

CANDIDATE OATH -
SCHOOL BOARD
NONPARTISAN OFFICE

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2016 JUN -6 PM 12:59
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

OFFICE USE ONLY

OATH OF CANDIDATE

(Sections 99.021 and 105.031, Florida Statutes)

I, Martin Karp
(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, 3
(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.

[Signature] (786) 222-5551 martinkarp@yahoo.com
Signature of Candidate Telephone Number Email Address

2460 NE 214 St Miami FL 33180
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109207212

* 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):

Mar-tin Karp

STATE OF FLORIDA
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 6th day of June, 2016

Personally Known: _____ or _____



[Signature]
Signature of Notary Public

Produced Identification:

Print, Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced: FL Driver License

Barbara Herrera

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

*****AUTO**MIXED AADC 323 T8 P1 56
Martin Karp
Board Member
Miami-Dade County Public Schools
Elected Constitutional Officer
2460 NE 214th St
Miami FL 33180-1050



ID Code



ID No. 97211

Conf. Code

Karp , Martin

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, 2015 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 15 was \$ 3,584,751.

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, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ 103,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Home-residential 2460 NE 214 street Miami 33180	335,000
Apartment 1660 NE 191 street Miami 33179	182,000
Cash + bank accts/brokerage accts	507,000
Stock + bond + mutual funds	1,245,100
401K + IRA	296,081
Nice Guy Investments	567,570
Insurance	99,000
DV Acquisition Investment	250,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
∅	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

PART D -- INCOME

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2015 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2015 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2015 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
Miami-Dade County Public Schools	1480 NE 2 Ave Miami 33132	42,570
UBS Financial	18851 NE 29 Ave Aventura 33180	22,700
Jade Winds Rental	1060 NE 191 St #302 Miami 33179	12,600
SunTrust Bank	9600 Collins Ave Bal Harbour 33154	180
Wells Fargo	2929 Aventura Blvd Aventura 33180	17,669.18

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
Nice Guy Investments	21332 W Dixie Hwy	Aventura 33180	30,000
Fidelity Investments	2948 N Federal Hwy	Ft Lauderdale 33306	0
DJ Acquisitions	2641 NE 209 St	Aventura FL 33180	1,020

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

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

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PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

OATH

STATE OF FLORIDA
 COUNTY OF Miami-Dade

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation Sworn to (or affirmed) and subscribed before me this 6th day of

and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete. June 6, 2016 by Martin Karp

HEROLD BLUMSTEIN
 Notary Public, State of Florida
 My Comm. Expires April 14, 2019
 No. FF982420
 Bonded thru Arthur J. Gallagher & Co.

Signature of Notary Public--State of Florida
Herold Blumstein
 Print, Type, or Stamp Commissioned Name of Notary Public)

[Signature] Personally Known OR Produced Identification _____
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE Type of Identification Produced _____

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature _____ Date _____

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 7129578

RECEIVED FROM DR. MARTIN KARP / CAMPAIGN ACCOUNT DATE 6 / 6 / 2016
MONTH DAY YEAR

ADDRESS 2460 W.E. 214 ST. CASH \$ _____
STREET ADDRESS

Miami CITY FL STATE 33180 ZIP CHECKS \$ 1,702.80

AMOUNT OF: ONE THOUSAND SEVEN HUNDRED TWO DOLLARS, AND 80/100 CENTS TOTAL \$ 1,702.80

FOR PAYMENT OF: QUALIFYING FEE SCHOOL BOARD DISTRICT #3

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

DEPT.: ELECTIONS DEPARTMENT BY: [Signature]

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

DR. MARTIN KARP
CAMPAIGN ACCOUNT

63-215/631 101

DATE 6/6/16

PAY TO THE ORDER OF Miami-Dade County \$ 1,702.80
One thousand seven hundred two DOLLARS

SUNTRUST [Redacted] School Bd District 3

MEMO Qualifying fee District 3 [Redacted] [Signature] NP

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