

**CANDIDATE OATH -
SCHOOL BOARD
NONPARTISAN OFFICE**

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

OFFICE USE ONLY

OATH OF CANDIDATE

(Sections 99.021 and 105.031, Florida Statutes)

I, Maria Teresa Rojas

(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, 6
School Board (office) Member (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 Maria Teresa Rojas (786) 719-0584 MTROJAS7@hotmail.com
Signature of Candidate Telephone Number Email Address

_____ Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109076464

* 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):

ma h - R E E - ah te RE sa r OH - hahs

STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 10 day of June, 2016.



Personally Known: _____

Barbara Herrera
Signature of Notary Public

Produced Identification: _____

Print, Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced: FL Driver License

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

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LAST NAME — FIRST NAME — MIDDLE NAME:

Rojas, Maria Teresa

MAILING ADDRESS:

[REDACTED]

CITY: Coral Gables ZIP: 33134 COUNTY: Miami Dade

NAME OF AGENCY: Miami Dade County School Board

NAME OF OFFICE OR POSITION HELD OR SOUGHT: Board Member District 6
Miami Dade County School

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 May 31, 20 16 was \$ 1,340,579.

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

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
See schedule attached	1,559,819

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Lexus of Kendall - Auto Lease	16,240

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Residence - Mortgage payable to Specialized Loan Servicing, LLC	150,000
Residence - Equity Line Chase Bank	83,000

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
NA		

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
	NA		

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	NA		
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			

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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

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.

STATE OF FLORIDA
 COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 10th day of June, 2016 by Barbara Herrera
 (Signature of Notary Public--State of Florida)



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

Personally Known _____ OR Produced Identification
 Type of Identification Produced fl. Driver License

Manuel Garcia
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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, MANUEL GARCIA, 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.

Manuel Garcia
 Signature

6/10/16
 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

Rojas, Maria Teresa
Form 6 - May 31, 2016

PART B - ASSETS

Description of Asset	Value of Asset
Residence - [REDACTED]	750,000
Apartment - 19201 Collins Ave, Apt 310, Sunny Isles, FL	250,000
Bank Account - City National Bank	15,800
Bank Account - Dade County School Employees	6,000
Retirement Funds - Dade County School Board	446,592
IRA	91,427
TOTAL	1,559,819

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For the year Jan. 1-Dec. 31, 2015, or other tax year beginning _____, 2015, ending _____, 20____ See separate instructions.

Your first name and initial **ENRIQUE** Last name **ROJAS** Your social security number [REDACTED]

If a joint return, spouse's first name and initial **MARIA T.** Last name **ROJAS** Spouse's social security number [REDACTED]

Home address (number and street). If you have a P.O. box, see instructions. _____ Apt. no. _____
 City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. _____
 Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____

You Spouse

Filing Status

1 Single 4 Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above and full name here. ▶ 5 Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a

b Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit

If more than four dependents, see instructions and check here

d Total number of exemptions claimed **2**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	STMT 3	7	46,699.
8a	Taxable interest. Attach Schedule B if required		8a	118.
b	Tax-exempt interest. Do not include on line 8a	8b		
9a	Ordinary dividends. Attach Schedule B if required			
b	Qualified dividends	9b		
10	Taxable refunds, credits, or offsets of state and local income taxes			
11	Alimony received			
12	Business income or (loss). Attach Schedule C or C-EZ			
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>			
14	Other gains or (losses). Attach Form 4797			
15a	IRA distributions	15a	b Taxable amount	15b
16a	Pensions and annuities	16a	159,092.	b Taxable amount
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			17
18	Farm income or (loss). Attach Schedule F			18
19	Unemployment compensation			19
20a	Social security benefits	20a	1,822.	b Taxable amount
21	Other income. List type and amount			21
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income			22

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	
37	Subtract line 36 from line 22. This is your adjusted gross income	37	207,452.

