FORM 6 FULL AND PUBLIC DISCL	2011	
Please print or type your name, mailing address, agency name, and position below:	CSTS	
LAST NAME — FIRST NAME — MIDDLE NAME: CASTILLO, SUSANA V MAILING ADDRESS:	FOR OFFICE USE ONLY:	
10045 NW SI TERPACE	ID 0 - 1 -	220
Dopal 33178 Miami Dade	ID Code	2017 Top 1
MIAMI DADE CONNY PUBLIC SCHOOLS BOARD	ID No.	A CHILD
NAME OF AGENCY: BOARD MEMBER	Conf. Code	Santifica.
NAME OF OFFICE OR POSITION HELD OR SOUGHT: School Board District 5	P. Req. Code	VED PHI2:
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: I liabilities from your reported assets, so please see the instructions on page 3.] My net worth as of December 31, 20 11 was	•	
PART B ASSETS		
HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate value excif not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art other household items; and vehicles for personal use.		
The aggregate value of my household goods and personal effects (described above) is \$	10,000-	
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instructions	page 4)	VALUE OF ASSET
Residence of 10045 NW SI SERROCE, DORZI, FL	33178 Appr	4)213,960
	(//	
-		
PART C LIABILITIES		
LIABILITIES IN EXCESS OF \$1,000 (See Instructions on page 4): NAME AND ADDRESS OF CREDITOR	a	AMOUNT OF LIABILITY
Wells Fappo Bank - PO Box 14411 Des Moines	IA 50306 ADIA	154,168.69
Wells targo Bank - 10 box 3908 fortland Buson	(Hyprex	48,000-
	-//	
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY

You may EITHER (1) file a complement identifying each separate sou of Part D, below.		income tax ret			
			schedules, and attachments.	of Part D.]	
PRIMARY SOURCES OF INCOME NAME OF SOURCE OF INCOM			ADDRESS OF SOURCE OF INC	COME FL 33	66 AMOUNT
City of Doral		8300 n	vw 53 ST \$ 100	Dosal	101434
J				/	-
SECONDARY SOURCES OF INCO NAME OF BUSINESS ENTITY	OME [Major customers, clien NAME OF MAJOR S OF BUSINESS' IN	SOURCES	inesses owned by reporting pers ADDRESS OF SOURCE	P	on page 5]: PRINCIPAL BUSINESS CTIVITY OF SOURCE
· · · · · · · · · · · · · · · · · · ·		**************************************			, , , , , , , , , , , , , , , , , , ,
			1		
PAR	T E INTERESTS IN	SPECIFIEI	D BUSINESSES (Instruction	ons on page 5]	
NAME OF	BUSINESS ENTITY #	‡ 1	BUSINESS ENTITY # 2	BU	SINESS ENTITY # 3
BUSINESS ENTITY					
ADDRESS OF BUSINESS ENTITY					201
PRINCIPAL BUSINESS ACTIVITY					2
POSITION HELD WITH ENTITY					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS					
NATURE OF MY OWNERSHIP INTEREST					P:
	TUPOUCHE ADE CC	- Augustus III II	ON A CENADATE CHEET		CV (TERREN)
IF ANY OF PAKIS A	THROUGH E AKE CU	NTINUED	ON A SEPARATE SHEET	, PLEASE CHE	CK, HEKE
OA	ГH		TE OF FLORIDA	i Dade	
I, the person whose name appears	at the	Swo	orn to (or affirmed) and subscribe	ed before me this	day of
beginning of this form, do depose o		~	-	ο,	0 1.11
and say that the information disclosed on this form			John 30 M	by Jusa	10 V. Cest in
and any attachments hereto is true, accurate,		4	Z Moral	BARBARA HERRERA Wallic & State of Fi	orida
SIGNATURE OF REPORTING OF	FICIAL OR CANDIDATE	(Prin	nature of Notate of Con But Int, Type, or Stamp Commiss of Sconally Known e of Identification Produced	Name of Committee Committe	ARBARA HERRERA Bublic - State of Florida m. Expires May 17, 2014 fikelism # DD 991910 rough National Notary Assn.

