

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:

Macki Kevin Michael

MAILING ADDRESS:

16420 Stonehaven Rd

CITY: Miami Lakes ZIP: 33014 COUNTY: Miami-Dade

NAME OF AGENCY: Miami-Dade Public Schools

NAME OF OFFICE OR POSITION HELD OR SOUGHT: Miami-Dade School Board Member, District 4

CHECK IF THIS IS A FILING BY A CANDIDATE

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2022 JUN 14 PM 3:45
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2021 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 June 12, 20 22 was \$ 953,012.94

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 \$ 27,200

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
Chase, 700 Kansas Lane Monroe, LA 71203	\$ 137,653
Wells Fargo, 420 Montgomery St. San Fran, CA 94104	\$ 179,290
AES Student Loan, PO Box 2461 Harrisburg, PA 17106	\$ 14,974

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

PART D -- INCOME

Please complete the following statement identifying each separate source and amount of income which exceeded \$1,000 received during the period from January 1, 2022, through the last date you held the office or position described on page 1, including secondary sources of income, by completing the remainder of Part D, below.

PRIMARY SOURCES OF INCOME (Instructions on page 4):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Horeb Christian School	795 W. 68th St. Hialeah, FL 33014	\$84,000

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			

PART E — INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 5]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A		
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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 ELECTRONIC DEPARTMENT

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

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.

[Handwritten Signature]

SIGNATURE OF REPORTING OFFICIAL

STATE OF FLORIDA
 COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me by means of

physical presence or online notarization, this 14 day of June, 20 22 by Kevin Macki

[Handwritten Signature: Alex Herpe]

(Signature of Notary Public--State of Florida)



ALEX HERPE
 Commission # GG 986757
 Expires September 9, 2024
 Bonded Thru Budget Notary Services

[Handwritten Name: Alex Herpe]

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

Personally Known OR Produced Identification

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 she must complete the following statement:

I, _____, prepared the CE Form 6F 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.

Part B

Kevin M. Macki - Form 6 Assets Detail	
Assets	Value
Household goods & personal effects	\$27,200
16420 Stonehaven Road	\$700,000
7235 W. Miami Lakes Dr. #C2	\$287,000
Bank of America Checking	\$12,651
Bank of America Savings	\$131,321
Merrill Lynch IRA	\$31,125
Merrill Lynch Brokerage Account (stock details below):	
ABBVIE INC SHS	\$1,718
BANK OF AMERICA CORP	\$43,320
INNOVIZ TECHNOLOGIES LTD	\$114
LUMINAR TECHNOLOGIES INC	\$3,428
META PLATFORMS INC	\$43,893
NIKOLA CORP	\$713
ROCKET COMPANIES INC	\$1,612
XENETIC BIOSCIENCES INC	\$78
ML DIRECT DEPOSIT PROGRM	\$757
Asset Total	\$1,284,929.60

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 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 7900445

RECEIVED FROM Kevin Menendez - Macki
 ADDRESS 16420 Stonehaven Road
Miami Lakes STREET ADDRESS FL 33014
 CITY STATE ZIP

DATE 06, 14, 22
 MONTH DAY YEAR
 CASH \$ _____
 CHECKS \$ 1,870.92
 TOTAL \$ 1,870.92

AMOUNT OF: one thousand eight hundred seventy DOLLARS, AND ninety two CENTS

FOR PAYMENT OF: Qualifying Fee School Board Member District 4

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

KEVIN MENENDEZ MACKI
CAMPAIGN ACCOUNT
 16420 STONEHAVEN RD
 MIAMI LAKES, FL 33014

1051

6-14-22
 Date

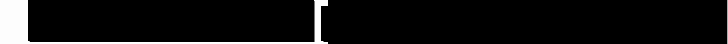
Pay To The Order Of Miami-Dade County \$ 1,870.92
One Thousand Eight Hundred Seventy and ⁹²/₁₀₀ Dollars



BANK OF AMERICA

ACH R/T 063100277 Miami-Dade School Board, District 4

For Qualifying Fee



Hafand Clarke

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