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Tax and Credits		38	Amount from line 37 (adjusted gross income)	38	207,452.
39a Check <input type="checkbox"/> You were born before January 2, 1951, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1951, <input type="checkbox"/> Blind. Total boxes checked		39a		39a	
b If your spouse itemizes on a separate return or you were a dual-status alien, check here		39b		39b	
40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40		40	17,720.
41 Subtract line 40 from line 38		41		41	189,732.
42 Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see inst.		42		42	8,000.
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43		43	181,732.
44 Tax. Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>		44		44	37,936.
45 Alternative minimum tax. Attach Form 6251		45		45	
46 Excess advance premium tax credit repayment. Attach Form 8962		46		46	
47 Add lines 44, 45, and 46		47		47	37,936.
48 Foreign tax credit. Attach Form 1116 if required		48		48	
49 Credit for child and dependent care expenses. Attach Form 2441		49		49	
50 Education credits from Form 8863, line 19		50		50	
51 Retirement savings contributions credit. Attach Form 8880		51		51	
52 Child tax credit. Attach Schedule 8812, if required		52		52	
53 Residential energy credits. Attach Form 5695		53		53	
54 Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>		54		54	
55 Add lines 48 through 54. These are your total credits		55		55	
56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-		56		56	37,936.
Other Taxes					
57 Self-employment tax. Attach Schedule SE		57		57	
58 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919		58		58	
59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		59		59	
60a Household employment taxes from Schedule H		60a		60a	
b First-time homebuyer credit repayment. Attach Form 5405 if required		60b		60b	
61 Health care: Individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>		61		61	
62 Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Inst.; enter code(s)		62		62	
63 Add lines 56 through 62. This is your total tax		63		63	37,936.
Payments					
64 Federal income tax withheld from Forms W-2 and 1099		64	29,987.	64	29,987.
65 2015 estimated tax payments and amount applied from 2014 return		65		65	
66a Earned income credit (EIC)		66a		66a	
b Nontaxable combat pay election 66b		66b		66b	
67 Additional child tax credit. Attach Schedule 8812		67		67	
68 American opportunity credit from Form 8863, line 8		68		68	
69 Net premium tax credit. Attach Form 8962		69		69	
70 Amount paid with request for extension to file		70		70	
71 Excess social security and tier 1 RRTA tax withheld		71		71	
72 Credit for federal tax on fuels. Attach Form 4136		72		72	
73 Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>		73		73	
74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments		74		74	29,987.
Refund					
75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid		75		75	
76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here		76a		76a	
b Routing number <input type="checkbox"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings d Account number <input type="checkbox"/>					
77 Amount of line 75 you want applied to your 2016 estimated tax		77		77	
Amount You Owe					
78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions		78		78	8,032.
79 Estimated tax penalty (see instructions)		79		79	83.
Third Party Designee		Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No			
Designee's name EDUARD A. BALTAR CPA Phone no. 305-373-0123 Personal identification number (PIN) <input type="checkbox"/>					
Sign Here		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Your signature EDUARD A. BALTAR Date 04/18/16 Your occupation RETIRED Daytime phone number <input type="checkbox"/>					
Spouse's signature. If a joint return, both must sign. ADMINISTRATIVE ASSISTANT Date 04/18/16 Spouse's occupation ADMINISTRATIVE ASSISTANT If the IRS sent you an Identity Protection PIN, enter it here <input type="checkbox"/>					
Print/Type preparer's name EDUARD A. BALTAR Preparer's signature EDUARD A. BALTAR Date 04/18/16 Check <input type="checkbox"/> if self-employed PTIN <input type="checkbox"/>					
Paid Preparer Use Only		Firm's name GLSC & COMPANY, PLLC Firm's EIN <input type="checkbox"/>			
Firm's address 6303 BLUE LAGOON DRIVE, SUITE 200 MIAMI, FL 33126 Phone no. 305-373-0123					

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STATEMENT 4

Underpayment of Estimated Tax by Individuals, Estates, and Trusts

▶ Information about Form 2210 and its separate instructions is at www.irs.gov/form2210.

