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 JUN -9 AM 9: 29 MA MAIS 9

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT
OFFICE USE ONLY

			Candidate			
		Sections 99.0	21(1)(a) and 10	05.031, Florida Statutes)		
١,	Luisa Santos					
	(Print name above as you wish it the hyphen, check box ☐. (See page Although a write-in candidate's name	2 - Compo	ound Last Na	mes). No change can be	made after the	end of qualifying.
am	a candidate for the nonpartisan offic	e of Mia	mi-Dade S	School Board	1	9 ,
				(Office)		(District #)
	, ;1	am a qualifi	ed elector of	Miami-Dade		County, Florida;
((Circuit #) (Group or Seat #)					
hav I se	m qualified under the Constitution an ve qualified for no other public office eek; and I have resigned from any o I I will support the Constitution of the	in the state, ffice from wl	the term of w nich I am requ	hich office or any part the uired to resign pursuant to	reof runs concurre o Section 99.012,	ent with the office
Flo fun	ction 876.05, Florida Statutes, oath rida and of the United States of Ame ds as such employee or officer, do h d of the State of Florida.	rica, and be	ing employed	by or an officer of the scl	nool board and a r	ecipient of public
Can	didate's Florida Voter Registratior	Number (lo	ocated on your	voter information card):	23495382	
ballo	netic spelling for audio ballot: Pri ot as may be used by persons with dis OO EE ZUH SAN-TOWS					
X	JAX	() 7	86-762-499	0 luisa	santos09@gm	ail.com
Sig	nature of Candidate	Telephone	Number		Email Address	
15	51 NW 17 St.	Homes	tead	FL	30	3030
Add	Iress	City		State	ZIP	Code
ST	ATE OF FLORIDA DUNTY OF <u>Miami - Dade</u>		(Signature of Notary Pul Print, Type, or Stamp Commiss		Public below:
onli Per	orn to (or affirmed) and subscribed before me ne presence this day of sonally Known: or Produced Identificate of Identification Produced:	, 20_		MY COMM EXPIRES	STIAN B. ULVERT ISSION # GG 255320 : December 16, 2022 Notary Public Underwriters	

FORM 6 FULL AND PUBLIC DISCLOS	URE	2019
Please print or type your name, mailing address, agency name, and position below:	S REORG	OFFICE USE ONLY:
LAST NAME — FIRST NAME — MIDDLE NAME:	2020 JUN -	9 AM 9: 29
Santos Luisa Fernanda	100001	Art 9: 29
MAILING ADDRESS: 1551 NW 17 ST	ELECTIONS L	DE COUNTY DEPARTMENT
CITY: ZIP: COUNTY: Homestead 33030 Miami Dade		ş.
NAME OF AGENCY: Miami-Dade County School System		
NAME OF OFFICE OR POSITION HELD OR SOUGHT : Miami-Dade County School Board District 9	,	
CHECK IF THIS IS A FILING BY A CANDIDATE		
PART A NET WORTH	ont data [Nota: N	let worth is not cal
Please enter the value of your net worth as of December 31, 2019 or a more curriculated by subtracting your <i>reported</i> liabilities from your <i>reported</i> assets, so pleas		
My net worth as ofDecember, 20 <u>19</u> was \$ <u>\$</u> 2	235,445.54	
PART B ASSETS		
HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate value e following, if not held for investment purposes: jewelry; collections of stamps, guns, and numism furnishings; clothing; other household items; and vehicles for personal use, whether owned or least	atic items; art objects;	tegory includes any of the household equipment and
The aggregate value of my household goods and personal effects (described above) is $\$$	3,000.00	
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instructions p	.4)	VALUE OF ASSET
See Attached		
PART C LIABILITIES		
LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):		
NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY
Department of Education Loan Servicing P.O. Box 9635 Wilkes Barre, PA		
American Express Personal Loan P.O. Box 650448 Dallas, TX 752	65-0448	\$5,111.88
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 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.					
			/2's, schedules, and attachments. u need not complete the remainder of Par	rt D.]	
PRIMARY SOURCES OF INCO	ONE MADE ELECTRON WORTH ATTOON - 12 NOT THE POST	ge 5):	ADDDESS OF STATE		****
NAME OF SOURCE OF INCO	OME EXCEEDING \$1,000		ADDRESS OF SOURCE OF INCOME		AMOUNT
N/A					
SECONDARY SOURCES OF IN	NCOME [Major customers, cli	ents, etc., of b	pusinesses owned by reporting personse	e instruction	ns on page 5]:
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS	RSOURCES	ADDRESS OF SOURCE	, P	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A					
				ħ.	_ a *
ט	ART E INTERESTS II	A SECIEIR	ED BUSINESSES [Instructions on p	page 61	20
F	BUSINESS ENTITY		BUSINESS ENTITY # 2	, ,	ESS ENTTY#3
NAME OF BUSINESS ENTITY	N/A		N/A	S	N/AS
ADDRESS OF BUSINESS ENTITY				Ü	SA G
PRINCIPAL BUSINESS				1.1	20 2 <
POSITION HELD					9 1
WITH ENTITY I OWN MORE THAN A 5%				- 3	
INTEREST IN THE BUSINESS NATURE OF MY			Α	2	-< 10
NATURE OF MY OWNERSHIP INTEREST					
			- TRAINING		
			hics training pursuant to section		
	I CERTIFY THAT I H	AVE CON	IPLETED THE REQUIRED T	RAINING	j.
0/	ATH		E OF FLORIDA NTY OF	2	
I, the person whose name app			NTY OF		s of
I, the person whose name app beginning of this form, do depo		₩ ph	hysical presence or \square online notarizatio	on, this 🍠	day of
and say that the information di		0	Line , 20 20 by Le	lisa C	entes
and any attachments hereto is		1.10	by M		to the
and complete.		(Sign	ature of Notary PublicState of		HRISTIAN B. ULVERT DMMISSION # GG 255320
$X = \emptyset$				Z EXPIR	RES: December 16, 2022
// \	A	(Print	t, Type, or Stamp Commissione	TNo Bonded 1	Notary Public Underwriters
J. A.		Perso	/	iced Identific	
SIGNATURE OF REPORTING	OFFICIAL OR CANDIDATE	Ē	of Identification Produced		
				7000	Al-la C
If a certified public accountan she must complete the follow		/3, or attorne	ey in good standing with the Florida Ba	r prepared	ınıs torm for you, he or
l,		_ , prepared	d the CE Form 6 in accordance with Ar	t. II, Sec. 8	, Florida Constitution.
	atutes, and the instructions	to the form. U	Upon my reasonable knowledge and be	elief, the dis	sclosure herein is true
and correct.					
Signatu	re		_	Date	
_		loes not rel	lieve the filer of the responsibility		he form under oath.
	and the Land of the land	AND THE PARTY OF	O ON A SEPARATE SHEET, PLE		PART ENGINEER PROPERTY
					_

