

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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2022 JUN 16 PM 3:05

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT OFFICE USE ONLY

Candidate Oath

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

I, Maribel Balbin,

(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 Miami Dade County School Board member 4,
(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): 109020327

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.]*

Ma-re-bell Bal-bIn

X

Maribel Balbin

(305) 588-2594

maribelbalbin@gmail.com

Signature of Candidate

Telephone Number

Email Address

8346 Dundee Terrace

Miami Lakes

FL

33016

Address

City

State

ZIP Code

STATE OF FLORIDA

COUNTY OF Miami-Dade

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

online notarization ☐ OR physical presence ☒

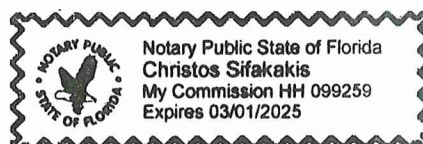
this 15th day of JUNE, 2022

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced: FL DL

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:



FORM 6

FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS

2021

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Balbin Maribel C

MAILING ADDRESS:

8346 Dundee Terrace

CITY:

Miami Lakes

ZIP:

33016

COUNTY:

Miami Dade

NAME OF AGENCY:

Miami Dade County Public Schools

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Miami Dade County School Board District 4

CHECK IF THIS IS A FILING BY A CANDIDATE ☒RECEIVED
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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 December 31, 2021 was \$ 711,585.59

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 \$ 25,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Real Property - 8346 Dundee Terrace, Miami Lakes, FL 33016	309,000
Real Property - 14200 Alamanda Avenue, Miami Lakes, FL 33014	380,251
JP Morgan Chase - Checking	10,000
Mission Square Investmet Acct.	192,344.68

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
JP Moargan Chase Mortgage 15424 NW 77 Ct. Miami Lakes, FL 33014	201,610.47
Power Finance Credit Union 2020 NW 150 Ave Suite 100 Pembroke Pines, FL 33028	3,400.09

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 2021 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 2021 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2021 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
N/A		

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 6]

	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			

PART F - TRAINING

This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S. [See instructions p. 6]

☐ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

OATH

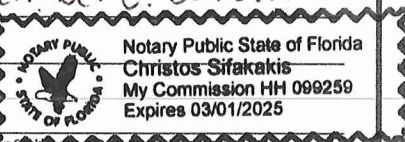
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

Maribel C. Balbin
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me by means of
☒ physical presence or ☐ online notarization, this 15th day of
June, 2022 by Maribel C. Balbin

(Signature of Notary Public, State of Florida)
CHRISTOS SIFAKAKIS
(Print, Type, or Stamp Commissioned Name of Notary Public)



Personally Known _____ OR Produced Identification ☒
Type of Identification Produced FL DL

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 ☒

Maribel C Balbin
8346 Dundee Terrace
Miami Lakes, FL 33016

PART D – INCOME

PRIMARY SOURCES OF INCOME

NAME OF SOURCE OF INCOME EXCEEDING \$1,000.

NAME OF ADDRESS OF ICOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Miami Dade County	111 NW 1 Street Miami, FL 33128	106,969.82
Social Security	1300 D Street SW Washington, DC 20024	5,244.00
Florida Retirement System	Division of Retirement System Division of Retirement PO 9000 Box Tallahassee, FL 32315	11,275.14
Vantagepoint Transfer Agents	777 North Capitol Street, NE Washington, DC 20002	20,000.00
	TOTAL	143,488.96

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