

FORM 6

**FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTEREST**

RECEIVED 2013

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

LAST NAME — FIRST NAME — MIDDLE NAME:
Garcia, Rene

MAILING ADDRESS:
217 East 63rd Street

CITY: Hialeah ZIP: 33013 COUNTY: Miami-Dade

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
State Senate District #38

CHECK IF THIS IS A FILING BY A CANDIDATE

2014 JUN -4 PM 3: 12
DIVISION OF ELECTIONS
TALLAHASSEE, FL
43980

PROCESSED

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2013, 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 13 was \$ 65,000.00

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.

The aggregate value of my household goods and personal effects (described above) is \$ 20,000.00

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 Court Unit #105 Miami, FL 33196	\$95,000.00
House- 4911 Heritage Park Blvd. Tallahassee, FL 32311	\$170,000.00
Annuity- Northwest Mutual 720 E. Wisconsin Ave. Milwaukee, WI 53202	\$20,966.55
Checking Account- Chase Bank 3415 Vision Dr. Columbus, OH 43219	\$7,650.00
Stocks- Merrill Lynch P.O. Box 1501 Pennigton, NJ 08534 (GE- General Electric Company)	\$12,075.01

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Chase Mortgage- 3415 Vision Dr. Columbus, OH 43219	\$85,000.00
GMAC Mortgage- 3451 Hammond Ave. Waterloo, IA 50702	\$117,000.00
Sallie Mae Student Loan- P.O. Box 9532 Wilkes Barres, PA. 18773	\$25,000.00
Ally Auto Loan- P.O. Box 380902 Bloomington, MN. 55438	\$6,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2013 federal income tax return, including all W2's, schedules, and attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2013 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2013 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
Dade Medical College	95 Merrick Way Coral Gables, FL 33134	\$120,000.00
State of Florida	200 E. Gains St. Tallahassee, FL 32311	\$28,206.12
In-Site Martin Media	150 NW 70th Avenue Plantation, FL 33317	\$4,000.00

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

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

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

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

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 this 20th day of

May, 2014 by Liliana Oliveros

Liliana Oliveros
 (Signature of Notary Public--State of Florida)
 Notary Public State of Florida
 Liliana Oliveros
 My Commission EE001688
 Expires 06/16/2014

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification

Type of Identification Produced _____

[Signature]
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.