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.

CANDIDATE OATH -SCHOOL BOARD NONPARTISAN OFFICE

RECEIVED 2012 JUN - 4 PM 12: 41 MIAMI-DADE ELECTIONS

OFFICE USE ONLY

(Sect	ions 99.021 and 105.031, Fion	da Statutes)		
I, Susie Castillo				
(PLEASE PRINT NAME AS YOU WISH IT TO APPEA	R ON THE BALLOT * NAME N	AY NOT BE CHANGED AFTER TH	IE END OF QUALIFYING)	
am a candidate for the nonpartisan office of	Miami-Dade Co	ounty School Board	, 5 ,	
·		(office)	(district #)	
, ; lama	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 / figure// Cottett	(305) 791-6118	susie.castillo		
Signature of Candidate	Telephone Number	Email A	Address	
PO Box #226543 Dora	al	Florida	33072	
Address City		State	ZIP Code	
Candidate's Florida Voter Registration Num				
* Please print name phonetically on the line with disabilities (see instructions on page 2 castillo	below as you wish it to bot this form):	e pronounced on the aud	lio ballot for persons	
STATE OF FLORIDA COUNTY OF // / / / / / / / / / / / / / / / / /	fore me this $\frac{23}{}$ d	ay of Jan	, 20/2.	

NOTARY PUBLIC STATE OF FLORIDA Ana Maria Fernandez

Commission # DD831314
Expires: OCT. 16, 2012
BONDED THRU ATLANTIC BONDING CO., INC.

OATH OF CANDIDATE

Produced Identification:

Type of Identification Produced:

Personally Known:

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public

OFFICIAL RECEIPT

No.6741208

COUNTY	MIAMI-DADE COONTT					
	Received From 50	ISANA CASTILLO	2	DATE 6	/ 4 / 12 DAY YEAR	_
	Address 10045 /	NW 51 TR		MONTH Cash S	DAY YEAR	
	Address 10045 / DORN / CITY : On: Thousand Five Hundre	STREET ADDRESS	33/70	Curcus	1 540 D D	,
	CITY	STATE	ZIP	CHECKS 3	<u> </u>	
AMOUNT OF	: One Thousand Five Hundred	and TOR / DOLLARS, AND _	ND CENTS	TOTAL \$_	1540.00	<u> </u>
FOR PAYMEN	NT OF: Qualicying	Fee School B	oned Dist	5		
THIS RECI	EIPT NOT VALID UNLESS DA	ATED, COMPLETED AND	SIGNED BY AUT	HORIZEDEM	LOYEE OF DEPARTMEN	Т.
DEPT.:	EIPT NOT VALID UNLESS DA		BY: MAR	in Acos	5/4	
	FICE USE ONLY					
Trans	Subsidiary	Index Code	Suв	овјест	Amount	
						_
						_
107.01-1 6/04						
H : 1	THE FA	CE OF THIS DOCUMENT HAS A COLORE	D BACKGROUND ON WHITE P	APER		
"SUSANA	V. CASTILLO CAMPAIGN A		Y NATIONAL BANK OF FLORID MIAMI, FLORIDA 33186)A	1010	
	1985 NW 88TH CT SUITE 101		63-436/660			
	DORAL, FL 33172				6/4/2012	
AY TO THE PRDER OF	Board of County Commission	oners			\$ **1,540.00	
One The	ousand Five Hundred Forty an	d 00/100*********************************	******	*****	DOLLARS	
	Board of County Commissione	ers			tra i es tu divakit ytiskudi. Lidataki	
	2700 NW 87th Avenue Doral, FL 33172					
	Doral, i E do i i Z	AND HED IMAO				
1EMO	ualifying Fee	FOES WITH HER		AUTHORIZE	O SIGNATURE	
- 73. ¹		SECURITY FEATURES INCLUDED	D. DETAILS ON BACK.			
SUSANA V	. CASTILLO CAMPAIGN AC	COUNT"			4040	-
	•				1010	

Board of County Commissioners

Qualigying Fees

6/4/2012

1,540.00