## **CANDIDATE OATH SCHOOL BOARD OFFICE**

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

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Rule 1S-2.0001, F.A.C.

Write-in candidate	MIAMI-DADE OFFICE USE ONLY
Cand	idate Oath
Name to appear on ballot: Kimberly T. Beltran	
Check box if two last names without hy	phen. (Name cannot be changed after qualifying.)
Check box if name includes nickname.   (For use of a nickname)	ckname, you must complete the Nickname Affidavit on reverse side.)
	County
I swear or affirm that I am a candidate for the office of Miami-D	Dade School Board Member , 9
	(Office) (District #)
other public office in the state, the term of which office or	County, Florida; I am a qualified elector under o which I desire to be nominated or elected; I have qualified for no any part thereof runs concurrent with the office I seek; and I have pursuant to Section 99.012, Florida Statutes; and I will support the e State of Florida.
Florida and of the United States of America, and being emp	ed and when term of office begins): I am a citizen of the State of bloyed by or an officer of the court system and a recipient of public ear or affirm that I will support the Constitution of the United States
Statement of Outstandi	ing Fines, Fees, or Penalties
I owe outstanding fines, fees, or penalties, that cumulatively exce	ed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.).
	NO, I Do Not X
If you do, you must also specify the amount owed and each e	AND
X (305) 775-3	8947 ktbeltran@proton.me
Signature of Candidate Telephone Numb	
20775 SW 91 Ct. Cutler Bay	FL 33189
Address of Legal Residence City  STATE OF FLORIDA	State ZIP Code
COUNTY OF Miami-Dade	Signature of Notary Public
Sworn to (or affirmed) and subscribed before me by means of	Print, Type, or Stamp Commissioned Name of Notary Public below:
online notarization OR physical presence X	* N. C. A. S. D. Section Conference of the Confe
this 31 day of	NESTOR MADERA
Personally Known X OR Produced Identification	MY COMMISSION # HH 379380
Type of Identification Produced:	EXPIRES: May 13, 2027
DS-DE 304SB (Eff. 10/2023)	Rule 1S-2.0001, F.A.C.

	Phonetic Spel	lling of Name	
Phonetic spelling for the audio k wish it to be pronounced on the au	pallot (not required for qualifying p	ourposes): Print the name phonetically on the line cons with disabilities (see instructions on page 3 of	below as you
KIM-BER-LEE TEE BEL			una ioiin).
Sta	tement of Outstanding	Fines, Fees or Penalties	
Water Total State of the Control of		a party candidate, a candidate with no party affiliat	tion or a surita in
or penalties that cumulatively exce and Employees under part III of chapter 106.	scribing to the oath or affirmation, ed \$250 for any violations of s. 8, A	state in writing whether he or she owes any outstal Art. II of the State Constitution, the Code of Ethics for the governing standards of conduct and disclosure	nding fines, fees,
Amount	STREWNAMO LEEK	Entity	
N/A			
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Affidavit	of Nickname (Only requi	red if using nickname for the ballot.)	
My legal name is		I am over the age of eighteen (18) and the	contents of this
affidavit are true and correct.			oontonto or tino
My nickname is		. I am generally known by this nickname or have	e used it as part
of my legal name. I have not create a political slogan or otherwise asso	ed the nickname to mislead voters	I am generally known by this nickname or haves. My nickname does not imply I am some other pethat is obscene or profane	erson, constitute
		or profund.	
Signature of Candidate:			
STATE OF FLORIDA			
COUNTY OF			
		Signature of Notary Public Print, Type, or Stamp Commissioned Name of No	tary Public below
Sworn to (or affirmed) and subscribe			
of online notarization   OR	physical presence		
this day of	, 20		
Personally Known OR Pro	oduced Identification		

DS-DE 304SB (Eff. 10/2023)

Type of Identification Produced:\_

Rule 1S-2.0001, F.A.C.

### **General Information**

Name:

Mrs Kimberly Tilden Beltran

Address:

20775 SW 91ST CT, CUTLER BAY, FL 33189

County:

Miami-Dade

Organization

Suborganization

Title

N/A

#### **CANDIDATE FOR**

Position

Agency Name

Position sought or held

District School Board

Miami-Dade Public School System

Member, District 9

### **Net Worth**

My Net Worth as of December 31, 2023 was \$ 250,000.00.

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#### **Assets**

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 effect is \$40,000.00.

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

Description of Asset	Value of Asset
20775 SW 91 Court, Cutler Bay, FL 33189	\$ 400,000.00
Barclays CODs	\$ 3,240.36
Space Coast Credit Union COD	\$ 10,382.32
Space Coast Credit Union Savings Account	\$ 5,048.70
Chase Bank Savings Account	\$ 2,820.09
Chase Bank Checking Account	\$ 5,853.61
SouthState Bank Campaign Account	\$ 17,173.07
The Ferraro Law Firm 401(k): Allspring Core Bond R6	\$ 19,552.20
The Ferraro Law Firm 401(k): Fidelity 500 Index	\$ 196,001.56
Acorns Securities, LLC: iShares Core U.S. Aggregate Bond ETF (AGG)	\$ 1,292.84
Acorns Securities, LLC: Vanguard S&P 500 ETF (VOO)	\$ 1,639.92
Acorns Securities, LLC: Misc	\$ 1,738.94

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#### Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Space Coast Credit Union (Auto Loan)	P.O. Box 419001, Melbourne, FL 32941	\$ 23,773.55
Wells Fargo (Mortgage)	P.O. Box 10335, Des Moines, IA 50306-0335	\$ 129,000.00

#### JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		4 6

#### 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 2023 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 2023 federal income tax return and all W2s, schedules, and attachments.

#### PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
The Ferraro Law Firm	600 Brickell Ave., Suite 3800, Miami, FL 33131	\$ 73,736.44

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source	
N/A				

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Interests in Specified Businesses	
Business Entity # 1	

## Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

# Kimberly Tilden Beltran

Digitally signed: 05/24/2024



**PNC Bank** 

Kimberly Beltran Campaign

1722 NW 80th Blvd, Suite 90 Gainesville, FI 32606

5/29/2024

PAY TO THE ORDER OF

Miami-Dade County - Supervisor of Elections

\$2,136.24

Two Thousand One Hundred and Thirty-Six Dollars and Twenty-Four Cents\*\*\*\*\*\*\*

Miami-Dade County - Supervisor of Elections 2700 NW 87th Avenue Miami, FL 33172

Avalifying Fee M-DC School Board Member, District 9

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MIAMI	DADE)
COUNTY	the last

# OFFICIAL RECEIPT

No.8251163

COUNTY THAT THE COUNTY - FLORIDA				
RECEIVED FROM Kimberly Beltran	DATE_	Ф	1 3 DAY	12024 YEAR
ADDRESS 20775 SW 91 Court	CASH	\$		·
Cutter Bay STREET ADDRESS FL 33189	CHECKS	\$	2,13	6.24
AMOUNT OF: TWO Thousand Che Hundred and Dollars, and 2400 CENTS	TOTAL	\$	2, 13	6.24
FOR PAYMENT OF: Qualifying Fee - MDC School Box	ard	Men	ber D	istrict 9
THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUT	HORIZI	ED EMP	LOYEE OF	DEPARTMENT.
DEPT.: <u>Elections</u> By: Yolan	de	Was	hingto	n
EOD OFFICE LISE ONLY	-		. , ,	

### FOR OFFICE USE ONLY

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