

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, GUS MACHADO

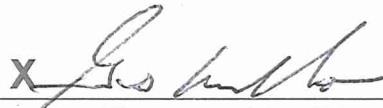
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of MIAMI DADE COUNTY SCHOOL BOARD MEMBER, 6,
(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 

Signature of Candidate

(786) 525-9292

Telephone Number

EMAILGUS@YAHOO.COM

Email Address

2451 BRICKELL AVENUE #4 MIAMI

Address

City

FLORIDA

State

33129

ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109317681

* 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):

GUS MACHADO

STATE OF FLORIDA


COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 24th day of June, 2016.

Personally Known: _____ or

Produced Identification: _____

Type of Identification Produced: Driver License


Signature of Notary Public
Print Name of Notary Public: ANNE VANESSA INNOCENT
Notary Public - State of Florida
My Comm. Expires Jun 2, 2018
Commission # FF 116919

OF FINANCIAL INTERESTS

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

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

LAST NAME — FIRST NAME — MIDDLE NAME:
MACHADO, GUSTAVO JR.

MAILING ADDRESS:
2451 BRICKELL AVE, APT 4H

CITY : MIAMI ZIP : 33129 COUNTY : MIAMI DADE

NAME OF AGENCY :
MIAMI DADE COUNTY SCHOOL BOARD -

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
MIAMI DADE County School Board member district

CHECK IF THIS IS A FILING BY A CANDIDATE #6

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 JUNE 23 , 20 16 was \$ 177,704.

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 \$ 85,580

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Cash	\$43,275
Two Rolex Watches, Diamond wedding ring, Gold Necklace and Gold Bracelet	\$22,750
Deposit on Residential Condo	\$2,300
2006 Hummer H2 (vehicle)	\$23,839

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NONE	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NONE	

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
BRICKELL TRAVEL MANAGEMENT, LLC - SALARIES/WAGES	175 SW 7 STREET, MIAMI, FL 33129	\$ 56,238

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
NONE			

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	AUTISM RESCUE MISSION, INC.		
ADDRESS OF BUSINESS ENTITY	2451 BRICKELL AVE, APT. 4H, MIAMI, FL 33129		
PRINCIPAL BUSINESS ACTIVITY	CHARITY FOR AUTISTICS		
POSITION HELD WITH ENTITY	PRESIDENT		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	PUBLIC CHARITY - 501(c)(3)		
NATURE OF MY OWNERSHIP INTEREST	BOARD MEMBER/FOUNDER		

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 ELECTIONS DEPARTMENT

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 24th day of

June, 20 16 by Mustafa Mochale

(Signature of Notary Public--State of Florida)

 ANNE VANESSA INNOCENT
 Notary Public - State of Florida
 My Comm. Expires Jun 2, 2018
 Commission # FF 116919

Personally Known _____ OR Produced Identification

Type of Identification Produced Driver License


 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, _____, 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

