### **CANDIDATE OATH -**SCHOOL BOARD **NONPARTISAN OFFICE**

## RECEIVED

2014 JUN -5 AM 11: 54

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT OFFICE USE ONLY

#### **OATH OF CANDIDATE**

٠	(Sections 99.021 and 105.0	31, Florida Statutes)		
I, PERLA TABARES HANTI				
(PLEASE PRINT NAME AS YOU WISH IT	TO APPEAR ON THE BALLOT *	NAME MAY NOT BE CHANGED AFTER	THE END OF QUALIFYING)	
am a candidate for the nonpartisan	office of MIAMI-DADE	SCHOOL BOARD	, _4 ,	
		(office)	(district #)	
	_; I am a qualified elector o	of MIAMI-DADE	County, Florida;	
	a and the Laws of Florida	to bold the effects which t	Jackson to a company	
I am qualified under the Constitution elected; I have qualified for no oth concurrent with the office I seek; an Section 99.012, Florida Statutes; an State of Florida.	er public office in the stand I have resigned from ar	ate, the term of which office by office from which I am regu	or any part thereof runs lired to resign pursuant to	
Section 876.05, Florida Statutes, State of Florida and of the United S recipient of public funds as such a Constitution of the United States and	tates of America, and bein employee or officer, do he	ng employed by or an officer of	of the school board and a	
X/ esta / spares Nanh	1805)632-332	2 PTH2014@AO	L.COM	
Signature of Candidate	Telephone Numbe	r Emai	I Address	
PO BOX 5412	MIAMI-DADE	FLORIDA	33014	
Address	City	State	ZIP Code	
Candidate's Florida Voter Registration Number (located on your voter information card): 109065063				
* Please print name phonetically on with disabilities (see instructions on	the line below as you wish page 2 of this form):	it to be pronounced on the a	udio ballot for persons	
PERLA TABARES HANTI				
	D 11 1			
STATE OF FLORIDA				
COUNTY OF MIAMI-DADE				
Sworn to (or affirmed) and subscr	ibed before me this	day of Tine	, 20 <u>//</u>	
Personally Known: or	LIZETTE JOHNS	SON College of Marine De 19	hiser	
Personally Known: or Produced Identification:		E 066942 Print, Type, or Stamp Commi	ssioned Name of Notary Public	

FORM 6 FULL AND PUBLIC DISCL	OSURE	2013
Please print or type your name, mailing address, agency name, and position below:	I I FO	ROFFICE USE ONLY:
LAST NAME — FIRST NAME — MIDDLE NAME: HANTMAN PERLA TABARES  MAILING ADDRESS: 16181 WEST TROON CIRCLE	ELECTION	N-5 AMII: 54 DADE COUNTY S DEPARTMENT
CITY: ZIP: COUNTY: MIAMI LAKES 33014-6548 MIAMI-DADE  NAME OF AGENCY:		
MIAMI DADE COUNTY PUBLIC SCHOOLS - DISTRICT 4  NAME OF OFFICE OR POSITION HELD OR SOUGHT: ELECTED CONSTITUTIONAL OFFICER		
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. [No reported liabilities from your reported assets, so please see the instructions on page 3.]  My net worth as of DECEMBER 31, 20 13 was		ted by subtracting your
PART B ASSETS  HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate va following, if not held for investment purposes: jewelry; collections of stamps, guns, and nu furnishings; clothing; other household items; and vehicles for personal use.  The aggregate value of my household goods and personal effects (described above) is \$ 50	mismatic items; art objects	category includes any of the ; household equipment and
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:  DESCRIPTION OF ASSET (specific description is required - see instruction)	ons p.4)	VALUE OF ASSET
SEE ATTACHED SCHEDULE		
	***************************************	
PART C LIABILITIES  LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):  NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY
NORTHERN TRUST BANK, 700 BRICKELL AVENUE, MIAMI FLORIDA,3313	31	\$ 473,292
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:	100.000	
NAME AND ADDRESS OF CREDITOR	and the second s	AMOUNT OF LIABILITY

