2025 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 07/02/2026

General Information

Name: Hon Rene Garcia

PID 43980

AGENCY INFORMATION

Organization	Suborganization	Title
Miami-Dade County	Elected Constitutional Officers	Commissioner
Miami-Dade County	Miami International Airport	TPO Board Member
Miami-Dade County	Naranja Lakes Community Redevelopment Agency (CRA)	Board Member
Miami-Dade Transportation Planning Organization (TPO)	Governing Board	TPO Board Member
Office of Governor-(Boards)	Children and Youth Cabinet	TPO Board Member
South Florida Regional Planning Council	Board of Supervisors	Council Member

Net Worth

My Net Worth as of December 31, 2025 was $ 1,642,000.00.

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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 $ 5,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

Description of Asset	Value of Asset
4911 Heritage Park Blvd Tallahassee, Fl	$ 342,300.00
10610 SW 158 Ct Miami, FL apt 105	$ 281,600.00
Mission Square 401A	$ 270,000.00
Stocks	$ 225,000.00
cash	$ 25,000.00
217 E 63 Street	$ 650,100.00

Liabilities

LIABILITIES IN EXCESS OF $1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Dade County Credit Union	111 NW 1 street, Miami FL	$ 40,000.00
American Express (credit card)	200 Vesey Street, New York, NY	$ 8,000.00
1st National Bank	1160 E Main, Lebanon OH 45036	$ 100,000.00
Navient Solutions	2001 Edmund Halley Dr., Reston Va	$ 9,000.00

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
Board of County Commission	111 NW 1 street, Miami, FL 33132	$ 6,000.00
New Century Partnership	8000 SW 117 Avenue, Miami, Fl	$ 285,750.00

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			

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Interests in Specified Businesses

Business Entity # 1	
Name of Business Entity	Sierra Medical
Address of Business Entity	16351 NW 67 Avenue
Principal Business Activity	health care services
Postion Held with Entity	Chief Executive Officer
I own more than a 5% Interest in the Business	Yes
Nature of my Ownership Interest	presiding officer

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.

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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.

Rene Garcia

Digitally signed: **07/02/2026**

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