

HAND DELIVERED

FORM 6**FULL AND PUBLIC DISCLOSURE****2020**

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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
DiCeglie NickMAILING ADDRESS:
374 12th Ave

CITY: Indian Rocks Beach ZIP: 33785 COUNTY: Pinellas

NAME OF AGENCY:
House of RepresentativesNAME OF OFFICE OR POSITION HELD OR SOUGHT:
State Representative District 66CHECK IF THIS IS A FILING BY A CANDIDATE FLORIDA
COMMISSION ON ETHICS
JUN 21 2021
RECEIVED

232974

PROCESSED**PART A -- NET WORTH**Please enter the value of your net worth as of December 31, 2020 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 31st, 2020 was \$ 4,515,179.60.**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 \$ 45,000**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Solar Sanitation, Inc. Clearwater, FL 33% ownership	\$1,681,000
107 8th St. Realty Corporation Brooklyn, NY 50% ownership	\$2,460,150
374 12th Ave Indian Rocks Beach, FL Residential Home - 33785	\$638,000
Total from attachment	\$198,280.33

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Plaza Home Mortgage(mortgage)9808 Scranton Rd Ste 3000 San Diego, CA 92121	\$420,142
US Bank PO BOX 79048 St. Louis MO 63179	\$55,513.74
Mercedes Benz Financial Services PO BOX 685 Roanoke, TX 76262	\$31,595.06

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

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 2020 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 2020 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2020 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
Solar Sanitation, Inc.	15123 63rd St N Clearwater, FL 33758	\$208,000
State of Florida	200 E. Gaines St. Tallahassee, FL 32399	\$26,646.12

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			

PART F - TRAINING

This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S. [See instructions p. 6]

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

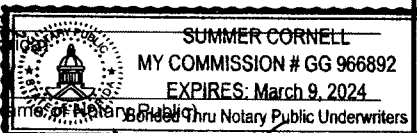
COUNTY OF Pinellas

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 15 day of

June, 2021 by Nick Diceglie

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

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



Personally Known _____ OR Produced Identification

Type of Identification Produced FL DL

[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, Nick Diceglie, 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]

Signature

6-15-2021

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

Assets

Wells Fargo Checking Account San Francisco, CA	\$170,535.26
GTE Federal Credit Union Checking Tampa, FL	\$533.21
Florida Prepaid College Board Tallahassee, FL	\$14,164.02
Florida Prepaid College Board Tallahassee, FL	\$13,047.84