

**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 MAY 27 AM 11:49

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

OFFICE USE ONLY

**Candidate Oath**

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

I, **Esther "Shelly" Fano**

(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.)

I am a candidate for the nonpartisan office of **Miami-Dade County School Board**, **9**  
(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): **109046952**

**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.]

EST-her shel\_LEE FAH-no

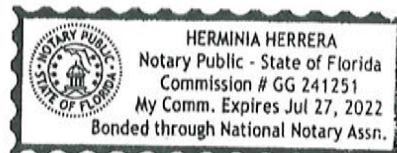
**X** Esther "Shelly" Fano (305)951-0462 esfano2020@gmail.com  
Signature of Candidate Telephone Number Email Address

**7547 Southwest 189 Street** **Cutler Bay** **Florida** **33157**  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Dade

[Signature]  
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 27 day of MAY, 20 20  
Personally Known:  or Produced Identification: \_\_\_\_\_



Type of Identification Produced: \_\_\_\_\_

OF FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:  
Fano Esther "Shelly"

MAILING ADDRESS:  
7547 Southwest 189 Street

N/A

CITY: ZIP: COUNTY:  
Cutler Bay 33157 Miami-Dade

NAME OF AGENCY:  
Miami-Dade County Public Schools

NAME OF OFFICE OR POSITION HELD OR SOUGHT:  
Miami-Dade School Board District 9

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 December 31, 2019 was \$ 763,613

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 \$ 1,007,923

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Jewelry, artwork, household/personal items (\$300,000) Home (\$550,000)	850,000
Automobile (leased)	20,000
Brokerage Account	39,923
Bank Accounts	98,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Chase Mortgage 700 KANSAS LANE, MONROE, LA 71203	181,455
SBA Hurricane Damage Loan 409 Third Street SW Washington Dc	47,855
General Motors Lease 100 Renaissance Center Detroit Mi 482265	5,000
Credit Cards AMERICAN EXPRESS P.O. BOX 650 448 DALLAS TX 75265	10,000

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.

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.]

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

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Miami Dade College	300 Northeast 2nd Avenue Miami, Florida <sup>33132</sup>	96,625
Social Security	107.5 Peach tree St NE # 3656 Atlanta, Ga 30305	24,000

**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
n/a	N/A		

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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**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**

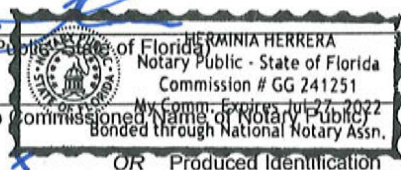
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA  
 COUNTY OF DADE

Sworn to (or affirmed) and subscribed before me by means of  
 physical presence or  online notarization, this 27 day of

MAY, 2020 by ESTHER "Shelly" Fano

(Signature of Notary Public) HERMINIA HERRERA



(Print, Type, or Stamp Commissioned Name of Notary Public) HERMINIA HERRERA  
 Commission # GG 241251  
 My Comm. Expires July 27, 2022  
 Bonded through National Notary Assn.

Personally Known  OR Produced Identification

Type of Identification Produced Same

Esther "Shelly" Fano  
 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. 7900464

RECEIVED FROM Esther "Shelly" Fano

DATE 5 / 27 / 2020  
MONTH DAY YEAR

ADDRESS PO Box 565772  
STREET ADDRESS

CASH \$ \_\_\_\_\_  
CHECKS \$ 1,795 . 68

Miami CITY FL STATE 33256-5772 ZIP

AMOUNT OF: One Thousand Seven Hundred and <sup>Five</sup> Fifty DOLLARS, AND Sixty Eight CENTS TOTAL \$ 1,795 . 68

FOR PAYMENT OF: Qualifying Fee - School Board District 9

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.

DEPT.: Elections BY: Affnessa Jurolet

**FOR OFFICE USE ONLY**

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

**ESTHER "SHELLY" FANO**  
**CAMPAIGN ACCOUNT**  
FOR SCHOOL BOARD DISTRICT 9  
PO BOX 565772  
MIAMI FL 33256-5772

1016  
FL

May 27, 2020  
Date

Pay To The Order Of Miami-Dade County \$1,795.68

One Thousand Seven Hundred Ninety Five <sup>68</sup>/<sub>100</sub> Dollars

**BANK OF AMERICA**

ACH #/T [Redacted]  
Miami-Dade County School Board  
For Qualifying fee District 9

*[Handwritten Signature]*



Hart and Clark

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