

**MIAMI-DADE COUNTY
CANDIDATE OATH –
NONPARTISAN OFFICE**

OFFICE USE ONLY

(Do not use this form if a Judicial or School Board Candidate)

Proof of residency provided:

Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate

- Driver's License Utility Bill
 Voter Information Card Homestead Exemption Receipt
 Property Tax Receipt Lease Agreement

CANDIDATE OATH

(Section 99.021, Florida Statutes)

I, RENE GARCIA

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box . (See page 2 – Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of MIAMI DADE COUNTY COMMISSIONER, 13
(Office) (District/Group/Seat #)

I am a qualified elector of Miami-Dade County, Florida; I am qualified under the Constitution and the Laws of Florida and the Home Rule Charter of Miami-Dade County to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

I affirm that I am a resident of Miami-Dade County, meet the minimum residency requirements for this office, and submitting proof of my residency in the district for the prescribed period. Under penalties of perjury, I declare that I have read the foregoing Oath of Candidate and that the facts stated in such are true.

Candidate's Florida Voter Registration Number (located on your voter information card): 109425970

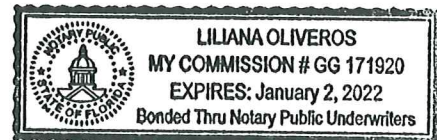
Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

ruh-ray GAAR-SEE-UH

X [Signature] (305) 824-5058 rene@vote4renegarcia.com
Signature of Candidate Telephone Number Email Address

217 E. 63RD. ST. MIAMI FL. 33013
Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF Miami-Dade



Sworn to (or affirmed) and subscribed before me by physical or
online presence this 2nd day of June, 2020.

Personally Known: or

Produced Identification: _____

Type of Identification Produced: _____

[Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public



RECEIVED
2020 JUN -2 PM 4: 06
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

OF FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below.

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

GARCIA RENE

MAILING ADDRESS:

217 E. 63RD ST.

CITY: ZIP: COUNTY:

HIACLEAH, FL. 33013 MIAMI DADE

NAME OF AGENCY:

MIAMI DADE COUNTY

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

MIAMI DADE COUNTY COMMISSIONER, DISTRICT 13

CHECK IF THIS IS A FILING BY A CANDIDATE

RECEIVED
2020 JUN -2 PM 4: 06
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2019 or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of DECEMBER 31, 20 19 was \$ 240,000.

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

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 effects (described above) is \$ 25,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| DESCRIPTION OF ASSET (specific description is required - see instructions p.4) | VALUE OF ASSET |
|--|----------------|
| CONDO 10610 SW 158 th CT. #105 MIAMI, FL. 33196 | 180,000 |
| HOUSE 4911 HERITAGE PARK BLVD. TALLAHASSEE, FL. 32311 | 220,000 |
| STIFEL RETIREMENT ACCOUNT 501 NORTH BROADWAY ST. LOUIS, MO 63102 | 75,000 |
| CHECKING ACCOUNT CHASE ACCT. 3415 VISION DR. COLUMBUS, OH 43219 | 28,000 |

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|--|---------------------|
| HOUSE CHASE MORTGAGE 3415 VISION DR. COLUMBUS, OH 43219 | 62,000 |
| CONDO OCWEN 1661 WORTHINGTON RD. SUITE 100 WEST PALM FL. 33409 | 115,000 |
| STUDENT LOAN NAVIENT P.O. BOX 9500 WILKES PA 18773 | 23,000 |

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|------------------------------|---------------------|
| N/A | |

PART D -- 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 2019 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 2019 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2019 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

| NAME OF SOURCE OF INCOME EXCEEDING \$1,000 | ADDRESS OF SOURCE OF INCOME | AMOUNT |
|--|---|---------|
| NEW CENTURY PARTNERSHIP | 800 SW 117 th AVE MIAMI, FL. 33183 | 170,000 |

