# 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

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT
OFFICE USE ONLY

		Candida		
		ns 99.021(1)(a) and	105.031, Florida Statutes)	
١,	Luisa Santos			
	(Print name above as you wish it to app hyphen, check box ☐. (See page 2 - Although a write-in candidate's name is n	Compound Last N	lames). No change can be i	made after the end of qualifying.
am	a candidate for the nonpartisan office of	Miami-Dade	School Board	, 9 ,
			(Office)	(District #)
_	Circuit #) , ; I am a	qualified elector o	Miami-Dade	County, Florida;
I ar	n qualified under the Constitution and the re qualified for no other public office in the sek; and I have resigned from any office f I I will support the Constitution of the Unite	state, the term of rom which I am re	which office or any part there quired to resign pursuant to	of runs concurrent with the office Section 99.012, Florida Statutes;
Flo fun	ction 876.05, Florida Statutes, oath (only rida and of the United States of America, a ds as such employee or officer, do hereby I of the State of Florida.	and being employe	ed by or an officer of the scho	ol board and a recipient of public
Can	didate's Florida Voter Registration Nun	nber (located on you	ur voter information card): 123	3495382
ballo	netic spelling for audio ballot: Print na ot as may be used by persons with disabiliti OO EE ZUH SAN-TOWS	me phonetically or es ( <i>see</i> instruction	the line below as you wish s on page 2 of this form): [No	it to be pronounced on the audio tapplicable to write-in candidates.]
X	A A	) 786-762-49	90 luisas	antos09@gmail.com
Sig	nature of Candidate Tel	ephone Number		Email Address
	н	omestead	FL	33030
Add	ress City	<i>'</i>	State	ZIP Code
ST	ATE OF FLORIDA		( luften & leve	1
CO	UNTY OF Miami - Dade		Signature of Notary Publ Print, Type, or Stamp Commissio	i <b>c</b> ned Name of Notary Public below:
onli Per	orn to (or affirmed) and subscribed before me by phy ne presence this day of sonally Known: or Produced Identification: _ e of Identification Produced:	, 20 <u><b>7</b></u> .	MY COMMIS EXPIRES: D	AN B. ULVERT SION # GG 255320 ecember 16, 2022 ary Public Underwriters

FORM 6 FULL AND PUBLIC DISCLO	OSURE	2019				
Please print or type your name, mailing address, agency name, and position below:	STS REDRIC	FFICE USE ONLY:				
LAST NAME — FIRST NAME — MIDDLE NAME:	2020 JUN -	9 AM 9: 29				
Santos Luisa Fernanda	1020 0011	AM 9: 29				
MAILING ADDRESS:	MIAMI-DA	DE COUNTY DEPARTMENT				
	ELECTIONS	DEPARTMENT				
		1				
CITY: ZIP: COUNTY:						
Homestead 33030 Miami Dade						
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						
Please enter the value of your net worth as of December 31, 2019 or a more	current date. [Note: N	let worth is not cal-				
culated by subtracting your reported liabilities from your reported assets, so p						
My net worth as of December, 20 19 was \$ _	\$235,445,54					
My net worth as of, 20 _10 was \$ _	<b>4</b> 200, 1.0.0.	·				
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 \$	\$3,000.00					
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					
Department of Education Loan Servicing P.O. Box 9635 Wilkes Barre, I	\$2,234.95					
American Express Personal Loan P.O. Box 650448 Dallas, TX	75265-0448	\$5,111.88				
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY				
NIA						
1 1 1 1 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 [If you check this box and	y 2019 federal income tax re d attach a copy of your 2019	turn and all W2 tax return, you	2's, schedules, and attachments. u need not complete the remainder of Par	rt D.]		
PRIMARY SOURCES OF INCO		ige 5):	ADDRESS OF SCHOOL	9	A 5 4 mm = 4 + 1 mm	
NAME OF SOURCE OF INCO	OME EXCEEDING \$1,000		ADDRESS OF SOURCE OF INCOME		AMOUNT	
N/A						
SECONDARY SOURCES OF IN	ICOME [Major customers, cli	ents, etc., of bu	usinesses owned by reporting personse	e instructions	s on page 5]:	
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS	R SOURCES	ADDRESS OF SOURCE	. PI	RINCIPAL BUSINESS CTIVITY OF SOURCE	
N/A						
				11		
p.	ART E INTERESTS II	N SPECIFIE	ED BUSINESSES [Instructions on p	page 6]	2020 MI	
	BUSINESS ENTITY		BUSINESS ENTITY # 2		ESS ENTTY#3 📈	
NAME OF BUSINESS ENTITY	N/A		N/A	WO.	N/AS T	
ADDRESS OF BUSINESS ENTITY				<b>D</b>	A	
PRINCIPAL BUSINESS				Lu	II. I HARRING	
ACTIVITY POSITION HELD WITH ENTITY					9 1	
I OWN MORE THAN A 5%				m	7 2	
INTEREST IN THE BUSINESS NATURE OF MY				- 2	0	
OWNERSHIP INTEREST		CALL POST				
Statement region and a	100 100 100 100 100 100 100 100 100 100		TRAINING	140.01	ES	
			nics training pursuant to section 1			
U	I CERTIFY THAT I F	THE RESERVE OF	IPLETED THE REQUIRED T	KAINING		
O.A	ATH		E OF FLORIDA NTY OF MIXMI - Dad	e		
I, the person whose name app		Sworn	n to (or affirmed) and subscribed before r	me by means	3.9f	
beginning of this form, do depose on cath or affirmation.						
and say that the information dis		10	Tune , 20 20 by Le			
and any attachments hereto is		1.10.1	all hours			
and complete.  (Signature of Notary PublicState of Fig. 1da MY COMMISSION # GG 255320						
X EXPIRES: December 16, 2022						
(Print, Type, or Stamp Commissioned North St. No Banded Than Notary Public Underwriters						
Personally Known OR Produced Identification						
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE  Type of Identification Produced						
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						
If a certified public accountant she must complete the followi		. J, or allorne	, good oranging with the Florida Ba	p. spared t		
1,		, prepared	the CE Form 6 in accordance with Ar	t. 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.						
			_	Date	<u> </u>	
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.						
					The same of the sa	
IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						

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#### 2020 JUN -9 AM 9: 29

#### 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

No. 7900545

MIAMI-DADE COUNTY	MIAMI-DADE COUNTY-FLORIDA				1300343				
	RECEIVED FROM (MIS	Sontos		DATE	MONTH I	9 / 2 DAY	YEAR		
	Address 2929 5	w 3rd Ave ste	220	Cash	\$	201	_ •		
	Minmi	STREET ADDRESS	33 12 g	CHECKS	\$ 1,	795	. 68		
AMOUNT OF: 6	Thousand Seven Hu	state		TOTAL	\$	795	. 68		
FOR PAYMENT OF	: Qualifying Te	e-School Boon	d District	9.	/				
	NOT VALID UNLESS D		11.11		11	,	RTMENT		
	ui-Jode Election	5	BY: TIL YOM	1550 N	Tuno (2, n	7			
FOR OFFIC	E USE ONLY		/	`					
Trans	Subsidiary	INDEX CODE	s	<b>ЈВОВЈЕСТ</b>		Amount			
107.01-1 6/04									
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	LUISA SANT	OS CAMPAIGN ACC	OUNT			100	07		
1		MAMI, FL 33129-2751	DATE	5/21/	2020		(4)		