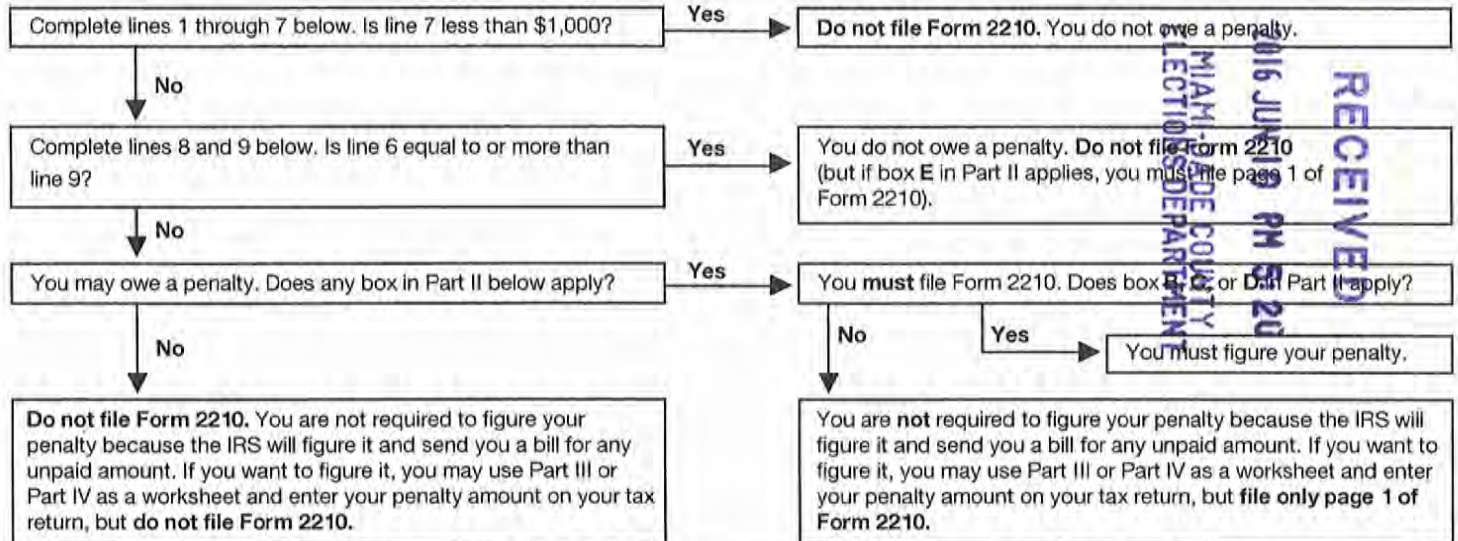
▶ Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, or 1041.

Name(s) shown on tax return

ENRIQUE & MARIA T. ROJAS

Identifying number

Do You Have To File Form 2210?



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Part I Required Annual Payment

1	Enter your 2015 tax after credits from Form 1040, line 56 (see instructions if not filing Form 1040)	1	37,936.
2	Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions)	2	
3	Refundable credits, including the premium tax credit (see instructions)	3	()
4	Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop; you do not owe a penalty. Do not file Form 2210	4	37,936.
5	Multiply line 4 by 90% (.90)	5	34,142.
6	Withholding taxes. Do not include estimated tax payments (see instructions)	6	29,987.
7	Subtract line 6 from line 4. If less than \$1,000, stop; you do not owe a penalty. Do not file Form 2210	7	7,949.
8	Maximum required annual payment based on prior year's tax (see instructions)	8	39,565.
9	Required annual payment. Enter the smaller of line 5 or line 8	9	34,142.

Next: Is line 9 more than line 6?

- No. You do not owe a penalty. Do not file Form 2210 unless box E below applies.
- Yes. You may owe a penalty, but do not file Form 2210 unless one or more boxes in Part II below applies.
- If box B, C, or D applies, you must figure your penalty and file Form 2210.
 - If box A or E applies (but not B, C, or D) file only page 1 of Form 2210. You are not required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III or IV as a worksheet and enter your penalty on your tax return, but file only page 1 of Form 2210.

Part II Reasons for Filing. Check applicable boxes. If none apply, do not file Form 2210.

- A You request a waiver (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you are not required to figure your penalty.
- B You request a waiver (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C Your income varied during the year and your penalty is reduced or eliminated when figured using the annualized income installment method. You must figure the penalty using Schedule AI and file Form 2210.
- D Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- E You filed or are filing a joint return for either 2014 or 2015, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you are not required to figure your penalty (unless box B, C, or D applies).

