

CANDIDATE OATH -
SCHOOL BOARD
NONPARTISAN OFFICE

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2016 JUN 22 PM 4: 01

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

OFFICE USE ONLY

OATH OF CANDIDATE

(Sections 99.021 and 105.031, Florida Statutes)

I, James Bush III

(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, 1,
(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

James Bush III
Signature of Candidate

(786) 499-9493

Telephone Number

abwbush@aol.com

Email Address

1441 NW 196 Street

Address

Miami Gardens

City

Florida

State

33169

ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109202622

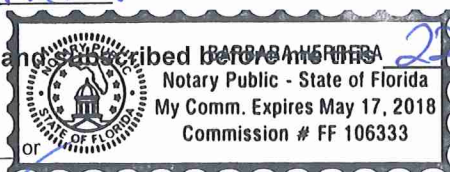
* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

James Bush III

STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 22 day of June, 2016



Personally Known: _____ or

Barbara Herrera
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public

Produced Identification:

Type of Identification Produced: FL Driver License

FORM 6

**FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS**

2015

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
Bush, James D.

MAILING ADDRESS:
P. O, Box 47605

CITY : Miami ZIP : 33247 COUNTY : Miami Dade

NAME OF AGENCY :
Miami Dade County Public Schools

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
School Board Member District 1

CHECK IF THIS IS A FILING BY A CANDIDATE

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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, 20 15 was \$ 590,000.00.

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 \$ 30,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
3015 NW 49 Street, Miami, Florida 33142	\$ 180,000.00
4900 NW 30 Avenue, Miami, Florida 33142	\$ 213,000.00
2461 NW 61 Street, Miami, Florida 33142	\$ 90,000.00
233 NW 63 Street, Miami, Florida 33056	\$ 320,000.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
U. S. Department of Education, Washington DC.	\$ 72,000.00
Chase Bank, P. O. Box 78420, Phoenix, AZ 85062-8420	\$ 106,000.00
Thomas Orr, 7781 NE Bayshore Court, Miami, Florida 33138	\$ 81,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

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
Florida Retirement System	P. O. Box 785027, Orlando, Florida, 32878	\$ 468,000.00

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 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Vested Legacy Investment Group, LLC		
ADDRESS OF BUSINESS ENTITY	4900 NW 30 Avenue, Miami Florida 33142		
PRINCIPAL BUSINESS ACTIVITY	Property Rental		
POSITION HELD WITH ENTITY	Member		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes		
NATURE OF MY OWNERSHIP INTEREST	Partner		

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PART F - TRAINING

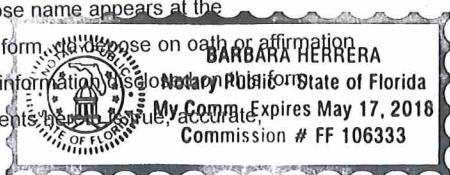
For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

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 and say that the information is true, accurate, and any attachments are true, accurate, and complete.



Sworn to (or affirmed) and subscribed before me this 22 day of June, 2016 by James Bush III
Barbara Herrera
 (Signature of Notary Public--State of Florida)
Barbara Herrera
 (Print, Type, or Stamp Commissioned Name of Notary Public)

James Bush III
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known _____ OR Produced Identification
 Type of Identification Produced FL Driver License

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



MIAMI-DADE COUNTY-FLORIDA

#1001

RECEIVED FROM James Bush III

DATE 6, 22, 2016
MONTH DAY YEAR

ADDRESS P.O. BOX 470605
STREET ADDRESS
MIAMI CITY FL STATE 33247 ZIP

CASH \$ _____
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 - MIAMI-DADE COUNTY SCHOOL BOARD DISTRICT 1

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

DEPT.: ELECTIONS BY: CAROLINA LOPEZ

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TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

JAMES BUSH III
CAMPAIGN ACCOUNT
SCHOOL BOARD DISTRICT 1
PO BOX 470605
MIAMI FL 33247-0605

1001
63-4/630 FL
24118

6/22/16 Date

Pay To The Order Of

Miami Dade County \$ 1,702.80 ^{JB, III}
One Thousand Seven Hundred Two ^{80/100} Dollars



Bank of America

ACH R/T 063100277

Qualifying Miami Dade
For Filing Fee School Board District 1 James Bush III MP

Harford Clarke

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

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