CANDIDATE OATH	and the second sec										
SCHOOL BOARD OFFICE	RECEIVED										
Check box only if you are seeking to qualify as a write-in candidate:	2024 JUN 12 PM 2: 02										
Write-in candidate	MAMI-DADE OFFICE USE ONLY										
Cand	idate Oath										
Name to appear on ballot: Joseph "Joe" Geller											
Check box if two last names without hyphen. (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.)										
I swear or affirm that I am a candidate for the office of Miami-D	Dade County School Board Member District 3										
I swear or affirm that I am a candidate for the office of	(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.										
Section 876.05, Florida Statutes (only applicable if elected and when term of office begins): I am a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the court system 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.											
Statement of Outstand	ng 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 X										
If you do, you must also specify the amount owed and each e	ntity that levied the same on the reverse side.										
× Drei A. D. HOD C.	joseph.geller@gmlaw.com										
Signature of Candidate Telephone Numb Aventura	er Email Address Florida 33180										
Address of Legal Residence City	State ZIP Code										
STATE OF FLORIDA											
COUNTY OF Minomi- Pople	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	ANNE VANESSA INNOCENT Notary Public - State of Florida										
this 12th day of June, 2024.	Commission # HH 253185 My Comm. Expires Jun 2, 2026										
Personally Known OR Produced Identification	Bonded through National Notary Assn.										
Type of Identification Produced: FL DL											
DS-DE 304SB (Eff. 10/2023)	Rule 1S-2.0001, F.A.C.										

Phonetic Spelling of Name

Phonetic spelling for the audio ballot (not required for qualifying purposes): Print the 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 3 of this form):

Joh-sif Joh Gel-uhr

Statement of Outstanding Fines, Fees or Penalties

Pursuant to Section 99.021(1)(d), F.S., each candidate, whether a party candidate, a candidate with no party affiliation, or a write-in candidate, shall, at the time of subscribing to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fees, or penalties that cumulatively exceed \$250 for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers and Employees under part III of chapter 112, any local ethics ordinance governing standards of conduct and disclosure requirements, or chapter 106.

chapter roo.					
Amount		Entity			
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Affidavit of	Nickname (Only required if	using nickname for the	ballot.)		
My legal name isJoseph Scott C affidavit are true and correct.		. I am over the age of eighte			
of my legal name. I have not created th	e nickname to mislead voters. My n		n some oth	er perso	n, constitute
a political slogan or otherwise associate Signature of Candidate:					
STATE OF FLORIDA		_/ /		t	1
COUNTY OF Miami- Pade		Signature of Notary Pub Print, Type, or Stamp Commission		of Notary	Public below:
Sworn to (or affirmed) and subscribed be		Print, Type, of Stamp Commission			Public below.
of online notarization OR phy	vsical presence 📝	Notary Pi	VANESSA INNO	Florida	
this 12th day of June	, 20 <u>24</u>		ission # HH 25 h. Expires Jun h National Not.	2. 2026	
Personally Known OR Produc	ed Identification	Arconney			
Type of Identification Produced: FL1	12				

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

Ashley Lukis *Chair* Michelle Anchors *Vice Chair* William P. Cervone Tina Descovich Freddie Figgers Luis M. Fusté Wengay M. Newton, Sr. Jim Waldman



State of Florida COMMISSION ON ETHICS P.O. Drawer 15709 Tallahassee, Florida 32317-5709

325 John Knox Road Building E, Suite 200 Tallahassee, Florida 32303

"A Public Office is a Public Trust"

VERIFICATION AND RECEIPT OF SUBMISSION TO THE ELECTRONIC FINANCIAL DISCLOSURE FILING SYSTEM

This Verification and Receipt of Submission acknowledges that the Commissions on Ethics received a submission through its electronic financial disclosure filing system.

