CANDIDATE OATH -SCHOOL BOARD NONPARTISAN OFFICE

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

RECEIVED

2020 JUN 10 PM 3: 28

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

Write-in candidate	116.14
	OFFICE USE ONLY
Candid	ate Oath
(Sections 99.021(1)(a) an	d 105.031, Florida Statutes)
1, Nancy Lawther	
hyphen, check box . (See page 2 - Compound Last Although a write-in candidate's name is not printed on the	nt. If your last name consists of two or more names but has no Names). No change can be made after the end of qualifying. a ballot, the name must be printed above for oath purposes.)
am a candidate for the nonpartisan office of	Dade County School Board 9, (Office) (District #) of Mami-Dade County, Florida;
: Lam a qualified elector	of AA. A County Florida:
	Mami - Dade County, Florida,
(Circuit #) (Group or Seat #)	
have qualified for no other public office in the state, the term of	to hold the office to which I desire to be nominated or elected; I of which office or any part thereof runs concurrent with the office required to resign pursuant to Section 99.012, Florida Statutes; e Constitution of the State of Florida.
Florida and of the United States of America, and being emplo	ected and when term of office begins): I, a citizen of the State of yed by or an officer of the school board and a recipient of public or affirm that I will support the Constitution of the United States
Candidate's Florida Voter Registration Number (located on y	our voter information card): 109 469 028
Phonetic spelling for audio ballot: Print name phonetically ballot as may be used by persons with disabilities (see instruction with the second secon	on the line below as you wish it to be pronounced on the audioons on page 2 of this form): [Not applicable to write-in candidates.]
X Nany X RW Hos 186 353- Signature of Candidate Telephone Number	7030 drnancy lawther Qamaul. Con
940 SW 59 ave Mane	FL 33156
Address City	State ZIP Code
STATE OF FLORIDA COUNTY OF Mami-Dade	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 10th day of	ANNE VANESSA INNOCENT Notary Public - State of Florida Commission # GG 211908 My Comm. Expires Jun 2, 2022 Bonded through National Notary Assn.

FORM 6 FULL AND PUBLIC DISCLO	OSURERECEIVED 2019
Please print or type your name, mailing address, agency name, and position below: OF FINANCIAL INTERE	STS FOR OFFICE USE ONLY:
LAST NAME — FIRST NAME — MIDDLE NAME:	2020 JUN 10 PM 3: 28
Lawther Nancy Lee	MIAMI-DADE COUNTY
MAILING ADDRESS: 6619 South Dixie Highway #216	ELECTIONS DEPARTMENT
0017 South Dixio Highway #210	- 5
CITY: ZIP: COUNTY:	
CITY: ZIP: COUNTY: Miami 33143 Miami-Dade	
NAME OF AGENCY :	
Miami Dade County Public Schools NAME OF OFFICE OR POSITION HELD OR SOUGHT:	
Miami Dade County School Board Member, District 9	
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 cal-
culated by subtracting your reported liabilities from your reported assets, so p	please see the instructions on page 3.]
My net worth as of $\underline{\text{December 31}}$, 20 $\underline{\underline{19}}$ was \$ $\underline{\underline{1}}$	1,240,841.77
,	
PART B ASSETS	
HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate val following, if not held for investment purposes: jewelry; collections of stamps, guns, and nur furnishings; clothing; other household items; and vehicles for personal use, whether owned or	mismatic items; art objects; household equipment and r leased.
The aggregate value of my household goods and personal effects (described above) is \$ 70),777
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:	
DESCRIPTION OF ASSET (specific description is required - see instruction	ons p.4) VALUE OF ASSET
(see attached)	
PART C LIABILITIES	
LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4): NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/Ano liabilities	
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/Ano liabilities	

