

## 2025 Form 6F - Final Full and Public Disclosure of Financial Interests

Filed with COE: 02/10/2026

### General Information

Name: Hon James Bush III

PID 223294

THE LAST DAY OF MY PUBLIC OFFICE OR POSITION WAS: 12/12/2025

### AGENCY INFORMATION

| Organization         | Suborganization | Title        |
|----------------------|-----------------|--------------|
| Commission On Ethics | Governing Board | Commissioner |

### Net Worth

My Net Worth as of December 12, 2025 was \$ 190,000.00.

### 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.

The aggregate value of my household goods and personal effect is \$ 49,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| Description of Asset               | Value of Asset |
|------------------------------------|----------------|
| 3015 NW 49th Street, Miami Florida | \$ 160,000.00  |
| 4900 NW 30th Avenue, Miami Florida | \$ 125,000.00  |

**Liabilities**

LIABILITIES IN EXCESS OF \$1,000:

| Name of Creditor | Address of Creditor | Amount of Liability |
|------------------|---------------------|---------------------|
| Chase Bank       | Miami, Florida      | \$ 40,000.00        |
| Lincoln Doral    | Doral, Florida      | \$ 33,000.00        |

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

**Income**

Please complete the following statement identifying each separate source and amount of income which exceeded \$1,000 received during the period from January 1, 2025, through the last date you held the office or position, including secondary sources of income.

PRIMARY SOURCES OF INCOME:

| Name of Source of Income Exceeding \$1,000 | Address of Source of Income                    | Amount        |
|--------------------------------------------|------------------------------------------------|---------------|
| Social Security Administration             | P. O. Box 6620, Wilkes-Barre, PA               | \$ 30,000.00  |
| School Board of Miami Dade County FL       | 1450 NE 2nd Avenue - Room 614, Miami, FL 33132 | \$ 106,000.00 |

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

**Signature of Reporting Official or Candidate**

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

***James Bush III***

Digitally signed: 02/10/2026

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