CANDIDATE OATH SCHOOL BOARD OFFICE	RECEIVED	
Check box only if you are seeking to qualify as a write-in candidate:	2024 JUN 10 PM 4: 1	¢5
Write-in candidate	MIAMI-DADE	OFFICE USE ONLY
		OFFICE USE UNLT
Cand	idate Oath	
Name to appear on ballot:Gustavo Ortega		
Check box if two last names without hy	phen. (Name cannot be changed after qualifyin	g.)
Check box if name includes nickname. 🗌 (For use of a ni	ckname, you must complete the Nickname Affidavit o	n reverse side.)
I swear or affirm that I am a candidate for the office of Miami-Da	ade County / Cio School Board Member	;
	(Office)	(District #)
I am a qualified elector of Miami-Dade the Constitution and the Laws of Florida to hold the office t	County , Florida; I am a qu	
other public office in the state, the term of which office or resigned from any office from which I am required to resign Constitution of the United States and the Constitution of the	any part thereof runs concurrent with the offic pursuant to Section 99.012, Florida Statutes;	e I seek; and I have
Section 876.05, Florida Statutes (only applicable if elect Florida and of the United States of America, and being emp funds as such employee or officer, do hereby solemnly swe and of the State of Florida.	bloyed by or an officer of the court system and	a recipient of public
Statement of Outstand	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.).
YES, I Do	NO, I Do Not	national de la construction de la c
If you do, you must also specify the amount owed and each e	entity that levied the same on the reverse side.	
× hut ortage (480) 5501		00
Signature of Candidate Telephone Numb 10350 W. Bay Harbor Dr. Apt 6D Bay Ha		33154
Address of Legal Residence City	State	ZIP Code
STATE OF FLORIDA	Van A	
COUNTY OF MIAMI - DADC	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	PUBLIC	
this 10 day of N/ 20.24	Print, Type, or Stamp Commission Weiss	
Personally Known OR Produced Identification	MY COMMIT 22021	
Type of Identification Produced:	EN STATE OF FURT	- Internet of the second s
DS-DE 304SB (Eff. 10/2023)	NY COMMISSION EXPIRES 1-2-2027 EXPIRES 1-2-2027 ON 1-2-2027 EXPIRES 1-2-20	ule 1S-2.0001, F.A.C.

2023 Form 6 - Full and Public Disclosure of Financial Interests

General Inform	tion							
Name: Gu	avo Ortega							
Address: 10350 W BAY HARBOR DR APT 6D, BAY HARBOR IS, FL 33154								
County: M	ni-Dade							
Organization	Suborganization	Title						
N/A								
CANDIDATE FOR		· ~ ~						
Position	Agency Name	Position sought or held						
District School Board	Miami-Dade County Public School Board Member District 3	Miami-Dade County Public School Board Member District 3						

Net Worth My Net Worth as of December 31, 2023 was \$ 400,000.00.



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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 \$ 15,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Condo apt	\$ 650,000.00
Townhouse	\$ 450,000.00
Index 2000	\$ 35,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability						
Nationstar Mortgage LLC d/b/a Mr. Cooper	8950 Cypress Waters Blvd. Dallas, TX 75019	\$ 505,000.00						
AmeriHome Mortgage Company	1 Baxter Way, Suite 300 Thousand Oaks, CA 91362-3888	\$ 220,000.00						

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

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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
Miami-Dade County Public Schools	1450 NE 2nd Ave, RM 271 Miami, FL 33132	\$ 50,625.00

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		all a	A CAN P							
	()									

Interests in Specified Bu	sinesses
20	CC
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Business Entity # 1	
N/A	
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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.

Gustavo Ortega

Digitally signed: 06/10/2024

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GUSTAVO ORTEGA BOARD MEMBER CAMPAIGN ACCOUNT 10350 W BAY HARBOR DR APT 6D BAY HARBOR ISLANDS, FL 33154-1238 10003 DATE G-10-2024 PAY TO THE ORDER OF Miami Dade Two Thousand One Hundred thirth sie 24,136,14 SCity National Bank 10c School Boere member Dismigs / part Ortage County MP

	OFFICIAL RECEIPT MIAMI-DADE COUNTY-FLORIDA	No.8251235
COUNTY		ATE 4 10 2024
	ADDRESS 10350. W. Bay Harbor Dr. Apt. 6Dc.	SH S
	Bay Harbor Islands FL 33154 CH CITY Thirty-six STATE ZIP Wo Thousand One Hundred Dollars, and 24/100 CENTS TO	неска \$ <u>3,136</u> . <u>24</u>
AMOUNT OF:	WO Thousand One Hundred Dollars, AND 24/100 CENTS TO	DTAL \$ 3,136.34
	OF: Qualifying Fee - MDC School Board T NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHO	
THIS RECEIP	T NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHO	RIZED EMPLOYEE OF DEPARTMENT.
DEPT.: Ele	ections Br: Yoland	la Washington
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