FORM 6 FULL AND PUBLIC DISCLOSURE							
Please print or type your name, mailing address, agency name, and position below: OF FINANCIAL INTEREST RECEDITEUS							
LAST NAME — FIRST NAME — MIDDLE NAME: Resalab Paguel Annow MAILING ADDRESS: 1850 SW 36 Ave CITY: ZIP: COUNTY: MAME OF AGENCY: MDC Public Schools NAME OF OFFICE OR POSITION HELD OR SOUGHT: Bookd mandow Didd 6	M 2: 31						
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, 2013, or a more current date. [Note: Net worth is not calculate reported liabilities from your reported assets, so please see the instructions on page 3.] My net worth as of	0 a5030 U						
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. 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)							
Honeskad 1745 SW 15th 4	300,000 ×						
PART C LIABILITIES							
LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4): NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY						
Wells Rayo Bank NA P.O. Box 14411 Des Mun IA	249000						
Access Cropp PO Box 7430 Willydon DE 19803	52,000						
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:							
NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY						
N/A							

You may EITHER (1) file a complete copy of your 2013 feder statement identifying each separate source and amount of ir remainder of Part D, below.	ral income tax return, including all W2's, schedules, and attachments, OR (2) file a sworn come which exceeds \$1,000, including secondary sources of income, by completing the	n e
I elect to file a copy of my 2013 federal income tax retu [If you check this box and attach a copy of your 2013 to	urn and all W2's, schedules, and attachments. ax return, you need not complete the remainder of Part D.]	
PRIMARY SOURCES OF INCOME (See instructions on pag	^	
NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME AMOUNT	-
Micmi Dane Cont School	14.50 NE 2nd Ac, 2614 32132435,219;	S.
10mp Rejulino Come 1985	NW 38 cd, put 101 Dal \$20,000	
SECONDARY SOURCES OF INCOME [Major customers, clien	nts, etc., of businesses owned by reporting personsee instructions on page 5]:	_
NAME OF NAME OF MAJOR BUSINESS ENTITY OF BUSINESS' I	SOURCES ADDRESS PRINCIPAL BUSINESS	
NA		_
		_
PART E INTERESTS IN	SPECIFIED BUSINESSES [Instructions on page 6]	
BUSINESS ENTITY #	• •	
NAME OF BUSINESS ENTITY Raquel Regulato	2 *	
ADDRESS OF		_
PRINCIPAL BUSINESS	Minuita Solut	-
ACTIVITY Louis Prochee POSITION HELD		-
I OWN MORE THAN A 5%		_
NATURE OF MY		_
OWNERSHIP INTEREST		
IF ANY OF PARTS A THROUGH E ARE CO	NTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE	
OATH	STATE OF FLORIDA COUNTY OF Minni - Und	
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 on oath or affirmation	LUNC 2014-by Provel And alado	
and say that the information disclosed on this form	MARIA CRISTINA ACOSTA	1
and any attachments hereto is true, accurate, and complete.	(Signature of Notary Public - State of Florida (Signature of Notary Public - State of Signature of Notary Public - Signature of Nota	ē
and complete.	Commission # EE 171822 Bonded Through National Notary Assn.	
	(Print, Type, or Stamp Comprissioned Name of Notary Public)	
	Personally Known OR Produced Identification	
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE	Type of Identification Produced FI DRIVERS LIC	
If a certified public accountant licensed under Chapter 473, she must complete the following statement:	or attorney in good standing with the Florida Bar prepared this form for you, he or	
I, Section 112.3144, Florida Statutes, and the instructions to to correct.	, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, the form. Upon my reasonable knowledge and belief, the disclosure herein is true ar	nd
Signature	Date	
Preparation of this form by a CPA or attorney doc	es not relieve the filer of the responsibility to sign the form under oath.	

PART D -- INCOME

CANDIDATE OATH -SCHOOL BOARD **NONPARTISAN OFFICE**

RECEIVED

2014 JUN -6 PM 2:31

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

OFFICE USE ONLY									
OATH OF CANDIDATE (Sections 99.021 and 105.031, Florida Statutes)									
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)									
m a candidate for the nonpartisan office of School Board Manhon, (office), (district #)									
(circuit #); I am a qualified elector of									
am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated of ected; I have qualified for no other public office in the state, the term of which office or any part thereof runs oncurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to ection 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the tate 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 (786) 306-9180 (aquel regulado y maio. Signature of Candidate Telephone Number Email Address com									
Address City State ZIP Code									
andidate's Florida Voter Registration Number (located on your voter information card): 10015435									
* 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): Raquel Resalado									
OUNTY OF Minni Dade									
Sworn to (or affirmed) and subscribed before me this day of, 20/, 20/									
oduced Identification: or									
pe of Identification Produced: To Rivers Acid Bonded Through National Notary Assn.									



OFFICIAL RECEIPT MIAMI-DADE COUNTY-FLORIDA

No.6996485

Miami-Dade County						() Vialita	ina E	Sees .	Sahaa	l Poo	rd Die	trict 6	6/6/2014										
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