

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:

Castillo, Susana V

MAILING ADDRESS:

10045 NW 51 Terrace

Doral 33178 Miami-Dade

CITY: MIAMI DADE COUNTY PUBLIC SCHOOLS BOARD

NAME OF AGENCY: BOARD MEMBER

NAME OF OFFICE OR POSITION HELD OR SOUGHT: School Board District 5

CHECK IF THIS IS A FILING BY A CANDIDATE

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

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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 December 31, 20 11 was \$ Approximately \$25,000 -

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 \$ 10,000 -

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
Residence at 10045 NW 51 Terrace, Doral, FL 33178 (Approx)	213,960

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Wells Fargo Bank - PO Box 14411 Des Moines, IA 50306 (Approx)	154,169.69
Wells Fargo Bank - PO Box 3908 Portland Oregon (Approx)	48,000 -

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	FL 33166	AMOUNT
City of Doral	8300 NW 53 ST # 100, Doral		101,434

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

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

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

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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.

[Handwritten Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
 COUNTY OF Miami Dade

Sworn to (or affirmed) and subscribed before me this 1 day of

June 2012 by Susana V. Castillo

[Handwritten Signature]
 (Signature of Notary Public - State of Florida)
 BARBARA HERRERA
 Notary Public - State of Florida
 My Comm. Expires May 17, 2014
 Commission # DD 991910

(Print, Type, or Stamp Commission of Notary Public - State of Florida)
 Personally Known
 BARBARA HERRERA
 Notary Public - State of Florida
 My Comm. Expires May 17, 2014
 Commission # DD 991910
 Bonded Through National Notary Assn.

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.

