

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/29/2025

General Information

Name: Hon Alina Garcia

PID 72861

AGENCY INFORMATION

Organization	Suborganization	Title
Miami-Dade County	Elected Constitutional Officer	

Net Worth

My Net Worth as of December 31, 2024 was \$ 2,111,530.72.

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 \$ 150,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
1053/1055 SW 29 AVENUE, MIAMI, FL 33135 (DUPLEX RENTAL 50% OWNED)	\$ 335,000.00
4376/4378 NW 7 STREET, MIAMI, FL 33126 (DUPLEX RENTAL 50% OWNED)	\$ 315,000.00
1063/1065 SW 29 AVENUE, MIAMI, FL 33135 (DUPLEX RENTAL)	\$ 525,000.00
34 NW 56 COURT, MIAMI, FL 33126 (TOWNHOUSE RENTAL)	\$ 325,000.00
36 NW 56 COURT, MIAMI, FL 33126 (TOWNHOUSE RENTAL)	\$ 375,000.00
DAZ PROPERTIES, LLC, 8886 SW 6 STREET, MIAMI, FL 33174 (38% OWNERSHIP)	\$ 350,000.00
BANK OF AMERICA, CHECKING & SAVINGS ACCOUNT, 7400 W FLAGLER STREET, MIAMI, FL 33144	\$ 193,399.47
CHASE BANK, CHECKING ACCOUNT, 8534 SW 8 STREET, MIAMI, FL 33144	\$ 241,712.25
AUTO-2022 MERCEDES BENZ GLE 350W	\$ 55,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
MR. COOPER (DUPLEX RENTAL 4376/4378)	PO BOX 818060, 5901 POSTAL ROAD, CLEVELAND, OH 44181	\$ 208,700.00
MR. COOPER (DUPLEX RENTAL 1063/1065)	PO BOX 818060, 5901 POSTAL ROAD, CLEVELAND, OH 44181	\$ 205,001.00
UNITED WHOLESALE MORTGAGE (TOWNHOUSE RENTAL 34)	PO BOX 77404, EWING, NJ 08628	\$ 134,125.00
WELLS FARGO BANK MORTGAGE (TOWNHOUSE RENTAL 36)	PO BOX 14411, DES MOINES, IA 50306	\$ 170,200.00
MERCEDES BENZ FINANCIAL (AUTO)	PO Box 5209, CAROL STREAM, IL 60197	\$ 35,555.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

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 2024 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 2024 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
FRS PENSION (PENSION BENEFITS)	3189 S BLAIR STONE ROAD, TALLAHASSEE, FL 32301	\$ 21,839.76
NET RENTAL INCOME (SCHEDULE E-1040)	VARIOUS RENTAL PROPERTIES	\$ 20,000.00
DAZ PROPERTIES LLC, K-1 DISTRIBUTIVE INCOME (K-1)	8886 SW 6 STREET, MIAMI, FL 33174	\$ 10,000.00
STATE OF FLORIDA (W-2)	2000 E GAINES STREET, TALLAHASSEE, FL 32399-0356	\$ 21,470.97
SOCIAL SECURITY ADMINISTRATION (SOCIAL SECURITY BENEFITS)	1100 WEST HIGH RISE, BALTIMORE, MD 21235	\$ 25,408.40
BANK OF AMERICA (INTEREST)	7400 W FLAGLER STREET, MIAMI, FL 33144	\$ 1,644.50
BANK OF AMERICA (IRA DISTRIBUTION)	7400 W FLAGLER STREET, MIAMI, FL 33144	\$ 26,872.00

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
N/A			

Interests in Specified Businesses**Business Entity # 1**

N/A

Training

This section applies only to a Constitutional or elected municipal officer, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

- ☒ I certify that I have completed the required training under Section 112.3142, F.S.
- ☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

CPA/Attorney Signature Only

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, **Jose A Riesco CPA** prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Jose A Riesco CPA

Digitally signed: 06/29/2025

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

Alina Garcia

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