

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, Modesto "Mo" Abety  
(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 School Board #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 Modesto Abety (305) 773-5735 coco@adl.com  
Signature of Candidate Telephone Number Email Address

3215 Bird Avenue Miami FL 33133  
Address City State ZIP Code

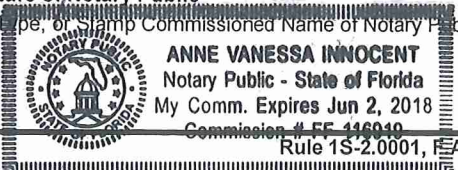
Candidate's Florida Voter Registration Number (located on your voter information card): 109112297

\* 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):  
Mo-des-toe "Mo" Ah-beh-tee

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 23 day of JUNE, 20 16.

Personally Known: \_\_\_\_\_ or  
Produced Identification: ✓  
Type of Identification Produced: FL Driver's License

Anne Vanessa Innocent  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public  
  
ANNE VANESSA INNOCENT  
Notary Public - State of Florida  
My Comm. Expires Jun 2, 2018  
Commission # FF 449040  
Rule 1S-2.0001, F.A.C.

**FORM 6**

**FULL AND PUBLIC DISCLOSURE  
OF FINANCIAL INTERESTS**

**2015**

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

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LAST NAME — FIRST NAME — MIDDLE NAME:

ABETY, Modesto E.

MAILING ADDRESS:

3215 Bird Avenue

Miami FL 33133 Miami Dade

CITY: Miami-Dade County ZIP: COUNTY: Miami Dade

School Board

NAME OF AGENCY:

District 6

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

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 June 22, 20 16 was \$ \$992,329.

**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 \$ 62,000

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

Miami, FL 33133

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Home @ 3215 Bird Ave Coconut Grove	293,000
Retirement IRAs/Investments (attachment)	617,329.31
Checking & Savings	25,000

**PART C -- LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

n/a

**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
FL Retirement Pension	P.O. Box 9000, Tally, FL	102,817.26
AXA IRAs	500 PLAZA Drive, Secaucus NJ 07094	26,556.00

**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
N/A			

**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			
DO 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.

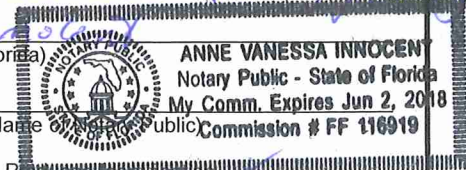
**OATH**

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 23<sup>rd</sup> day of

June, 20 16, by Modesto Emil Abety-Yutierrez  
Anne Vanessa Innocent  
 (Signature of Notary Public--State of Florida)



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

Personally Known \_\_\_\_\_ OR Personally Known \_\_\_\_\_

Type of Identification Produced Driver License

[Signature]  
 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**

AXA Equitable Life Insurance Company  
 Retirement Services Solutions  
 500 Plaza Drive  
 Secaucus, NJ 07094

<u>Product Type</u>	<u>Account Number</u>	<u>Account Value</u> 06/21/2016	<u>Income Distributions</u> (Monthly Gross)
IRA	[REDACTED]	\$65,979.32	\$400.00
IRA	[REDACTED]	\$54,219.35	\$0
IRA	[REDACTED]	\$54,212.28	\$0

AXA Equitable Life Insurance Company  
 Equi-vest  
 P.O. Box 4956  
 Syracuse, NY 13221

<u>Product Type</u>	<u>Account Number</u>	<u>Account Value</u> 06/21/2016	<u>Income Distributions</u> (Monthly Gross)
457(b)	[REDACTED]	\$118,940.52	\$550.00

LPL Financial LLC  
 4704 Executive Drive  
 San Diego, CA 92121

<u>Product Type</u>	<u>Account Number</u>	<u>Account Value</u> 06/21/2016	<u>Income Distributions</u> (Monthly Gross)
IRA	[REDACTED]	\$58,027.72	\$333.00
IRA	[REDACTED]	\$145,048.05	\$500.00

Clark Capital  
 1650 Market St  
 53<sup>rd</sup> Floor  
 Philadelphia, PA 19103

<u>Product Type</u>	<u>Account Number</u>	<u>Account Value</u> 06/21/2016	<u>Income Distributions</u> (Monthly Gross)
Clark Capital	[REDACTED]	\$120,902.07	\$430.00

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