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 11 PM 4: 03

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT
OFFICE USE ONLY

	40	Candida						
	(Sections 99.021(1)(a) and 105.031, Florida Statutes)							
١,	Lorraine Ordenes Real							
	(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	am a candidate for the nonpartisan office of Miami Dade County Public Schools School, 7,							
			(Office)	(District #)				
	, ;1a	am a qualified elector o	f 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): 109207335								
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.] lor-rain or-den-ez ree-al								
_				01				
X	Jul Rul	(305)773-2807	lorraine	2.flagsoncars,co,				
Sig	nature of Candidate	Telephone Number		Email Address				
15	5840 SW 106 Terr	Miami	FL	33196				
Add	iress	City	State	ZIP Code				
ST	ATE OF FLORIDA			llig				
	DUNTY OF MIAMI- DADE		Signature of Notary Pub					
00	The state of the s			oned Name of Notary Public below:				
Sworn to (or affirmed) and subscribed before me by physical vor onlinepresence this/ day of, 20 Personally Known: or Produced Identification:			Notary Public Sta Fabiana Kurlov My Commission Expires 02/09/20	MCZ GG 286501				
Тур	Type of Identification Produced: DRIVER LICENSE							

FORM 6 FULL AND PUBLIC DISCLOSURE	2019		
Please print or type your name, mailing address, agency name, and position below:	OFFICE USE ONLY:		
LAST NAME — FIRST NAME — MIDDLE NAME: Real, Lorraine Ordenes MAILING ADDRESS: 15840 SW 106 Terr	RECE 2020 JUN I I		
CITY: ZIP: COUNTY: Miami 33196 Miami Dade NAME OF AGENCY: Miami Dade County Public Schools NAME OF OFFICE OR POSITION HELD OR SOUGHT: School Board, District 7 CHECK IF THIS IS A FILING BY A CANDIDATE	CEIVED		
PART A NET WORTH Please enter the value of your net worth as of December 31, 2019 or a more current date. [Note: I culated by subtracting your reported liabilities from your reported assets, so please see the instruction of the culated by subtracting your seed of the instruction of the culated by subtracting your reported liabilities from your reported assets, so please see the instruction of the culated by subtracting your seed of the culated by subtracting your reported liabilities from your reported assets, so please see the instruction of the culated by subtracting your seed of the culated by subtracting your reported liabilities from your reported assets, so please see the instruction of the culated by subtracting your seed of the culated by subtracting your reported liabilities from your reported assets, so please see the instruction of the culated by subtracting your seed of the culated by subtracting your reported liabilities from your reported assets, so please see the instruction of the culated by subtracting your seed of the culated by subtracting your reported liabilities from your reported assets, so please see the instruction of the culated by subtracting your seed of the culated by subtracting your reported liabilities from your reported assets, so please see the instruction of the culated by subtracting your reported liabilities from your reported assets.	[17] [18] [18] [18] [19] [19] [19] [19] [19] [19] [19] [19		
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 can following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; 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 \$\frac{1,644,918}{4,918}\$ ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:			
DESCRIPTION OF ASSET (specific description is required - see instructions p.4) See Attached	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		
See Attached	696,636		
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY		
	AMOUNT OF LIABILITY		

