2025 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/04/2026

General Information

Name: Maria Teresa Rojas

PID 62224

AGENCY INFORMATION

Organization	Suborganization	Title
Miami-Dade County Public Schools	Elected Constitutional Officer	Board Member

Net Worth

My Net Worth as of December 31, 2025 was $ 3,793,779.27.

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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 $ 40,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

Description of Asset	Value of Asset
CITY NATIONAL BANK, 2855 LEJEUNE ROAD, CORAL GABLES, FL 33134, (CHECKING ACCOUNT)	$ 188,273.99
EDFED, PO BOX 830310, MIAMI, FL 33283, (SAVINGS ACCOUNT)	$ 82,891.38
MDCPS - VOYA FINANCIAL, PO BOX 5050, MINOT, ND 58702- CONTRACT ID:CONVTS0065**5E1 (FIXED ANNUITY)	$ 161,064.21
MDCPS - VOYA FINANCIAL, PO BOX 5050, MINOT, ND 58702- CONTRACT ID:CONVTS0065**5EF (FIXED ANNUITY)	$ 80,378.44
MDCPS - VOYA FINANCIAL, PO BOX 5050, MINOT, ND 58702- CONTRACT ID:CONVTS0065**5RR (FIXED ANNUITY)	$ 251,026.53
CLEAR SPRING LIFE - SINGLE PREMIUM DEFERRED ANNUITY, 10555 GROUP 1001 WAY, ZIONSVILLE, IN 46077 (IRA)	$ 190,554.04
612 VELARDE AVE, CORAL GABLES, FL 33134 (PERSONAL RESIDENCE)	$ 1,750,000.00
19201 COLLINS AVE #310, SUNNY ISLES BEACH, FL 33160 (SECOND HOME)	$ 265,000.00
DUPLEX (50% OWNED-INHERITED), 6231 SW 21 STREET, MIAMI, FL 33155 (RENTAL PROPERTY)	$ 200,000.00
AUTOMOBILE	$ 40,000.00
MDCPS DEFERRED COMP PLAN- SHORT TERM NATIONWIDE FIXED FUND (EST BALANCE) (457b)	$ 537,500.00
MARCUS/GOLDMAN SACHS, PO BOX 70379, PHILADELPHIA, PA 19176, I/T/F DAUGHTER (SAVINGS ACCOUNT)	$ 101,790.68

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Liabilities

LIABILITIES IN EXCESS OF $1,000:

Name of Creditor	Address of Creditor	Amount of Liability
JP MORGAN CHASE BANK (HELOC)	700 KANSAS LANE, MONROE, LA 71203	$ 83,000.00
MERCEDES BENZ FINANCIAL SERVICES (AUTO LEASE)	PO BOX 961, ROANOKE, TX 76262	$ 11,700.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

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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 2025 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 2025 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
THE SCHOOL BOARD OF MIAMI DADE COUNTY (W-2)	1450 NE 2ND AVE, MIAMI, FL 33132	$ 55,556.31
SOCIAL SECURITY BENEFITS, SOCIAL SECURITY ADMINISTRATION (SSA-1099)	PO BOX 33026, BALTIMORE, MD 21290	$ 41,519.00
FLORIDA RETIREMENT SYSTEM (1099-R)	PO BOX 9000, TALLAHASSEE, FL 32315	$ 88,994.58
DUPLEX (50% OWNED-INHERITED)-RENTAL INCOME (FORM 1040-SCHEDULE E)	6231 SW 21 STREET, MIAMI, FL 33155	$ 2,200.00
BANK INTEREST INCOME (FORM 1040-SCHEDULE B)	2701 S. LEJEUNE ROAD, MIAMI, FL 33134	$ 2,967.00

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

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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: **06/04/2026**

Filed with COE: 06/04/2026

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.

Maria Teresa Rojas

Digitally signed: **06/04/2026**

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