

2025 Form 6 - Full and Public Disclosure of Financial Interests

General Information

Name: Mr Justin Mendoza-Routt

Organization

Suborganization

Title

N/A

CANDIDATE FOR

Position

Agency Name

Position sought or held

State Representative

Florida House of Representatives

District 113

Net Worth

My Net Worth as of December 31, 2025 was \$ 899,600.00.

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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.

The aggregate value of my household goods and personal effect is \$ 20,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
6601 NW 1st Place Miami, FL 33157	\$ 750,000.00
Cash	\$ 12,000.00
Bonds (BMALT 20078 4A1)	\$ 12,300.00
Bonds (CSFB 200510 XA1)	\$ 13,600.00
Bonds (CWALT 200517 1A3)	\$ 1,100.00
Bonds (CWALT 200532T1 A6)	\$ 20,400.00
Bonds (CWALT 200624CB A4)	\$ 22,100.00
Bonds (IMPAC CMB TR 20044 2M1)	\$ 25,400.00
Bonds (MALTA 20061 A4)	\$ 17,100.00
Bonds (MSMLT 20057 4A3)	\$ 5,900.00
Bonds (PHMLT 1993A A3)	\$ 7,700.00
Stocks (UPST)	\$ 42,000.00
Stocks (SPY)	\$ 112,000.00
Stocks (IWM)	\$ 81,000.00
Stocks (Citi)	\$ 21,000.00

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Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Planet Home Lending	321 Research Parkway Suite 303. Meriden, CT 06450	\$ 232,000.00

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 2025 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 2025 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
See Attached		

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
See Attached			

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Hand Delivered

Interests in Specified Businesses

Business Entity # 1

N/A

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.

Justin Mendoza Routt

Digitally signed: 06/09/2026

Hand Delivered

RECEIVED

2026 JUN 10 AM 11:37

DIVISION OF ELECTIONS
TALLAHASSEE, FL

OMB No. 1545-0029

d Control Number [REDACTED]	1 Wages, tips, other compensation 78730.94	2 Federal income tax withheld 13577.41
b Employer identification number (EIN) [REDACTED]	3 Social security wages 78730.94	4 Social security tax withheld 4881.36
a Employee's social security number [REDACTED]	5 Medicare wages and tips 78730.94	6 Medicare tax withheld 1141.57

c Employer's name, address and ZIP code
INSPERITY PEO SERVICES, L.P.
TIGER VALUATION SERVICES LLC
[REDACTED]

7 Social security tips	8 Allocated tips	9 [REDACTED]
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 Code DD 4152.27
12b Code [REDACTED]	12c Code [REDACTED]	12d Code [REDACTED]
13 Statutory employee	Retirement plan	Third-party sick pay
14 Other		

c Employee's name, address and ZIP code
JUSTIN MICHAEL ROUTT
[REDACTED]

2025
Form W-2

15 State Employer's state ID. no. [REDACTED]	16 State wages, tips, etc. [REDACTED]
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Wage and Tax Statement
Copy C - For EMPLOYEE'S
RECORDS (See Notice to
Employee on back of Copy B.)

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Department of the Treasury -
Internal Revenue Service

17 State income tax [REDACTED]	18 Local wages, tips, etc. [REDACTED]
19 Local income tax [REDACTED]	20 Locality name [REDACTED]

For the year Jan. 1–Dec. 31, 2025, or other tax year beginning , 2025, ending , 20 See separate instructions.

☐ Filed pursuant to section 301.9103-2 ☐ Combat zone ☐ Deceased ☐ Spouse
☐ Other

Your first name and middle initial
Justin
 Last name
Routt
 Your social security number
 [REDACTED]
 If joint return, spouse's first name and middle initial
 Last name
 Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.
1198 Venetian Way
 Apt. no.
204
 City, town, or post office. If you have a foreign address, also complete spaces below.
Miami Beach
 State
FL
 ZIP code
331391000
 Foreign country name Foreign province/state/country Foreign postal code
 Check here if your main home, and your spouse's if filing a joint return, was in the U.S. for more than half of 2025. ☐
 Presidential Election Campaign
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
☒ You ☐ Spouse

Filing Status ☒ Single ☐ Head of household (HOH)
☐ Married filing jointly (even if only one had income) ☐ Qualifying surviving spouse (QSS)
☐ Married filing separately (MFS). Enter spouse's SSN above and full name here: If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:
☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required):

Digital Assets At any time during 2025, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Dependents	Dependent 1	Dependent 2	Dependent 3	Dependent 4
(1) First name				
(2) Last name				
(3) SSN				
(4) Relationship				
(5) Check if lived with you more than half of 2025	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.
(6) Check if	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled
(7) Credits	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents

☐ Check if your filing status is MFS or HOH and you lived apart from your spouse for the last 6 months of 2025, or you are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you did not live in the same household as your spouse at the end of 2025.