		PART D -	- INCOME			
Identify each separate source ar copy of your 2019 federal incom attaching your returns, as the la	e tax return, including all W2	s, schedules, a	and attachments	 Please redact any socia 	rces of inco	ome. Or attach a complete r 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 Wa tax return, you	2's, schedules, a u need not comp	and attachments. plete the remainder of Part	D.]	
PRIMARY SOURCES OF INCO		ige 5):				
NAME OF SOURCE OF INC	OME EXCEEDING \$1,000			F SOURCE OF INCOME		AMOUNT
Rental Properties		see schedu		1.1 1 -	- /	20,000
Americas & Americas, In	nc	13414 SW	13414 SW 128th St Miami, FL 33186 21,0			
SECONDARY SOURCES OF I	NCOME [Major customers, cli	ents, etc., of b	usinesses owne	ed by reporting personse	e instructio	ns on page 5]:
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS		1	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NIA						
National Control of the Control of t	ART E INTERESTS I	N CDECLELE	D DIICINEC	SES Unstructions on n	ogo 61	
r	BUSINESS ENTITY			SES [Instructions on p		IESS ENTITY # 3
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BUSINESS ENTITY						S 77
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I OWN MORE THAN A 5% INTEREST IN THE BUSINESS					EPA	P -
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OWNERSHIP INTEREST					70	Control Control
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	ers required to complete I CERTIFY THAT I H					
	ICERTIFY THAT I	AVE COM	PLETED	HE REGUIRED IT	CAHAHAC	
O.A	ATH	STATE	E OF FLORIDA	AMI - DADE		
I, the person whose name app		Sworn	to (or affirmed)	and subscribed before m	ne by mean	is of /
beginning of this form, do depo		ph	ysical presence	or online notarization	, this/	day of
and say that the information di	sclosed on this form	()	JUNE	1.20 20 by Lo	RRAI	NE REAL
and any attachments hereto is	true, accurate,		250	HHO I man	~~~~	·····
and complete. (Signature of Notary Public-State of Florida), Notary Public State of Florida						
	Fabiana Kurlowicz My Commission GG 288501					
X K	(Print, Type, or Stamp Commissione), Nangara Notable 18/109/2023					
SIGNATURE OF REPORTING	OFFICIAL OR CANDIDATE	Perso	nally Known		ed Identific	
Olonarona or naronning		Туре	of Identification	Produced V Pit	Ruce	NSE
If a certified public accountan		73, or attorne	y in good stand	ding with the Florida Bar	prepared	this form for you, he or
she must complete the following statement: , prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution,						
Section 112.3144, Florida Sta and correct.	tutes, and the instructions	to the form. U	Ipon my reaso	nable knowledge and be	lief, the dis	sclosure herein is true
Signatu	re				Date	
Preparation of this form		loes not reli	eve the filer	of the responsibility		ne form under oath.
A STATE OF THE PARTY OF THE PAR	THROUGH E ARE CO		The second second			
I THE THE TAXABLE OF	ALANGO O GAL AN IMAGE CO					

Schedule Attached

Lorraine Real-Part B (2019) Assets individually valued at over \$1,000

Real Property- 15840 SW 106 Terrace, Miami, FL 33196- \$400,000

Vehicle, 2014 Porsche Cayenne \$30,000

Vehicle, 2013 Infiniti \$20,000

Vehicle, 2013 Kia \$18,000

Household goods \$10,000

Real Property- 7430 SW 82nd ST D-205, Miami, FL 33143 \$100,000

Real Property- 13414 SW 128th St, Miami, FL 33186 \$100,000

Real Property- 13404 SW 128th St, Miami, FL 33186 \$100,000

Real Property- 13420 SW 128th St, Miami, FL 33186 \$100,000

Real Property- 13418 SW 128th St, Miami, FL 33186 \$100,000

Real Property- 12906 SW 133rd Ct. Miami, FL 33186 \$100,000

Real Property-12912 SW 133rd Ct. Miami, FL 33186 \$100,000

Real Property- 12914 SW 133rd Ct. Miami, FL 33186 \$100,000

Real Property- 12926 SW 133rd Ct. Miami, FL 33186 \$100,000

Business Interest- Americas & Americas, Inc. 13414 SW 128th St Miami, FL 33186 \$50,000

Florida Prepaid \$14,000

South Florida Educational Federal Credit Union-\$5,000

Hartford Funds Roth IRA- \$35,000

Wells Fargo Brokerage- \$15,717

Nationwide Life Insurance -403-B - \$147,918

Total: \$1,644,918

2020 JUN II PM 4: 0

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Part C- Liabilities

(SPS) Select Portfolio Mortgage Servicing- PO Box 65250 Salt Lake City, UT 84165 \$29,515 Mr. Cooper Home Loans- 8950 Cypress Waters Blvd, Coppell, TX 75019 \$94,011 Porsche Financial Services-1 Porsche Dr, Atlanta, GA 30354 \$6,710.00 Infinity Financial Services-P.O. Box 660577 Dallas, TX 75266-0577 \$9,400 Valley National Bank-Doral Branch. 8484 NW 36th Street. Doral, FL. 33166 \$467,000 Citibank Business Loans-13608 SW 88th St, Miami, FL 33186 \$90,000 Total- \$696,636

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MIAMI	DADE
COUNTY	THE RESERVE OF THE PARTY OF THE

MIAMI-DADE COUNTY	OFFICIAL RECEIPT MIAMI-DADE COUNTY-FLORIDA				No.7900239				
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	Miami	CHECKS	s s 1,795 . C						
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FOR PAYMENT	OF: Qualitying F	vinety five see - School Bo	oard Distri	ct.7	, .				
THIS RECEIP	T NOT VALID UNLESS D	ATED, COMPLETED AND	SIGNED BY AUT	HORIZED	EMPLOYEE	OF DEPAR	TMENT		
DEPT.: _E	ections	ATED, COMPLETED AND	BY: YOLAN	AQI	WLASHIN	10TON			
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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT