OR</i> (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.					
I elect to file a copy of my 2013 federal income tax return and all W2's, schedules, and attachments. [If you check this box and attach a copy of your 2013 tax return, you need not complete the remainder of Part D.]					
PRIMARY SOURCES OF INCOME (S	See instructions on page 5):				
NAME OF SOURCE OF INCOME I	EXCEEDING \$1,000	ADDRESS OF SOURCE	OF INCOME	AMOUNT	
Dade County tu	blic Schools 14	150 N.E. 279 AV	C.	40,000.00	
Florida Ketiveme	ent	allahasse, 7.	10	60,000.00	
Society security	V)		21,00,00	
SECONDARY SOURCES OF INCOM	E [Major customers, clients, etc	., of businesses owned by report	ing personsee instruction	ns on page 5]:	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCE OF BUSINESS' INCOMI			PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
	A / A				
		11			
	1//				
PART	E INTERESTS IN SPEC	CIFIED BUSINESSES [Instr	uctions on page 6]		
	BUSINESS ENTITY # 1	BUSINESS ENTITY #	2 BUSII	NESS ENTITY # 3	
NAME OF BUSINESS ENTITY	1 /	**			
ADDRESS OF BUSINESS ENTITY	<u> </u>		四	20	
PRINCIPAL BUSINESS			ma de la companya de	Name of Contrast	
ACTIVITY POSITION HELD				<u> </u>	
WITH ENTITY			27		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			S		
NATURE OF MY OWNERSHIP INTEREST			PA	7 <	
	OLICH E A DE COMPINI	HED ON A CEDADATE OF	- 7	The second secon	
IF ANY OF PARTS A THE	ROUGH E ARE CONTINI	UED ON A SEPARATE SH	IEET, PLEASE CHE	AK HERE	
OAT	HI 5	STATE OF FLORIDA MIS	mi - Date		
I, the person whose name appears at the Sworn to (or affirmed) and subscribed before me this // day of					
beginning of this form, do depose or		LUNE 201	4 by DoRothy	Bendross Mindingall	
and say that the information disclosed on this form					
and any attachments hereto is true, accurate, (Signafure of Notary PublicState of Florida)					
and complete. Jacque Live Glivens #EF/133/3					
(Print, Type, or Stamp Commissioned Name of Notary Public)					
Personally Known X OR Produced Identification					
Whathy Dendrout	Thuraingal) Type of Identification Produced			
SIGNATURE OF REPORTING OFF	ICIAL OR CANDIDATE	Type of Identification Teddeed _	U.S. B. Mariana	25-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
If a certified public accountant licens she must complete the following sta		orney in good standing with the	e Florida Bar prepared t	his form for you, he or	
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.					
		8 26		ř	
	Cimentum				
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.					
rreparation of this form by a	CFA or attorney does not	reneve the mer of the resp	DOURIDING TO SIGN TH	e form under oath.	

Service of the servic

MIAMI-DADE)	MIAMI-DADE COOK I - FLORIDA			No. 7064044		
COUNTY	RECEIVED FROM 10707	thy Bendross-Mindle	moolfDate 0	6117114		
	Address 95 Meni	rick Way Ste. 250	CASH	\$		
	_ Corol Gobs	STREET ADDRESS FL 33	<u>134</u> C HECKS	s 1,600 · °°		
AMOUNT OF:	One thousand Si	STATE Hunda Dollars, AND 00/100	ZIP _ CENTS TOTAL	s_ 1600 .°°		
	1 1-1	ze-School Brond D		70		
	7 111 1	ATED, COMPLETED AND SIGNED		MPLOYEE OF DEPARTMEN		
Dерт.: <i>£.\e</i>	ections	By:_ 🦠	Memosse of	mnoant		
FOR OFF	ICE USE ONLY		6			
Trans	Subsidiary	INDEX CODE	Subobject	Amount		
07.01-1 6/04						
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		현실함 1988년 - 1987년 - 1일 전환환대로 2017년 - 1				
The state of the s	томману, — сущиний бай социаний положений социализация с соци			1001		
		BENDROSS-MINDINGALL CAMPAIGN ACCOUNT		1001		
	95 N	MERRICK WAY, STE. 250 ; LI GABLES, FL 33134-5314	61-	33-0413 2670 44837		
		^	DATE 6 1	115		

DOROTHY BENDROSS-MINDINGALL	1001
CAMPAIGN ACCOUNT 95 MERRICK WAY, STE. 250 CORAL GABLES, FL 33134-5314	615/14 ⁶³⁻⁰⁴¹³ / ₂₆₇₀ 44837
PAY TO THE ORDER OF MIMMI Dade County	S 1600.00
Sixteen hundred tooker	DOLLARS D Satura Francis
CHASE C JPMorgan Chase Bank, N.A. WWW.Chase.com FOR QUALITY Sees School Board Listrict 2	NA