

FORM 6

FULL AND PUBLIC DISCLOSURE OF

2012

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

FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

PEREZ, MARTA

MAILING ADDRESS:

1208 AGUILA AVENUE

CITY:

ZIP:

COUNTY:

CORAL GABLES FL 33134 MIAMI-DADE

NAME OF AGENCY:

MIAMI-DADE COUNTY PUBLIC SCHOOLS

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

ELECTED CONSTITUTIONAL OFFICER

COMMISSION ON ETHICS

DATE RECEIVED

JUL 03 2013

PROCESSED

15302

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, 2012, 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, 20 12 was \$ 2399,515.

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 \$ 40,000.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
RESIDENCE - 1208 AGUILA AVE. CORAL GABLES	360,000
RETIREMENT ACCOUNTS	471,000
RAYMOND JAMES	177.
LPL FINANCIAL	778,338.
MP INVESTMENT PROPERTIES INC.	530,000
VALPEZ INVESTMENT LLC	220,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
	—

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
	—

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2012 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 2012 federal income tax return and all W2's, schedules, and attachments.
(If you check this box and attach a copy of your 2012 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
SCHOOL BOARD OF MIAMI-DADE COUNTY	1450 NE 2ND AVE. MIAMI FL 33132	31,724
LPL FINANCIAL-INTEREST, DIVIDENDS CAPGAIN	500 S. DIXIE HWY #200 CORAL GABLES FL 33134	19,041
MERRILL LYNCH-INTEREST + DIVIDENDS	355 ALHAMBRA CIRCLE, CORAL GABLES FL 33134	8,456

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

PART E -- INTERESTS IN SPECIFIED BUSINESSES (Instructions on page 6)

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	HP INVESTMENT PROPERTIES INC	VALPEZ INVESTMENT, LLC	
ADDRESS OF BUSINESS ENTITY	1208 AGUILA AVE CORAL GABLES FL	1208 AGUILA AVE CORAL GABLES FL	
PRINCIPAL BUSINESS ACTIVITY	REAL ESTATE	REAL ESTATE	
POSITION HELD WITH ENTITY	PRESIDENT	MANAGER MEMBER	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100 %	100 %	
NATURE OF MY OWNERSHIP INTEREST	INVESTOR - OWNER	INVESTOR - OWNER	

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

OATH

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.

Christopher Allan Wolfe
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed to by CHRISTOPHER ALLAN WOLFE 29th day of

June, 2013
My Commission # DD 961242
EXPIRES: February 14, 2014
Bonded Thru Budget Notary Services

(Signature of Notary Public--State of Florida)

Christopher Allan Wolfe
MY COMMISSION # DD 961242
EXPIRES: February 14, 2014
(Print, Type, or Stamp the Name of Notary Public)
Bonded Thru Budget Notary Services

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.