

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
DeSantis - Ronald - Dion

PROCESSED

MAILING ADDRESS:
610 South Boulevard

275100

RECEIVED
SECRETARY OF STATE

19 JUN 21 AM 9:43

CITY: Tampa, FL ZIP: 33606 COUNTY: Hillsborough

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
Governor

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, 2017 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 17 was \$ 310,971

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 \$ _____

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
600A Bridgewater Cir Ponte Vedra Beach FL 32082	\$ 400,000
12 San Pablo Ct Palm Coast FL 32137	\$ 275,000
Thrift Savings Plan (6-Fund / US Treasuries)	\$ 86,098.71
Other Assets (see attached)	\$ 54,723

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
JG Wentworth 1200 Morris Drive Chesterbrook PA 19087	\$ 267,500
JP Morgan Chase 270 Park Ave. New York City NY 10017	\$ 205,000
Sullic Mae PO Box 3319 Wilmington DE 19804	\$ 35,350

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
USAA 9860 Fredericksburg Rd San Antonio TX 78288 (spouse)	\$ 19,500

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 2017 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 2017 federal income tax return and all W2's, schedules, and attachments
 [If you check this box and attach a copy of your 2017 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
US House of Representatives	US Capitol Washington DC 20004	\$ 174,000
Sharon & Karen Brisson (rental income)	6004 Bridgecenter Cir PUB, FL	\$ 27,500

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			
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.

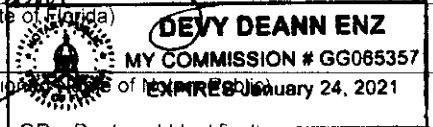
OATH

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 Hillsborough
 Sworn to (or affirmed) and subscribed before me this 20th day of

June, 2018 by Lois De Santis

(Signature of Notary Public--State of Florida)



(Print, Type, or Stamp Commission # and State of Florida)

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.

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

Addendum to CD For 6 – Full and Public Disclosure of Financial Interests for Ron DeSantis

As of December 31, 2017

Part B – Assets

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000 (CONTINUED):

<u>Description of Asset</u>	<u>Value of Asset</u>
Bank Account (USAA Federal Savings Bank)	\$50,500
Stock in Scottrade account (US Steel)	\$1,735
Stock in Scottrade account (SiriusXM)	\$1,488