

**CANDIDATE OATH –
SCHOOL BOARD
NONPARTISAN OFFICE**

Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate

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2020 JUN -8 PM 1:53

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

OFFICE USE ONLY

Candidate Oath

(Sections 99.021(1)(a) and 105.031, Florida Statutes)

I, Lubby Navarro

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box . (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of School Board of Miami-Dade County, 7,
(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.

Candidate's Florida Voter Registration Number (located on your voter information card): 109602175

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

LU-BEE NA-VA-RO

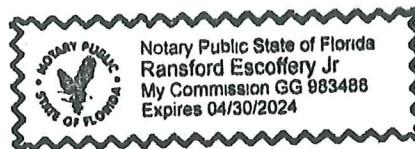
X Lubby Navarro (786)333-8206 lubby2020@gmail.com
Signature of Candidate Telephone Number Email Address

11840 S.W. 177th Terrace Miami Florida 33177
Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF Miami-Dade

[Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by physical or
online presence this 5th day of June, 2020.
Personally Known: _____ or Produced Identification:
Type of Identification Produced: FL DL



OF FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

LAST NAME — FIRST NAME — MIDDLE NAME:
Navarro, Lubby

MAILING ADDRESS:
11840 S.W. 177th Terrace

CITY : **Miami** ZIP : **33177** COUNTY : **Miami-Dade**

NAME OF AGENCY :
Miami-Dade County Public Schools

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
School Board Member, District 7

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, 2019 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 19 was \$ 155,999.91.

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 \$ \$10,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
SEE ATTACHED SCHEDULE	

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Lake View Loan Servicing LLC, 4425 Ponce de Leon Blvd, Coral Gables, FL 33146	\$56,979.51
South Florida Educational Federal Credit Union, 7800 S.W. 117th Avenue, FL 33183	\$8,500.43
GM Financial, P.O. Box 78143, Phoenix, AZ 85062	\$16,900.85
South Florida Educational Federal Credit Union, 7800 S.W. 117th Avenue, FL 33183	\$30,874.30

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	N/A
N/A	N/A
N/A	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 2019 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 2019 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2019 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
SEE ATTACHMENT		
SEE ATTACHMENT		

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

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.

Abby Navarro
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA

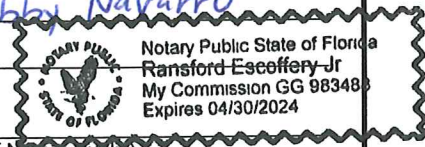
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 5th day of

June, 2020 by Lubby Navarro

Ransford Escoffery
 (Signature of Notary Public - State of Florida)

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



Personally Known _____ OR Produced Identification

Type of Identification Produced FL DL

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

SCHEDULE ATTACHED

LUBBY NAVVARRO – PART B (2019) ASSETS INDIVIDUALLY VALUED AT OVER \$1,000

DESCRIPTION OF ASSET

Real Property, 11840 S.W. 177 th Terrace, Miami, FL 33177	\$187,755
Vehicle, Jeep Commander 2006	\$1,500
Vehicle, Hyundai Santa Fe 2002	\$1,000
Vehicle, Nissan Altima 2015	\$9,500
Vehicle, GMC Terrain 2017	\$16,500
Vehicle, Nissan Armada 2018	\$32,000
Bank Account (South Florida Educational Federal Credit Union)	\$8,000
Bank Account (South Florida Educational Federal Credit Union)	\$3,000
Other- household goods and personal effects	\$10,000

TOTAL \$269,255

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ELECTIONS DEPARTMENT

SCHEDULE ATTACHED

LUBBY NAVARRO – PART D (2019) INCOME

PRIMARY SOUCES OF INCOME

- 1. School Board of Miami-Dade County, FL
1450 N.E. 2nd Avenue, Miami, FL 33132
Miami, FL 33132
Amount: \$42,537.80**

- 2. Jorge Mas Canosa Freedom Foundation
2147 S.W. 8th Street
Miami, FL 33135
Amount: \$41,747.94**

- 3. U.S. Department of Commerce
P.O. Box 6000
New Orleans, LA 70160
Amount: \$13,010.05**

- 4. Memorial Healthcare System
3501 Johnson Street
Hollywood, FL 33021
Amount: \$38,282.86**

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 7900529

RECEIVED FROM Lubby Navarro
ADDRESS PO Box 830218
CITY Miami STATE FL ZIP 33283

DATE 6 / 1 / 8 / 2020
MONTH DAY YEAR
CASH \$ _____
CHECKS \$ 1,795.68
TOTAL \$ 1,795.68

AMOUNT OF: one Thousand Seven Hundred Ninety Five DOLLARS, AND Sixty Eight CENTS

FOR PAYMENT OF: Qualifying Fee - School Board District 7

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

DEPT.: Elections BY: A. J. Innocent

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

1003

LUBBY NAVARRO CAMPAIGN ACCOUNT
PO BOX 830218
MIAMI, FL 33283

DATE 6-4-20

SECURED BY EZSHIELD

PAY TO THE ORDER OF MIAMI DADE COUNTY \$ 1795.68

ONE THOUSAND SEVEN HUNDRED NINETY FIVE ^{68/100} DOLLARS

BankUnited 1-877-779-2285 www.bankunited.com

FOR Qualifying Fee - School Board District 7

Jose Alvarez

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