Part III Short Method

Can You Use the Short Method?

You can use the short method if:

- You made no estimated tax payments (or your only payments were withheld federal income tax), or
- You paid the same amount of estimated tax on each of the four payment due dates.

Must You Use the Regular Method?

You must use the regular method (Part IV) instead of the short method if:

- You made any estimated tax payments late,
- You checked box C or D in Part II, or
- You are filing Form 1040NR or 1040NR-EZ and you did not receive wages as an employee subject to U.S. income tax withholding.

Note. If any payment was made earlier than the due date, you can use the short method, but using it may cause you to pay a larger penalty than the regular method. If the payment was only a few days early, the difference is likely to be small.

10	Enter the amount from Form 2210, line 9	10	34,142.
11	Enter the amount, if any, from Form 2210, line 6	11	29,987.
12	Enter the total amount, if any, of estimated tax payments you made	12	
13	Add lines 11 and 12	13	29,987.
14	Total underpayment for year. Subtract line 13 from line 10. If zero or less, stop; you do not owe a penalty. Do not file Form 2210 unless you checked box E in Part II	14	4,155.
15	Multiply line 14 by .02001	15	83.
16	<ul style="list-style-type: none"> • If the amount on line 14 was paid on or after 4/15/16, enter -0- • If the amount on line 14 was paid before 4/15/16, make the following computation to find the amount to enter on line 16. 		
	Amount on line 14 x Number of days paid before 4/15/16 x .00008	16	0.
17	Penalty. Subtract line 16 from line 15. Enter the result here and on Form 1040, line 79; Form 1040A, line 51; Form 1040NR, line 76; Form 1040NR-EZ, line 26; or Form 1041, line 26. Do not file Form 2210 unless you checked a box in Part II..... ▶	17	83.

Form 2210 (2015)

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**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service
Name(s) shown on Form 1040

Itemized Deductions

Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.
Attach to Form 1040.

OMB No. 1545-0074

2015
Attachment
Sequence No. 07

Your social security number

ENRIQUE & MARIA T. ROJAS

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1		
2	Enter amount from Form 1040, line 38 <u>2</u>	2		
3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1951, multiply line 2 by 7.5% (.075) instead	3		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4		
Taxes You Paid	5 State and local (check only one box):			
	a <input type="checkbox"/> Income taxes, or	5	1	67.
	b <input checked="" type="checkbox"/> General sales taxes		6	65.
6	Real estate taxes (see instructions)	6		
7	Personal property taxes	7		
8	Other taxes. List type and amount ▶	8		
9	Add lines 5 through 8	9		8,312.
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098 <u>STMT 6</u>	10	6,588.	
11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	11		
Note: Your mortgage interest deduction may be limited (see instructions).	12 Points not reported to you on Form 1098. See instructions for special rules	12		
13	Mortgage insurance premiums (see instructions)	13		
14	Investment interest. Attach Form 4952 if required. (See instructions.)	14		
15	Add lines 10 through 14	15		6,588.
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	2,520.	STMT 5
If you made a gift and got a benefit for it, see instructions.	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	300.	
18	Carryover from prior year	18		
19	Add lines 16 through 18	19		2,820.
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20		
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶			
	<u>UNION AND PROFESSIONAL DUES</u> 220.	21	680.	
	<u>PROFESSIONAL SUBSCRIPTIONS</u> 460.	22	305.	
22	Tax preparation fees	22		
23	Other expenses - investment, safe deposit box, etc. List type and amount ▶	23	40.	
	<u>SAFE DEPOSIT BOX</u> 40.	24	1,025.	
24	Add lines 21 through 23	24		
25	Enter amount from Form 1040, line 38 <u>25</u> 207,452.	25	4,149.	
26	Multiply line 25 by 2% (.02)	26		
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27		0.
Other Miscellaneous Deductions	28 Other - from list in instructions. List type and amount ▶	28		
Total Itemized Deductions	29 Is Form 1040, line 38, over \$154,950? <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29		17,720.
30	If you elect to itemize deductions even though they are less than your standard deduction, check here			

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 ELECTIONS DEPARTMENT

SCHEDULE B
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040.

