

## 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 13 AM 10:14

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

OFFICE USE ONLY

### Candidate Oath

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

I, Monica Colucci

(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, 8  
(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): 109372037

**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.]

M OH n ih k ah kaw loo chee

X M. Colucci  
Signature of Candidate

Telephone Number

monicacoluccilopez@gmail.com  
Email Address

Address

Miami  
City

FL  
State

33175  
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 ☒

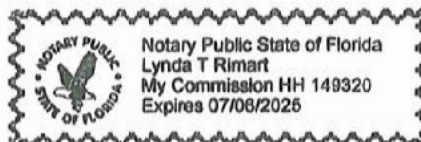
this 9 day of June, 2022

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced: FL Driver License

Lynda J. Rimart  
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:

COLUCCI MONICA

MAILING ADDRESS:

CITY :  
MIAMIZIP :  
33175COUNTY :  
MIAMI-DADE

NAME OF AGENCY :

MIAMI-DADE COUNTY SCHOOL BOARD

NAME OF OFFICE OR POSITION HELD OR SOUGHT : Miami Dade County  
SCHOOL BOARD MEMBER, DISTRICT 8CHECK IF THIS IS A FILING BY A CANDIDATE ☒RECEIVED  
2022 JUN 13 AM 10:15  
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 DECEMBER 31, 20 21 was \$ 2,421,668.

## 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 \$ SEE ATTACHMENT

## ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
SEE ATTACHMENT	

## PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
SEE ATTACHMENT	

## 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 2020 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
SEE ATTACHMENT		

**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	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	N/A	N/A	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.

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, 2022 by Monica Colucci

Lynda T. Rimart  
(Signature of Notary Public--State of Florida)

Lynda T. Rimart  
(Print, Type, or Stamp Commissioned Name of Notary Public)

(Notary Public State of Florida  
Lynda T Rimart  
My Commission HH 149320  
Expires 07/06/2025)

Personally Known \_\_\_\_\_ OR Produced Identification ☒

Type of Identification Produced FL Driver License

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, Jose A. Riesco CPA, 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 ☒

**Monica Colucci**  
**2021 Full and Public Disclosure of Financial Interests**  
**Form 6 - Attachment**

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**PART B - ASSETS (valued individually over \$1,000)**

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

Home - [REDACTED] Miami, FL, 33175	\$ 815,500
Townhome - 87200 Overseas Highway Q5, Islamorada, FL, 33036	\$ 523,208
Automobile - 2020 Acura MDX	\$ 36,408
Checking Account - Chase, PO Box 182051, Columbus, OH, 43218	\$ 11,241
Savings Account - Chase, PO Box 182051, Columbus, OH, 43218	\$ 1,000
Money Market Account - Capital One, P.O. Box 30285, Salt Lake City, UT, 84130	\$ 30,592
Beneficial Interest (100%) in The Michael Colucci Sr, Rev Living Trust	\$ 823,829
Savings Account - Interamerican Bank, 9190 SW 24 Street, Miami, FL, 33165	\$ 12,815
Series EE Bonds- Face Value	\$ 9,325

<b>Personal Effects and Household Goods</b>	<b>\$ 100,000</b>
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**Retirement Accounts:**

403(B) Orion Portfolio Solutions, 2300 Litton Lane, Suite 100, Hebron, KY, 41048

Large Blend	22.14%	\$ 13,818
Foreign Large Blend	19.93%	\$ 12,436
Short Term Bond	14.68%	\$ 9,161
Inflation Protected Bond	10.00%	\$ 6,240
Intermediate Core-Plus Bond	9.54%	\$ 5,955
High Yield Bond	7.10%	\$ 4,430
World Allocation	6.78%	\$ 4,232
Mid-Cap Value	6.52%	\$ 4,068
World Bond	3.05%	\$ 1,900
Money Market	0.26%	\$ 169
		<u>\$ 62,409</u>

Pension Plan - (FRS) Florida Retirement System, PO Box 785027, Orlando, FL, 32878	<u>\$ 397,231</u>
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<b>Total Assets</b>	<u><b>\$ 2,823,558</b></u>
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**PART C Liabilities:**

Home (PennyMac USA, PO Box 30597, Los Angeles, CA, 90030)	\$ 374,972
Auto (Acura Financial, 1919 Torrance Blvd. M/S CHI-4 Torrance, CA, 90501)	\$ 24,655
Citi Bank Visa, 145 East 42nd Street, New York, NY, 10013	<u>\$ 2,263</u>

<b>Total Liabilities</b>	<u><b>\$ 401,890</b></u>
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<b>Net Worth</b>	<u><u><b>\$ 2,421,668</b></u></u>
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**PART D Primary Source of Income**

The School Board of Miami Dade County, 1450 NE 2 Ave, Miami, FL, 33132	<u>\$ 80,602</u>
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<b>Total Income</b>	<u><u><b>\$ 80,602</b></u></u>
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