

## 2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 05/23/2024

### General Information

Name: Hon Rene Garcia

PID 43980

### AGENCY INFORMATION

| Organization                                          | Suborganization                | Title            |
|-------------------------------------------------------|--------------------------------|------------------|
| Miami-Dade County                                     | Elected Constitutional Officer | Commissioner     |
| Miami-Dade County                                     | Miami International Airport    | TPO 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   |

### CANDIDATE FOR

| Position          | Agency Name                                  | Position sought or held |
|-------------------|----------------------------------------------|-------------------------|
| County Commission | Miami-Dade County Board of County Commission | District 13             |

### Net Worth

My Net Worth as of December 31, 2023 was \$ 775,468.00.

**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, whether owned or leased.

The aggregate value of my household goods and personal effect is N/A.

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

| Description of Asset                    | Value of Asset |
|-----------------------------------------|----------------|
| 4911 Heritage Park Blvd Tallahassee, FL | \$ 336,300.00  |
| 10610 SW 158 Ct Miami Fl                | \$ 301,600.00  |
| Mission Square 401A                     | \$ 140,000.00  |
| Stocks                                  | \$ 164,000.00  |
| cash                                    | \$ 20,000.00   |

**Liabilities****LIABILITIES IN EXCESS OF \$1,000:**

| Name of Creditor               | Address of Creditor               | Amount of Liability |
|--------------------------------|-----------------------------------|---------------------|
| Dade County Credit Union       | 111 NW 1 street                   | \$ 55,000.00        |
| American Express (credit card) | 200 Vesey Street, New York, NY    | \$ 7,000.00         |
| 1st National Bank              | 1160 E Main, Lebanon OH 45036     | \$ 110,432.00       |
| Navient Solutions              | 2001 Edmund Halley Dr., Reston Va | \$ 14,000.00        |

**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 2023 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 2023 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    | \$ 278,750.00 |

## 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                     |                                           |                   |                                       |

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

|                                                      |                         |
|------------------------------------------------------|-------------------------|
| <b>Name of Business Entity</b>                       | Sierra Medical          |
| <b>Address of Business Entity</b>                    | 16351 NW 67 Avenue      |
| <b>Principal Business Activity</b>                   | health care services    |
| <b>Postion Held with Entity</b>                      | Chief Executive Officer |
| <b>I own more than a 5% Interest in the Business</b> | Yes                     |
| <b>Nature of my Ownership Interest</b>               | 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.

**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: 05/23/2024

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