▶ Information about Schedule B and its instructions is at www.irs.gov/scheduleb

OMB No. 1545-0074

2015
Attachment
Sequence No. **08**

Name(s) shown on return

Your social security number

ENRIQUE & MARIA T. ROJAS

**Part I
Interest**

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions and list this interest first. Also, show that buyer's social security number and address ▶
- DADE COUNTY FED CREDIT UNION
- SOUTH FLORIDA EDUCATIONAL F.C.U.
- SUNTRUST BANK

Amount

53.
30.
35.

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

- 2 Add the amounts on line 1 2 118.
- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 3
- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a 4 118.

Note: If line 4 is over \$1,500, you must complete Part III.

**Part II
Ordinary
Dividends**

- 5 List name of payer ▶

Amount

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

- 6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a 6

Note: If line 6 is over \$1,500, you must complete Part III.

**Part III
Foreign
Accounts
and
Trusts**

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

- 7a At any time during 2015, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions X
- If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements
- b If you are required to file FinCen Form 114, enter the name of the foreign country where the financial account is located ▶
- 8 During 2015, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions X

Yes No

X

X

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DOES NOT APPLY

Form **6251**

Department of the Treasury
Internal Revenue Service (99)

Alternative Minimum Tax - Individuals

▶ Information about Form 6251 and its separate instructions is at www.irs.gov/form6251.

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2015

Attachment
Sequence No. **32**

Name(s) shown on Form 1040 or Form 1040NR

Your social security number

ENRIQUE & MARIA T. ROJAS



Part I Alternative Minimum Taxable Income

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	189,732.
2	Medical and dental. If you or your spouse was 65 or older, enter the smaller of Schedule A (Form 1040), line 4, or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	
3	Taxes from Schedule A (Form 1040), line 9	8,312.
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	
6	If Form 1040, line 38, is \$154,950 or less, enter -0-. Otherwise, see instructions	0.
7	Tax refund from Form 1040, line 10 or line 21	
8	Investment interest expense (difference between regular tax and AMT)	
9	Depletion (difference between regular tax and AMT)	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	
11	Alternative tax net operating loss deduction	
12	Interest from specified private activity bonds exempt from the regular tax	
13	Qualified small business stock, see instructions	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	
17	Disposition of property (difference between AMT and regular tax gain or loss)	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	
19	Passive activities (difference between AMT and regular tax income or loss)	
20	Loss limitations (difference between AMT and regular tax income or loss)	
21	Circulation costs (difference between regular tax and AMT)	
22	Long-term contracts (difference between AMT and regular tax income)	
23	Mining costs (difference between regular tax and AMT)	
24	Research and experimental costs (difference between regular tax and AMT)	
25	Income from certain installment sales before January 1, 1987	
26	Intangible drilling costs preference	
27	Other adjustments, including income-based related adjustments	
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$246,250, see instructions.)	198,044.

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Part II Alternative Minimum Tax (AMT)

29	Exemption. (If you were under age 24 at the end of 2015, see instructions.)															
	<table border="0"> <tr> <td>IF your filing status is...</td> <td>AND line 28 is not over...</td> <td>THEN enter on line 29...</td> <td></td> </tr> <tr> <td>Single or head of household</td> <td>\$119,200</td> <td>\$53,600</td> <td rowspan="3">} STMT 11</td> </tr> <tr> <td>Married filing jointly or qualifying widow(er)</td> <td>158,900</td> <td>83,400</td> </tr> <tr> <td>Married filing separately</td> <td>79,450</td> <td>41,700</td> </tr> </table>	IF your filing status is...	AND line 28 is not over...	THEN enter on line 29...		Single or head of household	\$119,200	\$53,600	} STMT 11	Married filing jointly or qualifying widow(er)	158,900	83,400	Married filing separately	79,450	41,700	73,614.
IF your filing status is...	AND line 28 is not over...	THEN enter on line 29...														
Single or head of household	\$119,200	\$53,600	} STMT 11													
Married filing jointly or qualifying widow(er)	158,900	83,400														
Married filing separately	79,450	41,700														
	If line 28 is over the amount shown above for your filing status, see instructions.															
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34	124,430.														
31	<ul style="list-style-type: none"> If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 64 here. All others: If line 30 is \$185,400 or less (\$92,700 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,708 (\$1,854 if married filing separately) from the result. 	32,352.														
32	Alternative minimum tax foreign tax credit (see instructions)															
33	Tentative minimum tax. Subtract line 32 from line 31	32,352.														
34	Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any foreign tax credit from Form 1040, line 48. If you used Sch J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions)	37,936.														
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	0.														



Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Worksheet in the instructions.

Table with 2 columns: Line number and Description. Rows 36-64. Includes instructions for tax calculations and a 'RECEIVED' stamp from the Madison-Dade County Elections Department dated 2016 JUN 10 PM 5:21.



FORM 1040

PENSIONS AND ANNUITIES

STATEMENT 1

FLORIDA RETIREMENT SERVICE

AMOUNT RECEIVED THIS YEAR	94,881.	
NONTAXABLE AMOUNT	6.	
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D		
		94,875.

FLORIDA RETIREMENT SERVICE

AMOUNT RECEIVED THIS YEAR	64,211.	
NONTAXABLE AMOUNT		
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D		
		64,211.

TOTAL INCLUDED IN FORM 1040, LINE 16B		159,086.
---------------------------------------	--	----------

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FORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 3

T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
S THE SCHOOL BOARD OF MIAMI-DADE COUNTY FL	46,699.	4,803.			2,895.	677.
TOTALS	46,699.	4,803.			2,895.	677.

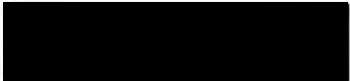
FORM 1040 FEDERAL INCOME TAX WITHHELD STATEMENT 4

T S DESCRIPTION	AMOUNT
S THE SCHOOL BOARD OF MIAMI-DADE COUNTY FL	4,803.
T FLORIDA RETIREMENT SERVICE	17,131.
S FLORIDA RETIREMENT SERVICE	7,689.
T WITHHOLDING FROM FORM 1099-SSA	364.
TOTAL TO FORM 1040, LINE 64	29,987.

SCHEDULE A CASH CONTRIBUTIONS STATEMENT 5

DESCRIPTION	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT
LITTLE FLOWER PARISH	1,275.	
MARY MAGDALEN PARISH	110.	
ST. BRENDAN'S PARISH	235.	
ST. RAYMOND PARRISH	300.	
VARIOUS	600.	
SUBTOTALS	2,520.	
TOTAL TO SCHEDULE A, LINE 16		2,520.

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SCHEDULE A MORTGAGE INTEREST AND POINTS STATEMENT 6
 REPORTED ON FORM 1098

DESCRIPTION	AMOUNT
JP MORGAN CHASE BANK, N.A., PO BOX 182613, COLUMBUS, OH 43218	2,785.
SPECIALIZED LOAN SERVICING LLC, P.O. BOX 636005, LITTLETON, CO 80163-6005	3,803.
TOTAL TO SCHEDULE A, LINE 10	6,588.

SCHEDULE A CONTRIBUTIONS OTHER THAN CASH OR CHECK STATEMENT 7

DESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT	AMOUNT 20% LIMIT
GOODWILL		300.		
SUBTOTALS		300.		
TOTAL TO SCHEDULE A, LINE 17				300.

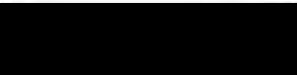
SCHEDULE A REAL ESTATE TAXES STATEMENT 8

DESCRIPTION	AMOUNT
REAL ESTATE TAXES	4,597.
2ND HOME	2,008.
TOTAL TO SCHEDULE A, LINE 6	6,605.

SCHEDULE A STATE AND LOCAL GENERAL SALES TAXES STATEMENT 9

DESCRIPTION	AMOUNT
STATE SALES TAX	1,463.
LOCAL SALES TAX	244.
TOTAL TO SCHEDULE A, LINE 5	1,707.

