

**CANDIDATE OATH
SCHOOL BOARD OFFICE**

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

☐ Write-in candidate

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OFFICE USE ONLY

Candidate Oath

Name to appear on ballot: Hayley Ross

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, you must complete the Nickname Affidavit on reverse side.)

I swear or affirm that I am a candidate for the office of School Board Member of Miami-Dade County, 3; (Office) (District #)

I am a qualified elector of Miami-Dade County, Florida; I am a qualified elector 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 (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 Outstanding Fines, Fees, or Penalties

I owe outstanding fines, fees, or penalties, that cumulatively exceed \$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 entity that levied the same on the reverse side.

X Hayley Ross

(305) 498-0716

hayleya.ross@gmail.com

Signature of Candidate

Telephone Number

Email Address

5757 Collins Ave, Apt 707 Miami Beach

FL

33140

Address of Legal Residence

City

State

ZIP Code

STATE OF FLORIDA

COUNTY OF Miami-Dade

Beatrix Del Portillo
Signature of Notary Public

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

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

online notarization ☐ OR physical presence ☒

this 18th day of May, 2024.

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced: _____



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):

HAILEE RAWES

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.

Amount	Entity

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Affidavit of Nickname (Only required 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.

My nickname is _____. I am generally known by this nickname or have used it as part of my legal name. I have not created the nickname to mislead voters. My nickname does not imply I am some other person, constitute a political slogan or otherwise associate me with a cause or issue, or that is obscene or profane.

Signature of Candidate: _____

STATE OF FLORIDA

COUNTY OF _____

Signature of Notary Public

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

Sworn to (or affirmed) and subscribed before me by means
of online notarization ☐ OR physical presence ☐

this _____ day of _____, 20____.

Personally Known ☐ OR Produced Identification ☐

Type of Identification Produced: _____

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General Information

Name: Mrs Hayley Anna Ross
Address: 5757 COLLINS AVE APT 707, MIAMI BEACH, FL 33140
County: Miami-Dade

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Organization	Suborganization	Title
N/A		

CANDIDATE FOR

Position	Agency Name	Position sought or held
District School Board	School Board, Miami-Dade County, Florida	School Board District 3

Net Worth

My Net Worth as of May 5, 2024 was \$ 1,326,227.69.

2023 Form 6 - Full and Public Disclosure of Financial Interests

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 \$ 104,568.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Bank Accounts, Chase Bank	\$ 16,101.04
U.S. Treasuries, Fidelity	\$ 242,257.07
CD's, Fidelity	\$ 245,913.00
Government Issued Bonds, Fidelity	\$ 116,032.96
Stock, CCL	\$ 1,444.00
Stock, NEM	\$ 8,132.00
Ross Family Revocable Trust	\$ 5,106.90
Loan to Hayley Ross Campaign	\$ 9,200.00
Vacation Rental Home, 1111 Shirley Pressley Road, Glenville NC 28736	\$ 720,100.00
NC Mountain Lot, Shirley Pressley Road, Glenville, NC 28736	\$ 61,170.00
Checking and Savings, Truist Bank	\$ 46,118.00

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Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
TD Bank	TD BANK, N.A. PO BOX 100205 COLUMBIA SC 29202-3205	\$ 2,480.93

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
Veterans United	PO Box 650114 Dallas, TX 75265-0114	\$ 247,334.35

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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
Rental Home Income	1111 Shirley Pressley Road, Glenville, NC	\$ 25,465.00
Florida Retirement System	Division of Retirement Systems, PO Box 9000, Tallahassee, FL	\$ 9,564.00
Ross Financial Advisors, LLC	5757 Collins Ave, Miami Beach, FL 33140	\$ 24,948.00
Social Security	Social Security Administration, Office of Public Inquiries, 1100 West High Rise, 6401 Security Blvd., Baltimore, MD 21235.	\$ 15,180.00

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
Ross Financial Advisors, LLC	Consulting	5757 Collins Ave, Apt 707, Miami Beach, FL 33140	Consulting

Interests in Specified Businesses

Business Entity # 1
N/A

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.

Hayley Anna Ross

Digitally signed: 05/22/2024

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