CANDIDATE OATH -SCHOOL BOARD NONPARTISAN OFFICE

DS-DE 25A (Rev. 5/11)

RECEIVED

2012 MAY 29 PM 2:58

MIAMI-DADE ELECTIONS

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

	OFFICE USE ONLY						
OATH OF CANDIDATE (Sections 99.021 and 105.031, Florida Statutes)							
I, MARTIN KARP (PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT	* NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)						
am a candidate for the nonpartisan office of; I am a qualified elect	Dade County School Board. 3. (district #)						
(circuit #) (group or seat #)	or of <u>Miami - Dade</u> County, Florida;						
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.							
x MM 2 (305) 68	2-8829 martinkarp@yahoo.com						
Signature of Candidate Telephone Num	ber Email Address						
20021 NE 21 AVE Miami Address City	FL 33179 State ZIP Code						
Candidate's Florida Voter Registration Number (located on your voter information card): 109207212							
* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):							
Martin Karp							
STATE OF FLORIDA							
COUNTY OF DADE							
Sworn to (or affirmed) and subscribed before me this $\widehat{\underline{\omega}}$	5 ^M day of MAY , 20 12.						
Personally Known: or	Signature of Notary Public						
Produced Identification: "ussy Airjon Islands Handle Handl	Skilgibles i 1906 i 7 filli / !						
Produced Identification:	Print, Type, or Stamp Commissioned Name of Notary Public						

FORM 6 FULL AND PUBLIC DISCLOSURE OF 2011 **FINANCIAL INTERESTS** FOR OFFICE **USE ONLY:** ID Code ***AUTO**MIXED AADC 323 T8 P1 78 MARTIN KARP **BOARD MEMBER** MIAMI-DADE COUNTY PUBLIC SCHOOLS ID No. 97211 **ELECTED CONSTITUTIONAL OFFICER** 20021 NE 21 AVE Conf. Code MIAMI, FL 33179-2823 P. Req. Code Karp, Martin **CHECK IF THIS IS A FILING BY A CANDIDATE** PART A -- NET WORTH Please enter the value of your net worth as of December 31, 2011, 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 12-31-, 20 11 was \$ 2,23,612.40PART 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. **ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:** DESCRIPTION OF ASSET (specific description is required - see instructions p.4) **VALUE OF ASSET** Home-Residential 20021 NE 21 Ave Miami 33179 Apartment-1660 NE 191 St Miani 33179 65,000,00 Cash-Bank Accounts (Sun Trust) 00,000, tock & Bond 401K & 1RA PART C -- LIABILITIES LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4): NAME AND ADDRESS OF CREDITOR **AMOUNT OF LIABILITY** NAME AND ADDRESS OF CREDITOR AMOUNT OF LIABILITY

PART D INCOME							
You may EITHER (1) file a complete copy of your 2011 feder ment identifying each separate source and amount of incor of Part D, below.	eral income tax return, including all W2's, schedules, and attachments, OR (2) file a sworn state me which exceeds \$1,000, including secondary sources of income, by completing the remainded						
I elect to file a copy of my 2011 federal income tax r [If you check this box and attach a copy of your 201	return and all W2's, schedules, and attachments. 1 tax return, you need not complete the remainder of Part D.]						
PRIMARY SOURCES OF INCOME (See instructions on p NAME OF SOURCE OF INCOME EXCEEDING \$1,000	page 5): ADDRESS OF SOURCE OF INCOME AMOUNT						
Miani-Dade County Public Schools	1450 NG 2 AVE Miani 33132 38,500.00						
Bayriew Kinancial Foundation, Inc.	4425 Ponce de Leon Blvd C.G. 33146 35,000.00						
SunTrust Bank	9600 Collins Ave Bal Harbour 33154 -						
Jade Winds Rental	1660 NE 191 St Apt 302 Miami 33179 12,600.00						
Hillel Community Day School	19000 NE 25 Ave NMBeach 33180 17, 730.00						
SECONDARY SOURCES OF INCOME [Major customers, c NAME OF NAME OF MAJO	lients, etc., of businesses owned by reporting personsee instructions on page 5]: R SOURCES ADDRESS PRINCIPAL BUSINESS						
BUSINESS ENTITY OF BUSINESS							
PART E INTERESTS BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY							
PRINCIPAL BUSINESS ACTIVITY	SÃ ŠÃ						
POSITION HELD WITH ENTITY	· · · · · · · · · · · · · · · · · · ·						
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS							
NATURE OF MY OWNERSHIP INTEREST							
TE ANY OF DADTE A THROUGH E ADE C	CONTINUED ON A SEDADATE SHEET DI EASE CHECK HEDE						
IF ANT OF FARTS A THROUGH E ARE C	CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
OATH	STATE OF FLORIDA COUNTY OF DADE						
I, the person whose name appears at the	Sworn to (or affirmed) and subscribed before me this2545_ day of						
beginning of this form, do depose on oath or affirmation	Maria Alana Van						
and say that the information disclosed on this form and any attachments hereto is true, accurate,	1 19 / 20 12 by MARTIN RARY						
and complete.	Loux						
WILLIAM.	ANNA LEVSignature Wotary Public-State of Florida)						
Ngtary Public - State of Florida My Comm. Expires Sep 12, 2012 Commission # DD 810447 Ronded Through Nationa Philadary 1995, or Stamp Commissioned Name of Notary Public)							
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE	Personally Known OR Produced Identification						
	Type of Identification Produced						

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3. OTHER FORMS you may need to file are described on page 6.

OFFICIAL RECEIPT MIAMI-DADE COUNTY-FLORIDA

No. 6741185

	RECEIVED FROM Da. Montin Konp						5 MONTH	/ 3/ / DAY	12
	Address	20021	NE 21	A Avenue		Cash		DAY	•
	- MiAI	Yi .	STREET	ADDRESS FL STATE	33/	7 <u>9</u> C HECK	cs \$	1,540	
MOUNT OF	- MiAI : Ome Thousand	Five Hun	idned Forty	STATE _ Dollars, and	00/100	p cents Total	L \$	1540	<u> </u>
R PAYMEN	NT OF: Quoli	Lying Fe	p_Scho	of Board	Distric	<i>†</i> 3			
HIS RECE	IPT NOT VALIĎ				SIGNED B	Y AUTHORIZ			ARTMEN
ерт.: <i>£86</i>	ections						/		
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OR OF	FICE USE O			INDEX CODE	By: _ <i>X/m.a</i>		so In		

DR MARTIN KARP CAMPAIGN ACCOUNT 04/2010 MARTIN KARP CANDIDATE	112
DANIELLE HIRSCH KARP TREASURER	63-215/631
MIAMI, FL 33179-2823 7 - 3 -/-	Date
Pay to the Board of County Communicationers	1 \$ 1540 . 00
Payto the Board of County Commissioners One thousand fire lundred forty and	Jee Dollars II Security Features Dotalts on
	Petills on
SUNTRUST ACH RT 061000104	
For Qualifying fee	
요. 1. 사람들은 사용하다 (1985년 1일) 1985년 1일	