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SCHEDULE A

GENERAL SALES TAX DEDUCTION WORKSHEET

1	ENTER YOUR STATE GENERAL SALES TAXES FROM THE APPLICABLE TABLE. FLORIDA IF, FOR ALL OF 2015, YOU LIVED ONLY IN CONNECTICUT, THE DISTRICT OF COLUMBIA, INDIANA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, MICHIGAN, NEW JERSEY, OR RHODE ISLAND, SKIP LINES 2 THROUGH 5, ENTER -0- ON LINE 6, AND GO TO LINE 7. OTHERWISE, GO TO LINE 2.	1,463.
2	DID YOU LIVE IN ALASKA, ARIZONA, ARKANSAS, COLORADO, GEORGIA, ILLINOIS, LOUISIANA, MISSISSIPPI, MISSOURI, NEW YORK, NORTH CAROLINA, SOUTH CAROLINA, TENNESSEE, UTAH, OR VIRGINIA IN 2015? IF NO, ENTER -0-. IF YES, ENTER YOUR LOCAL GENERAL SALES TAXES FROM THE APPLICABLE TABLE.	
3	DID YOUR LOCALITY IMPOSE A LOCAL GENERAL SALES TAX IN 2015? RESIDENTS OF CALIFORNIA AND NEVADA SEE INSTRUCTIONS. IF NO, SKIP LINES 3 THROUGH 5, ENTER -0- ON LINE 6 AND GO TO LINE 7. IF YES, ENTER YOUR LOCAL GENERAL SALES TAX RATE, BUT OMIT THE PERCENTAGE SIGN. MIAMI	1.0000
4	DID YOU ENTER -0- ON LINE 2 ABOVE? IF NO, SKIP LINES 4 AND 5 AND GO TO LINE 6. IF YES, ENTER YOUR STATE GENERAL SALES TAX RATE, BUT OMIT THE PERCENTAGE SIGN.	6.0000
5	DIVIDE LINE 3 BY LINE 4. ENTER THE RESULT AS A DECIMAL (ROUNDED TO AT LEAST THREE PLACES).	.1670
6	DID YOU ENTER -0- ON LINE 2 ABOVE? IF NO, MULTIPLY LINE 2 BY LINE 3. IF YES, MULTIPLY LINE 1 BY LINE 5.	244.
6A	ADD LINE 1 AND LINE 6.	1,707.
6B	PART-YEAR DAYS RATE.	1.000000
6C	MULTIPLY LINE 6A BY LINE 6B.	1,707.
7	ENTER YOUR GENERAL SALES TAXES PAID ON SPECIFIED ITEMS, IF ANY.	
8	DEDUCTION FOR GENERAL SALES TAXES. ADD LINES 6C AND 7. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 5 AND CHECK BOX "B" ON THAT LINE.	1,707.

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- 1 ENTER: \$53,600 IF SINGLE OR HEAD OF HOUSEHOLD; \$83,400 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$41,700 IF MARRIED FILING SEPARATELY 83,400.
- 2 ENTER YOUR ALTERNATIVE MINIMUM TAXABLE INCOME (AMTI) FORM 6251, LINE 28 198,044.
- 3 ENTER: \$119,200 IF SINGLE OR HEAD OF HOUSEHOLD; \$158,900 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$79,450 IF MARRIED FILING SEPARATELY 158,900.
- 4 SUBTRACT LINE 3 FROM LINE 2. IF ZERO OR LESS ENTER -0- 39,144.
- 5 MULTIPLY LINE 4 BY 25% (.25) 9,786.
- 6 SUBTRACT LINE 5 FROM LINE 1. IF ZERO OR LESS, ENTER -0-. IF ANY OF THE THREE CONDITIONS UNDER CERTAIN CHILDREN UNDER AGE 24 APPLY TO YOU, COMPLETE LINES 7 THROUGH 10. OTHERWISE, STOP HERE AND ENTER THIS AMOUNT ON FORM 6251, LINE 29, AND GO TO FORM 6251, LINE 30 73,614.
- 7 MINIMUM EXEMPTION AMOUNT FOR CERTAIN CHILDREN UNDER AGE 24
- 8 ENTER YOUR EARNED INCOME, IF ANY
- 9 ADD LINES 7 AND 8
- 10 ENTER THE SMALLER OF LINE 6 OR LINE 9 HERE AND ON FORM 6251, LINE 29, AND GO TO FORM 6251, LINE 30