Income	1a Total amount from Form(s) W-2, box 1 (see instructions)	1a	78,731.
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.	b Household employee wages not reported on Form(s) W-2	1b	
	c Tip income not reported on line 1a (see instructions)	1c	
	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
	e Taxable dependent care benefits from Form 2441, line 26	1e	
	f Employer-provided adoption benefits from Form 8839, line 31	1f	
	g Wages from Form 8919, line 6	1g	
	h Other earned income (see instructions). Enter type and amount:	1h	0.
	i Nontaxable combat pay election (see instructions)	1i	
	z Add lines 1a through 1h	1z	78,731.
Attach Sch. B if required.	2a Tax-exempt interest	2a	
	3a Qualified dividends	3a	
	c Check if your child's dividends are included in 1 ☐ Line 3a	2 ☐ Line 3b	
	4a IRA distributions	4a	
	c Check if (see instructions)	2 ☐ QCD 3 ☐	
	5a Pensions and annuities	5a	
	c Check if (see instructions)	2 ☐ PSO 3 ☐	
	6a Social security benefits	6a	
	b Taxable amount	6b	
	c If you elect to use the lump-sum election method, check here (see instructions)		
	d If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here		
	7a Capital gain or (loss). Attach Schedule D if required	7a	
	b Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)		
	8 Additional income from Schedule 1, line 10	8	
	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income	9	78,731.
	10 Adjustments to income from Schedule 1, line 26	10	
	11a Subtract line 10 from line 9. This is your adjusted gross income	11a	78,731.

Tax and Credits	11b	Amount from line 11a (adjusted gross income)	11b	78,731.
	12a	Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent		
	b	☐ Spouse itemizes on a separate return c ☐ You were a dual-status alien		
	d	You: ☐ Were born before January 2, 1961 ☐ Are blind Spouse: ☐ Was born before January 2, 1961 ☐ Is blind		
Standard deduction for—	e	Standard deduction or itemized deductions (from Schedule A)	12e	15,750.
• Single or Married filing separately, \$15,750	13a	Qualified business income deduction from Form 8995 or Form 8995-A	13a	
• Married filing jointly or Qualifying surviving spouse, \$31,500	b	Additional deductions from Schedule 1-A, line 38	13b	
• Head of household, \$23,625	14	Add lines 12e, 13a, and 13b	14	15,750.
• If you checked a box on line 12a, 12b, 12c, or 12d, see inst.	15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your taxable income	15	62,981.
	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	8,769.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	8,769.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	8,769.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	8,769.

Payments and Refundable Credits	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	13,577.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	13,577.
	26	2025 estimated tax payments and amount applied from 2024 return	26	

		If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions):		
If you have a qualifying child, you may need to attach Sch. EIC.	27a	Earned income credit (EIC)	27a	
	b	Clergy filing Schedule SE (see instructions)		☐
	c	If you do not want to claim the EIC, check here		☐
	28	Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here ☐	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Refundable adoption credit from Form 8839, line 13	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27a, 28, 29, 30, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	13,577.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	4,808.
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ☐	35a	4,808.
Direct deposit? See instructions.	b	Routing number XXXXXXXXXX c Type: ☒ Checking ☐ Savings		
	d	Account number XXXXXXXXXX		
	36	Amount of line 34 you want applied to your 2026 estimated tax	36	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions. ☐ Yes. Complete below. ☒ No		
	Designee's name	Phone no.	Personal identification number (PIN)

Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Your signature	Date	Your occupation	If the IRS sent you an identity Protection PIN, enter it here (see inst.)
			Appraiser	
Joint return? See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an identity Protection PIN, enter it here (see inst.)
	Phone no. (786) 338-8417	Email address		

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
	Firm's name Self-Prepared	Firm's EIN			Phone no.
	Firm's address				