CALL OF BUILD

		PART D	INCOME			
Identify each separate source an copy of your 2019 federal incom attaching your returns, as the law	e tax return, including all W2	s, schedules,	and attachments.	. Please redact any soc	ources of inco cial security o	ome. Or attach a complete ir account numbers before
I elect to file a copy of m	y 2019 federal income tax re d attach a copy of your 2019	turn and all V tax return, yo	V2's, schedules, a ou need not compl	nd attachments. lete the remainder of P	art D.]	
PRIMARY SOURCES OF INCO		ıge 5): I	ADDRESS OF	SOURCE OF INCOME	=	I amount
Social Security Administ		300 Sprin		., Philadelphia, F		8910.00
Truist Bank FKA Suntru		<u> </u>		nville, TN 37230		6608.93
SECONDARY SOURCES OF IN						
NAME OF BUSINESS ENTITY	NAME OF MAJOF OF BUSINESS	R SOURCES	1	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A						
P	ART E INTERESTS I	N SPECIFI	ED BUSINESS	ES [Instructions on	page 6]	
	BUSINESS ENTITY	# 1	BUSINESS	S ENTITY # 2	BUSII	NESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A				ļ	18 T
ADDRESS OF BUSINESS ENTITY					0 .	A 2
PRINCIPAL BUSINESS ACTIVITY						E 20 70
POSITION HELD WITH ENTITY						言言に
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS						NS A C
NATURE OF MY OWNERSHIP INTEREST						DEP P
		PARTE	- TRAINING		V 1	RO I
For office	ers required to complete			oursuant to section	112.3142	and the first of the stand
	I CERTIFY THAT I F	AVE CO	MPLETED T	HE REQUIRED	TRAININ	GZ
	ATH		TE OF FLORIDA	Mani - D		VII.
I, the person whose name app			JNTY OF rn to (or affirmed)	and subscribed before		ns of
beginning of this form, do dep				or online notarizat		day of
and say that the information d			Juny	20 <u>20</u> by	Nancy	Law ther FRANK PADRON
and any attachments hereto is	s true, accurate,			0	**************************************	Commission # GG 953800
and complete.		(Sigr	nature of Notary F	PublicState of Florida	OF FLOR	Expires March 16, 2024 Bonded Thru Budget Notary Service
\mathcal{M}	1/	(Prin	nt, Type, or Stamp	Commissioned Name	of Notary Pu	ublic)
SIGNATURE OF REPORTING	OFFICIAL OF CANDIDAT	Pers	sonally Known	OR Prod	duced Identifi	cation
SIGNATURE OF REPORTING	3 OF FIGURE OR GARBIER	Турє	e of Identification	Produced	Vive	
If a certified public accountar she must complete the follow		173, or attorn	ey in good stand	ling with the Florida E	Bar prepared	this form for you, he or
I,Section 112.3144, Florida Sta		, prepare	ed the CE Form of Upon my reasor	6 in accordance with an able knowledge and	Art. II, Sec. belief, the d	8, Florida Constitution, isclosure herein is true
and correct.	,					
Signatu					Date	
Preparation of this form	by a CPA or attorney	does not re	elieve the filer	of the responsibili	ty to sign t	he form under oath.
IF ANY OF PARTS	A THROUGH E ARE C	ONTINUE	D ON A SEPA	RATE SHEET, PL	EASE CH	ECK HERE

FORM 6, PART B ATTACHMENT (2019)

Nancy Lawther, Candidate for Miami Dade County School Board

Description of Asset	Value of Asset
Personal residence at 9140 SW 59 Ave., Pinecrest,	\$966,398.00
FL 33156-2026, market value per tax collector	
Suntrust checking account	10,755.64
Suntrust CD (IRA account ending in 658)	5,054.76
Suntrust CD (IRA account ending in 696)	7,091.66
Suntrust CD (IRA account ending in 706)	7,114.75
Suntrust CD (IRA account ending in 722)	7,137.93
Merrill Lynch (retirement acct)	59,187.03
Franklin Income Fund CL A1	a p
Zurich America (403B retirement acct)	47,025.90
Zurich Advantage III Stable Value fixed annuity	
Transamerica (403B retirement acct)	57,088.10
TFLIC Stable fixed annuity contract through The	
Texas A&M University System Fixed Annuity	1 4
Teachers Retirement System of Georgia (state	9,992.29
pension fund retirement account)	
Loan to campaign account, Dr. Nancy Lawther for	6000.00
School Board, District 9	
2005 Toyota Camry Blue Book value	3,687.00
1998 Ford Windstar Blue Book value	1,030.00
2006 Cadillac SRX Blue Book Value	5,043.00

RECEIVED

MIAMI	DADE)
COUNTY	

OFFICIAL RECEIPT

No.7900221

COUNTY	State of the State of	MIAN																								
		ADDRESS 66/9 South Divie Highway # 149 STREET ADDRESS Mismi STREET ADDRESS CITY STATE ZIP CITY STATE ZIP CON: Thousand Seven Humoland Na. Dollars, AND Sixty Eight CENTS OF: Gualifying Too - School Board District 9 PT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTORICE LIGHT CONTY									_	Date	:	6 1001	 ГН	/	<i>J C</i> DAY)	120	ン <u></u> スと YEAR	>					
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