	- A	-15-	20
			221
Filer Name: Mr Joseph S Geller	75		0
Filer PID #: 97168	그루	2	m
Date Filed: 6/12/2024		-DK	~
Disclosure Received: 2023 Full and Public Disclosure of Financial Interests	36		577
Filing ID: 966831		??	E-3
		0	Trans.
Receipt Print Date: 6/12/2024		N	

The foregoing is a true and accurate depiction of information contained in the electronic financial disclosure filing system held by the Florida Commission on Ethics.

This Verification and Receipt of Submission complies with Sections <u>112.3144</u>(4) and 112.3145(2)(c), Florida Statutes, and, in accordance with those statutes, it may be presented to any qualifying officer by an incumbent in an elective office or any candidate holding another position subject to an annual filing requirement.

This Verification and Receipt of Submission is not a certification that the form submitted is complete or that the information entered in the form by the filer is true or correct. This Verification and Receipt of Submission is system generated, is created automatically, and its issuance does not indicate that the submission by the filer has been reviewed by Commission staff.

To see the filer's disclosure, visit https://disclosure.floridaethics.gov/PublicSearch/Filings. For questions regarding this Verification and Receipt of Submission, please contact the Florida Commission on Ethics at (850) 488-7864.

Kerrie J. Stillman Executive Director

Steven J. Zuilkowski Deputy Executive Director/ General Counsel

> (850) 488-7864 Phone (850) 488-3077 (FAX) www.ethics.state.fl.us

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/12/2024

General Ir	nformation		
Name:	Mr Joseph S Geller		
Address:		Aventura, FL 33180	PID 97168
County:	Miami-Dade		
AGENCY INF	ORMATION		
Organization		Suborganization	Title
Bay Harbor Is	lands	Employees	
Bay Harbor Is	lands	Employees	Town Attorney
El Portal		Employees	Town Attorney
CANDIDATE	FOR		
Position		Agency Name	Position sought or held
District Schoo	ol Board	Miami-Dade County School Board	Miami-Dade County School Board Member, District 3

Net Worth

My Net Worth as of December 31, 2023 was \$ 1,205,881.78.

024 JUN 12 PM 2: 02 -133551-0ADE

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Filed with COE: 06/12/2024

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	
See Attached		

Liabilities	\$1.000:				
Name of Creditor	Address of Creditor	Amount of Liability			
Dovenmuhle\Florida Community Bank					
	LITIES NOT REPORTED ABOVE:				
Name of Creditor	Address of Creditor	Amount of Liability			

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Filed with COE: 06/12/2024

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
Greenspoon Marder, LLP	100 W Cypress Creek Road, #700, Ft Lauderdale, FL 33309	\$ 247,978.74
T. Rowe Price Trust Co.	P.O. Box 17302, Baltimore, MD 21297	\$ 10,000.00
PITA Weber & Del Prado PLLC	9350 S Dixie Hwy, #1200, Miami, FL 33156	\$ 25,000.00
Home Banc Shares Inc.	719 Harkrider Street, #100, Conway, AR 72532	\$ 1,820.16

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			

Interests in Specified Businesses

N/A		0
	12	[77]
	PK	\leq

Filed with COE: 06/12/2024

Training

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you for this form year.

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form6 and that the facts stated in it are true.

Joseph S Geller

Digitally signed: 06/12/2024

Filed with COE: 06/12/2024



Part B ASSETS (2023) Joseph S Geller

Assets Individually valued at over \$1,000.00

Home:	Aventura, FL	\$330,000.00
Regions Bank		\$6,455.89
Stocks: Home Banc Shares, Inc. ("HBI	")	\$63,225.28
Florida Prepaid College		\$28,475.00
Cash Value of Life Insurance:		
Independent Order of Foresters		\$9,000.00
Retirement Accounts:		
Empower Retirement		\$623,576.14
T. Rowe Price		\$79,067.69
Fidelity		\$165,480.33
Schwab		\$4,372.28
Vacation Time Share Property:		
Wyndham Vacation Resorts		\$20,000.00
2017 Hyundai Sonata		9,485.00

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