

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/14/2024

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, 2023 was \$ 2,533,483.61.

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 \$ 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	\$ 157,789.62
EDFED, PO BOX 830310, MIAMI, FL 33283 SAVINGS ACCOUNT	\$ 80,047.32
MDCPS - VOYA FINANCIAL, PO BOX 5050, MINOT, ND 58702- CONTRACT ID:CONVTS0065**5E1 (FIXED ANNUITY)	\$ 151,818.47
MDCPS - VOYA FINANCIAL, PO BOX 5050, MINOT, ND 58702- CONTRACT ID:CONVTS0065**5EF(FIXED ANNUITY)	\$ 75,764.39
MDCPS - VOYA FINANCIAL, PO BOX 5050, MINOT, ND 58702- CONTRACT ID:CONVTS0065**5RR(FIXED ANNUITY)	\$ 235,734.18
IRA- CBLIFE, 2327 ENGLERT DRIVE, DURHAM, NC, 27713- CONTRACT ID:*****256 (FIXED ANNUITY)	\$ 176,829.63
612 VERLARDE AVE, CORAL GABLES, FL 33134 (PERSONAL RESIDENCE)	\$ 1,500,000.00
19201 COLLINS AVE #310, SUNNY ISLES BEACH, FL 33160 (SECOND HOME)	\$ 250,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
SLS (HOME MORTGAGE)	8742 LUCENT BLVD, HIGHLANDS RANCH, CO 80129	\$ 40,000.00
CHASE BANK (HELOC)	PO BOX 469030, GLENDALE, CO 80246	\$ 83,000.00
JAGUAR FINANCIAL GROUP (AUTO LEASE)	PO BOX 78058, PHOENIX, AZ 85062-8058	\$ 11,500.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

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
THE SCHOOL BOARD OF MIAMI DADE COUNTY	1450 NE 2ND AVE, MIAMI, FL 33132	\$ 51,705.00
SOCIAL SECURITY BENEFITS, SOCIAL SECURITY ADMINISTRATION	PO BOX 33026, BALTIMORE, MD 21290	\$ 39,215.00

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			

Business Entity # 1
N/A

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: 06/14/2024

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: 06/14/2024

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