

CANDIDATE OATH -
SCHOOL BOARD
NONPARTISAN OFFICE

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MIAMI-DADE
ELECTIONS

OFFICE USE ONLY

OATH OF CANDIDATE
(Sections 99.021 and 105.031, Florida Statutes)

I, WILBERT "TEE" HOLLOWAY
(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 SCHOOL BOARD MEMBER, 1,
(office) (district #)
; I am a qualified elector of Miami-Dade County, Florida;
(circuit #) (group or seat #)

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 Wilbert T. Holloway (305) 653-5336 teeholloway@att.net
Signature of Candidate Telephone Number Email Address

748 NW 204 Street Miami Gardens, FL 33169
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109009043

* 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):

Wilbert Tee Holloway

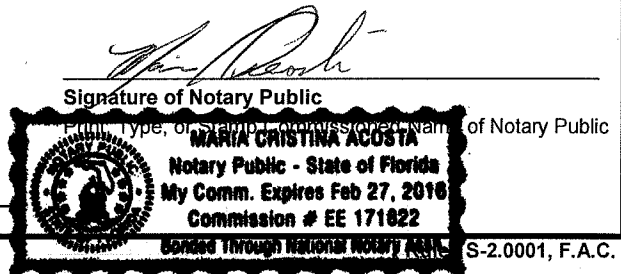
STATE OF FLORIDA
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 4th day of June, 20 12.

Personally Known: _____ or

Produced Identification: ✓

Type of Identification Produced: FL Drivers Lic.



FORM 6 FULL AND PUBLIC DISCLOSURE OF

2011

Please print or type your name, mailing address, agency name, and position below:

FINANCIAL INTERESTS

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LAST NAME — FIRST NAME — MIDDLE NAME:

HOLLOWAY, WILBERT THEODORE

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MAILING ADDRESS:

748 NW 204 STREET

MIAMI-DADE
ID Code
ELECTIONS

Miami Gardens, FL 33169 Miami-Dade

CITY: ZIP: COUNTY:

NAME OF AGENCY:

Miami-Dade County School Board

ID No.

Conf. Code

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

BOARD MEMBER

P. Req. Code

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 December 31, 2011 was \$ 675,284

PART 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.

The aggregate value of my household goods and personal effects (described above) is \$ 128,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
PENSION BENEFIT (SOUTHEAST MANAGEMENT PROGRAM) AT&T	458,993
IRA (AT&T)	27,512
IRA (Valic)	15,134
SAVINGS (Tropical Financial Credit Union)	35,000
HOME RESIDENCE - Nationstar Mortgage	430,000
CONDO - GreenTree Servicing LLC	130,000

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See Instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Nationstar Mortgage PO Box 650783 Dallas, TX 75265	386,355
Green Tree Servicing LLC PO Box 94710 Palatine, IL 60094	118,000
Tropical Financial Credit Union PO Box 829517 Pembroke Pines, FL 33082	38,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NA	

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2011 federal income tax return, including all W2's, schedules, and attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2011 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2011 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
AT&T Florida	150 W. Flagler Street, Ste 1900 Miami, FL 33130	109,677
Dade County Public Schools	1450 NE 2 nd Ave, Ste 700	38,500
Rental Property Income	13800 SW 14 th Street #403C, Pemb. Pines, FL	11,000

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NA			

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 5]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	NA		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

OATH

STATE OF FLORIDA
 COUNTY OF Miami-Dade

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

Sworn to (or affirmed) and subscribed before me this 6th day of

June, 2012 by Wilbert T Holloway

Maria Cristina Acosta
 (Signature of Notary Public--State of Florida)

Wilbert T. Holloway
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

MARIA CRISTINA ACOSTA
 Notary Public - State of Florida
 My Comm. Expires 12/27/2016
 Commission # EE 171822
 Personally Known Bonded Through National Notary Assn

Type of Identification Produced FL Drivers Li.

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.



Elections
2700 NW 87th Avenue
Miami, Florida 33172
T 305-499-VOTE F 305-499-8547
TTY: 305-499-8480

miamidade.gov

CERTIFICATION

Batch 1

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

I, Tara C. Smith, Chief Deputy Supervisor of Elections of Miami-Dade County, Florida, do hereby certify that 1,801 signatures submitted by Wilbert Theodore Holloway for the office of School Board Member – District 1 matched the signatures on the voter files.

WITNESS MY HAND
AND OFFICIAL SEAL,
AT MIAMI, MIAMI-DADE
COUNTY, FLORIDA,
ON THIS 21st DAY OF
MAY, 2012

A handwritten signature in black ink that reads "Tara C. Smith". The signature is written in a cursive, flowing style.

Tara C. Smith
Chief Deputy Supervisor of Elections

Delivering Excellence Every Day