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Department of the Treasury - Internal Revenue Service		
d Control number	1 Wages, tips, other compensation 46698.75	2 Federal income tax withheld 4803.03
	3 Social security wages 46698.75	4 Social security tax withheld 2895.32
	5 Medicare wages and tips 46698.75	6 Medicare tax withheld 677.13

c Employer's name, address, and ZIP code
 THE SCHOOL BOARD OF MIAMI-DADE COUNTY FL
 1450 N.E. 2ND AVENUE-ROOM 614
 MIAMI FL 33132

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	12d

b Employer identification number (EIN) [redacted] a Employee's social security number [redacted]

13 Statutory employee plan	Retirement plan	Third-Party sick pay	14 Other
----------------------------	-----------------	----------------------	----------

e Employee's name, address, and ZIP code
 MARIA TERESA ROJAS
 [redacted]

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

2015 Form **W-2** Wage and Tax Statement
 Copy C-For EMPLOYEE'S RECORDS
 (See Notice to Employee on back of Copy B).

15 State	Employer's state ID No.	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.	
19 Local income tax	20 Locality name	

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 1450 N.E. 2ND AVENUE-ROOM 614
 MIAMI FL 33132

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b Employer identification number (EIN) [redacted] a Employee's social security number [redacted]

13 Statutory employee plan	Retirement plan	Third-Party sick pay	14 Other
----------------------------	-----------------	----------------------	----------

e Employee's name, address, and ZIP code
 MARIA TERESA ROJAS
 [redacted]

2015 Form **W-2** Wage and Tax Statement
 Copy B-To be Filed With Employee's FEDERAL Tax Return

15 State	Employer's state ID No.	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.	
19 Local income tax	20 Locality name	

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 1450 N.E. 2ND AVENUE-ROOM 614
 MIAMI FL 33132

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12b	12c	12d

b Employer identification number (EIN) [redacted] a Employee's social security number [redacted]

13 Statutory employee plan	Retirement plan	Third-Party sick pay	14 Other
----------------------------	-----------------	----------------------	----------

e Employee's name, address, and ZIP code
 MARIA TERESA ROJAS
 [redacted]

2015 Form **W-2** Wage and Tax Statement
 Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return.

15 State	Employer's state ID No.	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.	
19 Local income tax	20 Locality name	

Department of the Treasury-Internal Revenue Service

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 1450 N.E. 2ND AVENUE-ROOM 614
 MIAMI FL 33132

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----------------------------	-----------------	----------------------	----------

e Employee's name, address, and ZIP code
 MARIA TERESA ROJAS
 [redacted]

2015 Form **W-2** Wage and Tax Statement
 Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return.

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19 Local income tax	20 Locality name	

Department of the Treasury-Internal Revenue Service

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OFFICIAL RECEIPT
MIAMI-DADE COUNTY - FLORIDA

No. 7129590

RECEIVED FROM Maria Teresa Rojas

DATE 6 / 10 / 16
MONTH DAY YEAR

ADDRESS 2600 S. Douglas Rd # 900

CASH \$ _____

Coral Gables CITY FL STATE 33134 ZIP

CHECKS \$ 1,702.85

AMOUNT OF: One Thousand Seven Hundred Two DOLLARS, AND 89/100 CENTS

TOTAL \$ 1,702.85

FOR PAYMENT OF: Qualifying Fee - School Board District 6

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

DEPT.: Elections

BY: A. James - Treasurer

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

Maria Teresa Rojas Campaign
2600 S. Douglas Rd. # 900
Coral Gables, FL 33134



98

DATE 6/10/16

PAY TO THE ORDER OF Miami-Dade County \$ 1702.80
One thousand, seven hundred & two ~~and~~ ⁸⁹/₁₀₀ DOLLARS

© 2015 SUNTRUST BANK OF FLORIDA

SUNTRUST
MEMO Miami Dade School Board
Qualifying Fee District 6

[Signature]



FACILITY FILE

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

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