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**CANDIDATE OATH -  
SCHOOL BOARD  
NONPARTISAN OFFICE**

MIAMI-DADE  
ELECTIONS

OFFICE USE ONLY

**OATH OF CANDIDATE**

(Sections 99.021 and 105.031, Florida Statutes)

I, Daniel "Dan" Espino

(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 County School Board, 5,  
(office) (district #)

-----, -----; I am a qualified elector of Miami-Dade County, Florida;  
(circuit #) (group or seat #)

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

*[Signature]*

(305) 773-3980

Dan@DanEspino.com

Signature of Candidate

Telephone Number

Email Address

289 Laurel Way

Miami Springs

FL

33166

Address

City

State

ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 110134117

\* 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):

DAN - ee - el / DAN / es - PEE - no

STATE OF FLORIDA

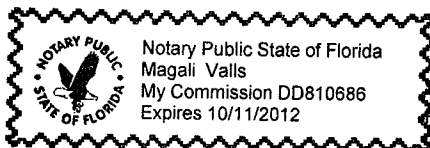
COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 5TH day of JUNE, 2012.

Personally Known: ☒ or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_



*[Signature]*  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public

# FORM 6 FULL AND PUBLIC DISCLOSURE OF

2011

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

## FINANCIAL INTERESTS

LAST NAME — FIRST NAME — MIDDLE NAME:

Espino Daniel Alexander

MAILING ADDRESS:

289 Laurel Way

CITY:

Miami Springs

ZIP:

FL

COUNTY:

Miami-Dade

NAME OF AGENCY:

Miami-Dade County Public Schools

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

School Board Member

FOR OFFICE  
USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

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MIAMI-DADE  
ELECTIONS

2011 PDF Form 6

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, 2011, 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 June 1, 20 12 was \$ - 71,668.75

### 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.

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

46,000.00

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

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)

VALUE OF ASSET

Home - 289 Laurel Way, Miami Springs, FL 33166	\$350,000.00
Single Family Home - 308 Rosebelle Drive, Miami Springs, FL 33166 (P)	\$160,000.00

### PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

Mortgage - Bank of America	\$338,248.51
Student Loans - Sallie Mae - P.O. Box 9500, Wilkes-Barre PA 18772	\$53,560.24
Student Loans - Federal Direct - P.O. Box 242 800, Louisville KY 40224	\$1,105,000.00
Student Loans - DCS - 333 North Canyon Pkwy, #100, Laramie, CO	\$30,860.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

# **PART D -- INCOME**

You may ***EITHER*** (1) file a complete copy of your 2011 federal income tax return, including all W2's, schedules, and attachments, ***OR*** (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 2011 federal income tax return and all W2's, schedules, and attachments.  
[If you check this box and attach a copy of your 2011 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
Kravitz & Tolamo, LLP	7600 W 20 <sup>th</sup> Avenue Hialeah, FL 33016	\$80,000 <sup>00</sup>
City of Miami Springs	201 Westward Drive Miami Springs, FL 33166	\$6,000 <sup>00</sup>

## **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
N/A			

## **PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 5]**

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

IF ANY OF PARTS A THROUGH E 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 form and any attachments hereto is true, accurate, and complete.

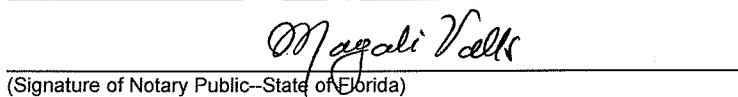
  
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA  
COUNTY OF

MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 5TH day of

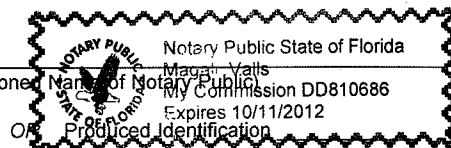
JUNE, 2012 by DANIEL ALEXANDER ESPINO

  
(Signature of Notary Public--State of Florida)

MAGALI VALLS

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

Personally Known ☒



Type of Identification Produced \_\_\_\_\_

**FILING INSTRUCTIONS** for when and where to file this form are located at the top of page 3.  
**INSTRUCTIONS** on who must file this form and how to fill it out begin on page 3.  
**OTHER FORMS** you may need to file are described on page 6.

# OFFICIAL RECEIPT

## MIAMI-DADE COUNTY-FLORIDA

No. 6741234

RECEIVED FROM Daniel A. Espino

DATE 6 / 5 / 12  
MONTH DAY YEAR

ADDRESS 289 Laurel Way

**CASH** \$

STREET ADDRESS  
Miami Springs FL 33166  
CITY STATE ZIP

CHECKS \$ 1,540.00

AMOUNT OF: One Thousand Five Hundred and Forty DOLLARS, AND NO CENTS TOTAL \$ 1,540.00

FOR PAYMENT OF: Qualifying Fee - School Bond Dist 5

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.

DEPT.: Elections By: Marie Acosta

**FOR OFFICE USE ONLY**

[illegible]

107.01-1 6/04

**DAN ESPINO  
CAMPAIGN ACCOUNT**

P.O. BOX 66-1681  
MIAMI, FL 33266

1009

Date 6/9/12

63-4-630

Pay to the  
order of \_\_\_\_\_

Board of County Commissioners

\$ 1,540.00

One Thousand Five Hundred Forty — Dollars

**BANK OF AMERICA**

ACH R/T 063100277

For

Qualif. Fee - School Board Districts

M