CANDIDATE OATH – SCHOOL BOARD NONPARTISAN OFFICE

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

Write-in candidate

RECEIVED

2020 MAY 27 AM 9: 03

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

			ELECTIONS BEPAR	TMENT	OFFICE USE ONLY										
	Candidate Oath														
	(Sections 99.021(1)(a) and 105.031, Florida Statutes)														
١,	Lucia Baez-Geller														
	(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 Miami-Dade (County School Board		, 3 ,										
			(Office)	(Office)											
	, ;1		▼ County, Florida;												
('Circuit #) (Group or Seat #)				Linearing										
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	d of the State of Florida.														
Can	didate's Florida Voter Registration	Number (located on your	voter information card): 1101	23378											
ballo	netic spelling for audio ballot: Prir ot as may be used by persons with dis o-See-UH Bei-Ez-Gell-UHr														
X	Lusio Dre - Holles	(305)733-3822	connect@)luciahae	zgeller.com										
Sig	nature of Candidate	Telephone Number	Email Address												
	07 Bay Drive, Apt. 3	Miami Beach	FL /	,	33141										
	ress	City	State		ZIP Code										
	ATE OF FLORIDA OUNTY OF <u>Miami</u> - Dode	2	Signature of Notary Public Print, Type, or Stamp Commissione		ary Public below:										
onlii Pers	orn to (or affirmed) and subscribed before me being presence this 2 1 day of 1000 sonally Known: or Produced Identification	<u>,20 20</u> .	WILFREI MY COMMISS EXPIRES: Fe	CASTRO SION # GG69508 Sibruary 05, 2021	+										
Тур	e of Identification Produced:														

FORM 6 FULL AND PUBLIC DISCLO	2019			
Please print or type your name, mailing address, agency name, and position below:	TS FOR C	OFFICE USE ONLY:		
LAST NAME — FIRST NAME — MIDDLE NAME:	MECEIAET	Ž		
Baez-Geller Lucia	20 MAY 27 AM 9:	03		
MAILING ADDRESS:				
7207 Bay Drive	MIAMI-DADE COUN LECTIONS DEPARTM	TY		
Apt 3	LEGITONS DELWHITE			
CITY: ZIP: COUNTY:				
Miami Beach 33141 Miami-Dade				
Miami-Dade County Public Schools				
NAME OF OFFICE OR POSITION HELD OR SOUGHT: Miami-Dade County School Board, District 3				
CHECK IF THIS IS A FILING BY A CANDIDATE				
CHECK IF THIS IS A FILLING BY A CANDIDATE				
PART A NET WORTH				
Please enter the value of your net worth as of December 31, 2019 or a more cu	ırrent date. [Note: N	let worth is not cal-		
culated by subtracting your reported liabilities from your reported assets, so plea	ase see the instruction	ons on page 3.]		
My net worth as of May 27, 20 20 was \$ -11	,976.11			
, 20 , 20 , was \$\pi\$		**************************************		
	2-15-10 Port			
PART B ASSETS HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate value following, if not held for investment purposes: jewelry; collections of stamps, guns, and numis furnishings; clothing; other household items; and vehicles for personal use, whether owned or lea	matic items; art objects; I			
The aggregate value of my household goods and personal effects (described above) is $\$ \frac{9,992}{2}$	1.89			
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:				
DESCRIPTION OF ASSET (specific description is required - see instructions	p.4)	VALUE OF ASSET		
Chase Bank Account		5,780.00		
AIG 403(b) Account		37,774.00		
PART C LIABILITIES				
LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4): NAME AND ADDRESS OF CREDITOR	,	AMOUNT OF LIABILITY		
Navient (Student Loans), P.O. Box 9500, Wilkes-Barre, PA 18733-9500	60,000.00			
BMW Financial Services NA, LLC (Mini Cooper, Car Lease), address on n	lext line	2,525.00		
2060 Biscayne Blvd., Miami, FL 33137				
IOINT AND SEVEDAL LIADILITIES NOT REPORTED ABOVE.				
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY		
NIA				
1				

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 INCO			ADDRESS OF SOURCE OF INCOM	AMOUNT										
Miami-Dade County Pub	lic Schools	1450 NE 2	2nd Avenue, Miami, FL 331	.32	65,858.00									
SECONDARY SOURCES OF IN	COME [Major customers, cli	ents, etc., of bu	usinesses owned by reporting person-	-see instructio	ns on page 5]:									
NAME OF BUSINESS ENTITY	NAME OF MAJOF OF BUSINESS'		ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE									
NA														
,														
PA	ART E INTERESTS II	N SPECIFIE	D BUSINESSES [Instructions or	nage 61										
	BUSINESS ENTITY		BUSINESS ENTITY # 2		NESS ENTITY # 3									
NAME OF BUSINESS ENTITY	NIA		NIA	Produ	'A									
ADDRESS OF					7, 70, 70, 70, 70, 70, 70, 70, 70, 70, 7									
BUSINESS ENTITY PRINCIPAL BUSINESS														
ACTIVITY POSITION HELD				9	i No V									
WITH ENTITY I OWN MORE THAN A 5%				<u> </u>										
INTEREST IN THE BUSINESS				35										
NATURE OF MY OWNERSHIP INTEREST				35	9 11									
		PART F - '	TRAINING	3	· &									
For officer	s required to complete	annual ethi	cs training pursuant to section	112.3142	F.S.									
<u> </u>	CERTIFY THAT I H	AVE COM	PLETED THE REQUIRED	TRAINING	3.									
	TH		OF FLORIDA	0-70										
		COUN	to (or affirmed) and subscribed before		<u> </u>									
I, the person whose name apper beginning of this form, do depose			sical presence or \square online notariza		day of									
and say that the information dis		W		via Q	10/10-2									
and any attachments hereto is t			1 1/04 1/20 20 by LUCIO 1/08 2 - GENEC.											
and complete.	,	/Signat	(Signature of Notary Public-State of Formula) WILFRED CASTRO											
		(Olgi lat	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		IISSION # GG69508 February 05, 2021									
	1	(Print,	Type, or Stamp Commissioned Name	1.5										
Lucia Boy	-Heller	Person	ally Known OR Pro	duced Identific	cation									
SIGNATURE OF REPORTING	OFFICIAL OR CANDIDATE	Type of	f Identification Produced	IT D	L									
If a certified public accountant she must complete the following		3, or attorney	in good standing with the Florida E	Bar prepared	this form for you, he or									
l,		, prepared t	the CE Form 6 in accordance with	Art. II, Sec. 8	, Florida Constitution,									
Section 112.3144, Florida Statuand correct.	utes, and the instructions to	o the form. Up	oon my reasonable knowledge and	belief, the dis	sclosure herein is true									
(2000)														
Signature		21		Date										
Preparation of this form b	y a CPA or attorney d	oes not relie	ve the filer of the responsibili	ty to sign th	ne form under oath.									
IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE														



OFFICIAL RECEIPT

No.7900462

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