

**FORM 6 FULL AND PUBLIC DISCLOSURE OF 2012**

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

**FINANCIAL INTERESTS**

FOR OFFICE USE ONLY:

245618

COMMISSION ON ETHICS  
DATE RECEIVED  
JUN 28 2013

**PROCESSED**

LAST NAME — FIRST NAME — MIDDLE NAME:  
Rodriguez, Jose Javier

MAILING ADDRESS:  
P.O. Box 310314

CITY : ZIP : COUNTY :  
Miami 33231 Miami-Dade

NAME OF AGENCY :  
Florida Legislature

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
State Representative, District 112

CHECK IF THIS IS A FILING BY A CANDIDATE

**PART A -- NET WORTH**

Please enter the value of your net worth as of December 31, 2012, 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 May 1st, 20 13 was \$ 74,891.97

**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 \$ 6,700

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

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
(see attached schedule)	

**PART C -- LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
(see attached schedule)	

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
n/a	

**PART D -- INCOME**

You may ***EITHER*** (1) file a complete copy of your 2012 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 2012 federal income tax return and all W2's, schedules, and attachments.  
 [If you check this box and attach a copy of your 2012 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
Clyne & Associates, P.A.	Ponce de Leon Blvd. Ste 210 Coral Gables, FL 33134	\$16,492.50
Jose Javier Rodriguez, P.A.	P.O. Box 310314 Miami, FL 33231	\$3,493.00
State of Florida	The Capitol, Tallahassee, FL 32399	\$4,311.85

**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		
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   Brevard  

Sworn to (or affirmed) and subscribed before me this   26   day of

  June  , 20  13   by   Jose Javier Rodriguez  

*[Signature]*  
 (Signature of Notary Public--State of Florida)



**RICE**  
 COMMISSION # DD927436  
 Expires September 23, 2013  
 www.flnotary.com

(Print, Type, or Stamp Commission Number and Name of Notary Public)

Personally Known   X   OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

*[Signature]*  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

**FILING INSTRUCTIONS** for when and where to file this form are located at the top of page 3.  
**INSTRUCTIONS** on who must file this form and how to fill it out begin on page 3.  
**OTHER FORMS** you may need to file are described on page 6.

**ADDENDUM TO 2012 CE FORM 6 FOR JOSE JAVIER RODRIGUEZ**

**PART B ASSETS**

Description	Value
Single family home (1683 SW 17 St Miami, FL)	\$271,704.00
Retirement Accnt (Fidelity Investments)	\$25,853.84
Mutual funds/retirement Accnt (Mutual of America)	\$29,791.06
Savings Accnt (BB&T)	\$10,414.00
Savings Accnt (Emigrant Direct)	\$13,418.46
Interest in Corp. (Jose Javier Rodriguez, P.A.) (liquidation value)	\$4,113.00

**PART C LIABILITIES**

Name and Address of Creditor	Amount of Liability
Bank of America Home Loans (mortgage) PO Box 650070 Dallas, TX 75265	\$213,691.96
Fifth Third Bank (car loan) 5050 Kingsley Dr., Cincinnati, OH 45263	\$4,663.13
Direct Loans (student loan) US Dept. of Education 400 Maryland Ave SW, Washington, DC	\$41,618.11
Citibank (student loan) P.O. Box 6191 Sioux Falls, SD 57117-6191	\$22,612.92
Harvard University (student loan) 1033 Massachusetts Ave., Cambridge, MA 02138	\$4,516.27