		PART D	- INCOME		
You may <b>EITHER</b> (1) file a com statement identifying each sepa remainder of Part D, below.	plete copy of your 2013 federate source and amount of	eral income tax income which o	return, including all W2's, schedules, exceeds \$1,000, including secondary	and attachments, OR (2) file a sworn sources of income, by completing the	
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 INCO	ME (See instructions on pa	ge 5):		E S S AMOUNT	
NAME OF SOURCE OF INCO			ADDRESS OF SOURCE OF INCOME	AMOUN	
				\$ 1 O	
				70 3 <	
OFFICENCE OF IN	ICOME INtelex qualarities all		al-acces assemble to severalize possess of		
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS'	SOURCES	isinesses owned by reporting person—s ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
HART REALTY CORP	VERIZON GLOBAL RE	EAL ESTATE	MAIL CODE FLTDSB1W	WIRELESS COMMUNICATIONS	
			7701 E. TELECOM PARKWAY		
			TEMPLE TERRACE, FL 33637		
p	ADT F INTEDESTS I	N SDECIFIE	D BUSINESSES [Instructions on	noge 61	
**	BUSINESS ENTITY:		BUSINESS ENTITY # 2	BUSINESS ENTITY # 3	
NAME OF	DOONLOG ENTITY		DOGINEGO ENTITTI IL	DOGINEGO ENTITTITO	
BUSINESS ENTITY ADDRESS OF					
BUSINESS ENTITY PRINCIPAL BUSINESS					
ACTIVITY	w. *			Ŷ.	
POSITION HELD WITH ENTITY					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS					
NATURE OF MY	-		200.000		
OWNERSHIP INTEREST					
IF ANY OF PARTS A	THROUGH E ARE CO	ONTINUED	ON A SEPARATE SHEET, PLE	CASE CHECK HERE	
OATH  STATE OF FLORIDA MIAMI - Dade					
I, the person whose name appe	ears at the	· C	to (or affirmed) and subscribed before	11/1	
beginning of this form, do depo		Sworn	to (or allimed) and subscribed before		
and say that the information dis		_/	739 20 14 by 78/	1/2 Tabares Hawtman	
and any attachments hereto is true, accurate,					
and complete.	6	(Signat	urg of Novary PublicState of Florida)	E SE	
		6th e 6th	MELINE GLIVENS	A Page 1	
(Print/Type, or Stamp Commissioned Name of Notary Public) 以					
Porcopally Known X OP Produced Identification 1 a. W					
Live of Identification Produced					
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE					
If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this for the or					
If a certified public accountant			f Identification Producedin Identification Producedin good standing with the Florida Ba	<del> </del>	
If a certified public accountant she must complete the followin	licensed under Chapter 47			A & A	
she must complete the followin	licensed under Chapter 47 g statement:	3, or attorney	in good standing with the Florida Ba	r prepared this form to you he or	
she must complete the followin	licensed under Chapter 47 g statement:	3, or attorney	in good standing with the Florida Ba	r prepared this for the or	
she must complete the followin I,	licensed under Chapter 47 g statement:	3, or attorney	in good standing with the Florida Ba	r prepared this form to you he or	
she must complete the followin I,	licensed under Chapter 47 g statement:	3, or attorney	in good standing with the Florida Ba	r prepared this form to you he or	
she must complete the followin I, Section 112.3144, Florida Stati	licensed under Chapter 47 g statement: utes, and the instructions to	3, or attorney	in good standing with the Florida Ba	r prepared this form to you he or	

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### MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

#### **PERLA TABARES HANTMAN 2013**

### PART B - ASSETS

### **ASSETS INDIVIDUALLY VALUED AT OVER \$1,000**

DESCRIPTION OF ASSET	VALUE
	12-31-13
Arnold & Perla Hantman Investment Management Accounts - Northern Trust Bank	1,583,500.18
Home - 16181 West Troon Circle, Miami Lakes, Florida	1,646,372.00
Perla Hantman -Investment Management Accounts - Northern Trust Bank	2,374,686.68
Certificates of Deposit - Northern Trust Bank	3,012,919.88
Stock - Hart Realty Corporation	775,000.00
Stock - Wellbilt International Corporation	100,000.00
Fidelity Investments - IRA	17,755.81
Cash in Bank - Northern Trust Bank	69,651.34
Cash in Bank - Wells Fargo Bank	23,386.18



## OFFICIAL RECEIPT

Miani Dade County thousand six hundred a

For Filing Fee-MIAMIDADE SCHOOL BOARD

No.6996477

Date 6/5/14

\$ 1,600 %

COUNTY	THIS IN DIEDE COOKET	LORIDA			
	RECEIVED FROM Perla	Tobones Ho	ntmon	DATE	6 / 5 / 14 NTH DAY YEAR
	Address P. O. Br	× 5412		CASH	\$
	Min Mi Lok	STREET ADDRESS	FL 33	3 0/4 CHECKS	,
Амочит от:_	One Thousand Six	tunolred DOLLAR	s, and	_ CENTS TOTAL	\$ 1,600.00
FOR PAYMENT	OF: Qualifying FE	e - School	Board Dist	niet	,
					EMPLOYEE OF DEPARTMENT
DEPT.: £lč	ckims		By:	Gomesso A	mnount
FOR OF	FICE USE ONLY			1	
Trans	Subsidiary	INDEX	CODE	Suвовјест	Amount
107.01-1 6/04					
(B) (B)					
Pe	Na Tabares Hant	man Campar	gn Account		/ 0 7 63-751/631 10811