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

| NAME OF BUSINESS ENTITY | NAME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS OF SOURCE | PRINCIPAL BUSINESS ACTIVITY OF SOURCE |
|-------------------------|---|-------------------|---------------------------------------|
| N/A | | | |

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

| | BUSINESS ENTITY # 1 | BUSINESS ENTITY # 2 | BUSINESS ENTITY # 3 |
|--|---------------------|---------------------|---------------------|
| NAME OF BUSINESS ENTITY | N/A | N/A | |
| ADDRESS OF BUSINESS ENTITY | | | |
| PRINCIPAL BUSINESS ACTIVITY | | | |
| POSITION HELD WITH ENTITY | | | |
| DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | | | |
| NATURE OF MY OWNERSHIP INTEREST | | | |

PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

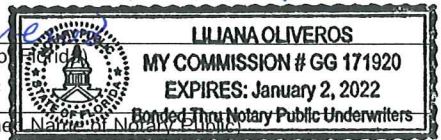
STATE OF FLORIDA

COUNTY OF Miami Dade

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 2nd day of

June, 2020 by Rene Garcia

(Signature of Notary Public--State of Florida)



(Print, Type, or Stamp Commission Name)

Personally Known OR Produced Identification

Type of Identification Produced _____

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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, _____, 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.

Signature _____ Date _____

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE



Elections
2700 NW 87th Avenue
Miami, Florida 33172
T 305-499-8683 F 305-499-8547
TTY 305-499-8480

miamidade.gov

CERTIFICATION Batch 1

STATE OF FLORIDA)

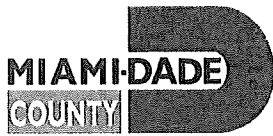
COUNTY OF MIAMI-DADE)

I, Christina White, Supervisor of Elections of Miami-Dade County, Florida, do hereby certify that 388 signatures submitted by Rene Garcia for the office of Miami-Dade County Commissioner District 13 matched the signatures on the voter files.

WITNESS MY HAND
AND OFFICIAL SEAL,
AT MIAMI, MIAMI-DADE
COUNTY, FLORIDA,
ON THIS 23rd DAY OF
APRIL, 2020

A handwritten signature in black ink that reads "Christina White" with a flourish at the end.

Christina White
Supervisor of Elections



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Miami, Florida 33172
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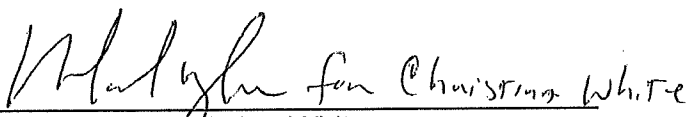
CERTIFICATION Batch 2

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

I, Christina White, Supervisor of Elections of Miami-Dade County, Florida, do hereby certify that **748** signatures submitted by **Rene Garcia** for the office of **Miami-Dade County Commissioner District 13** matched the signatures on the voter files.

WITNESS MY HAND
AND OFFICIAL SEAL,
AT MIAMI, MIAMI-DADE
COUNTY, FLORIDA,
ON THIS 23rd DAY OF
APRIL, 2020



Christina White
Supervisor of Elections



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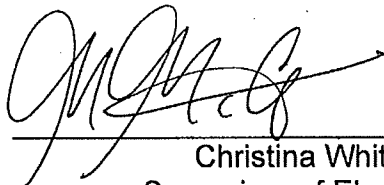
CERTIFICATION Batch 3

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

I, Christina White, Supervisor of Elections of Miami-Dade County, Florida, do hereby certify that 504 signatures submitted by Rene Garcia for the office of Miami-Dade County Commissioner District 13 matched the signatures on the voter files.

WITNESS MY HAND
AND OFFICIAL SEAL,
AT MIAMI, MIAMI-DADE
COUNTY, FLORIDA,
ON THIS 28th DAY OF
APRIL, 2020



Christina White *for*
Supervisor of Elections