# 2022 Form 6 - Full and Public Disclosure of Financial Interests

**Filed with COE: 07/03/2023**

## General Information

Name: Hon Lucia Baez-Geller

Address: 2050 NE 140th St, North Miami Beach, FL 33181 **PID 287797**

County: Miami-Dade

### AGENCY INFORMATION

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

## Net Worth

My Net Worth as of December 31, 2022 was -$ 6,476.98.

## 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 $ 13,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

| Description of Asset | Value of Asset |
|---|---|
| Chase Bank Checking | $ 2,305.37 |
| AIG 403(b) account | $ 52,005.00 |

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## Liabilities

LIABILITIES IN EXCESS OF $1,000:

| Name of Creditor | Address of Creditor | Amount of Liability |
|---|---|---|
| Navient (Student Loan) | P.O. Box 9500, Wilkes-Barre, PA 18733-9500 | $ 67,430.00 |

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.

☐ I elect to file a copy of my 2022 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 |
|---|---|---|
| School Board of Miami-Dade County Salary | 1450 NE 2nd Ave, Miami, FL 33132 | $ 47,500.00 |
| St. Patrick's Church | 3716 Garden Avenue, Miami Beach, FL 33140 | $ 10,800.00 |

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

| Business Entity | Major Sources of Business Income | Address | Principal Business Activity of Source |
|---|---|---|---|
| N/A | | | |

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## Interests in Specified Businesses

| Business Entity # 1 |
| --- |
| N/A |

## Training

☑ 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.

## 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.

***Lucia Baez-Geller***

Digitally signed: **07/03/2023**

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