

CANDIDATE OATH -
SCHOOL BOARD
NONPARTISAN OFFICE

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2020 JUN -9 PM 4:07

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

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

Write-in candidate

OFFICE USE ONLY

Candidate Oath

(Sections 99.021(1)(a) and 105.031, Florida Statutes)

I, Joshua Levy

(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 School Board Miami-Dade, 3,
(Office) (District #)

, _____; I am a qualified elector of 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): 109500823

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.]

Joshua Levy

X Joshua Levy (305) 779-0991 JLevy@JMLmediation.com

Signature of Candidate Telephone Number Email Address

5033 N Bay Rd Miami Beach FL 33140

Address City State ZIP Code

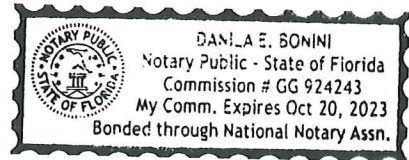
STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Dale Bonini
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 9th day of JUNE, 2020

Personally Known: or Produced Identification: FLORIDA LICENSE

Type of Identification Produced: _____



OF FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

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LAST NAME — FIRST NAME — MIDDLE NAME:

Levy Joshua MARK

MAILING ADDRESS:

5033 N. Bay Rd

CITY:

Miami Beach

ZIP:

33140

COUNTY:

Miami-Dade

NAME OF AGENCY:

Miami-Dade Public Schools

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

School Board District 3

CHECK IF THIS IS A FILING BY A CANDIDATE

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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 calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of Dec 31, 2019 was \$ 3,154,990.26.

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 \$ 30,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Florida Prepaid College For 2 children	33,000
FML Medication	5,000
CAR	20,000
House	1,200,000
STOCK	1,625,000

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Mortgage 5033 N. Bay Rd MB, FL 33140	228,009.24

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.]

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PRIMARY SOURCES OF INCOME (See instructions on page 5):

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME
NA	

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NA			

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	<i>Medicare</i>		
ADDRESS OF BUSINESS ENTITY	<i>Medicare</i>		
PRINCIPAL BUSINESS ACTIVITY	<i>Medicare</i>		
POSITION HELD WITH ENTITY	<i>Owner</i>		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	<i>Yes</i>		
NATURE OF MY OWNERSHIP INTEREST			

PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
COUNTY OF Miami - Dade

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 9 day of

June, 2020 by W. Castro

(Signature of Notary Public--State of Florida) WILFRED CASTRO
MY COMMISSION # GG69508
EXPIRES: February 05, 2021

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification

Type of Identification Produced FC DL

John Mhy
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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 she must complete the following statement:

I, _____, prepared the CE Form 6 in accordance with Art. 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.

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.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 7900212

RECEIVED FROM Joshua Levy
ADDRESS 300 71st St Ste 620
Miami Beach CITY FL STATE 33141 ZIP

DATE 06, 09, 20
MONTH DAY YEAR
CASH \$ _____
CHECKS \$ 1,795 68
TOTAL \$ 1,795 68

AMOUNT OF one thousand seven hundred ninety five DOLLARS, AND sixty eight CENTS

FOR PAYMENT OF: Qualifying Fee School Board District 3

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.
DEPT.: elections BY: Will Castro

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

JOSHUA MARK LEVY CAMPAIGN
JERYL D WEITHORN
300 71ST ST STE 620
MIAMI BEACH, FL 33141-3089

10003

DATE 6/9/2020

PAY TO THE ORDER OF Miami Dade County \$ 1,795.68
One Thousand Seven Hundred Ninety Five ⁶⁸/₁₀₀ DOLLARS

City National Bank
Bci FINANCIAL GROUP
Qualifying Fee School Board DIST 3

(Signature)

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ELECTIONS DEPARTMENT