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

	12/31/2019	
Intangible Asset Type	Name of Asset	Total
Closely Held Business	Lulu's LLC capitalized earnings value	\$199,000.00
Mutual Fund	FIDELITY CONTRAFUND, FCNTX,	\$2,944.63
Checking	Chase Bank Checking	\$6,294.30
EFTs	ISHARES INC CORE MSCI EMKT	\$1,502.20
EFTs	SCHWAB STRATEGIC TR US BRD M KT ETF	\$905.16
EFTs	SCHWAB STRATEGIC TR INTL EQT Y ETF	\$870.48
EFTs	SELECT SECTOR SPDR TR ENERG Y	\$1,136.07
EFTs	VANGUARD GROUP DIV APP ETF	\$122.90
EFTs	VANGUARD INTL EQUITY INDEX FD FTSE EMR MKT ETF	\$78.88
EFTs	VANGUARD WORLD FDS ENERGY E TF	\$5,567.93
EFTs	SCHWAB STRATEGIC TR US BRD M KT ETF	\$377.15
EFTs	SCHWAB STRATEGIC TR INTL EQT Y ETF	\$1,071.36
EFTs	VANGUARD GROUP DIV APP ETF	\$614.50
EFTs	VANGUARD MUN BD FD INC TAX E XEMPT BD	\$1,122.66
EFTs	VANGUARD INDEX FDS TOTAL ST K MKT	\$2,085.20
Mutual Fund	Vanguard Target Retirement 2050 Fund Investor Shares, VFIFX	\$17,710.02
		\$241,403.44



OFFICIAL RECEIPT MIAMI-DADE COUNTY-FLORIDA

No.7900545

COUNTY				
	RECEIVED FROM (413	a Sontos	Date	MONTH DAY YEAR
	Address 2329 5	w 3rd Ave 5te 220	Cash	\$
	Miomi	STREET ADDRESS	33 129 CHECKS	\$ 1,795.68
AMOUNT OF	: One Thousand Seven Hun	STATE modered None Dollars, and Sixty El	ZIP CENTS TOTAL	\$ 1,795 . 68
For Paymen	NT OF: (Quolifying Fe	12-School Boond De	strict 9.	/
THIS REÇI	EIPT NOT VALID UNLESS D	ATED, COMPLETED AND SIGNI	ED BY AUTHORIZE	ED EMPLOYEE OF DEPARTMENT
D ЕРТ.: <u></u>	liamii - Dode Election	SBy:	Alfonesso	Tuno (ent
FOR OF	FFICE USE ONLY			
Trans	Subsidiary	Index Code	Ѕивовјест	Amount
	,			
107.01-1 6/04				

<u> </u>	unadiums + Simustamis + Summinums + Summinums + Simustamis + Simustamis + Simustamis +	formalizating & formalizating & summitteened & commenced	
	LUISA SANTOS CAMPAIGN ACCOUNT 2929 SW 3RD AVE STE 220 MIAMI, FL 33129-2751	DATE 5 26 (2020	1007
	PAY TO THE ORDER OF Mian-Jake County	\$ 17	95. Es
FOR C	BANK OF AMERICA The School Board, District 9	Malf.	RS O Selo Selo Deposite Details enhack
and the first of t		ON THE PRINCIPLE HER ALL PRINCIPLE HER PRINCIPLE HER PRINCIPLE HER	AMERICA DE SERVICIO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPANIO DEL COMPANIO DEL COMPANIO DE LA COMPANIO DE LA COMPANIO DEL COMPANION DEL COMPANION DEL COMPANIO DEL COMPANION DEL COMPANIO DEL COMPANIO DEL COMPANIO DEL COMPANIO DEL COMPANIO DEL COMPANION DEL COMPANIO DEL COM
		020 JUN -9 MIAMI-DAD ECTIONS D	RIII C
		9 AM 9: 2 DE COUNTY DEPARTMEN	