FORM 6	FULL AND PUBLIC DIS	SCLOSURE	2020
Please print or type your name, mailing address, agency name, and position below	OF FINANCIAL INT	ERESTS FOR	R OFFICE USE ONLY:
LAST NAME FIRST NAME MID	DLE NAME:	THAND I	DELIVERE
DeSantis Ronal	d Dion	FLOR	IDA
MAILING ADDRESS:		COMMISSION	ONETHICS
700 North Adams Street			
		JUN 2 1	
CITY:	ZIP: COUNTY:	RECEI	VED
Tallahassee	FL 32303		
NAME OF AGENCY:		27510	١0
Executive Office of the Gover		2/310	
NAME OF OFFICE OR POSITION HE	LD OR SOUGHT :	DD00	FOOED
Governor		_ PROC	ESSED
CHECK IF THIS IS A FILING BY A CA	INDIDATE L		
	PART A NET WORT	Н	
Please enter the value of your	net worth as of December 31, 2020 or a	more current date. [Note:	Net worth is not cal-
culated by subtracting your rep	orted liabilities from your reported assets	s, so please see the instruc	tions on page 3.]
My not worth as of D	ecember 31 , 20 <u>20</u> wa	aa e 348 832 28	
wy het worth as or be	, 20 <u>20</u> Wa	15 \$\psi \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	•
following, if not held for investment	PART B ASSETS  IAL EFFECTS: cts may be reported in a lump sum if their aggrees purposes: jewelry; collections of stamps, guns, a ditems; and vehicles for personal use, whether over	and numismatic items; art objects	category includes any of the s; household equipment and
The aggregate value of my househo	old goods and personal effects (described above) is	s\$	
ASSETS INDIVIDUALLY VALUED AT	OVER \$1,000:		
DESCRIPTION OF A	ASSET (specific description is required - see in	structions p.4)	VALUE OF ASSET
FRS			\$30,302.28
Thrift Savings Plan			\$105,755.00
USAA			\$235,000.00
	PART C LIABILITIE		
LIABILITIES IN EXCESS OF \$1,000 (S		62	
NAME AND ADDRES			AMOUNT OF LIABILITY
Sallie Mae			\$22,225.00
		-	
JOINT AND SEVERAL LIABILITIES N NAME AND ADDRES			AMOUNT OF LIABILITY
None			

		PART D -	- INCOME	5894	
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 2 [If you check this box and a	2020 federal income tax re ttach a copy of your 2020	turn and all W2 tax return, you	's, schedules, and attachments. need not complete the remainder of	Part D.]	
PRIMARY SOURCES OF INCOME	•	ge 5):			
NAME OF SOURCE OF INCOM	E EXCEEDING \$1,000		ADDRESS OF SOURCE OF INCOM	1E	AMOUNT
State of Florida		The Capitol, Tallahassee, FL 32399			\$134,181.24
SECONDARY SOURCES OF INCO	OME [Major customers, cli	ents, etc., of bu	sinesses owned by reporting person-	-see instructio	ns on page 5]:
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS'		ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
None					
PAR	T E INTERESTS II	N SPECIFIE	D BUSINESSES [Instructions of	n naga 61	
•	BUSINESS ENTITY:		BUSINESS ENTITY # 2		IESS ENTITY # 3
NAME OF BUSINESS ENTITY NO	one				ALGO ENTITY # 0
ADDRESS OF BUSINESS ENTITY					
PRINCIPAL BUSINESS ACTIVITY					
POSITION HELD WITH ENTITY					
I OWN MORE THAN A 5%					
NATURE OF MY					
OWNERSHIP INTEREST					
			ΓRAINING		
			ics training pursuant to section 1 <sup>o</sup>		
OAT	TH .		OF FLORIDA TY OF		
I, the person whose name appear		COUNT Sworn t	to (or affirmed) and subscribed before	e me by mean	e of
beginning of this form, do depose			sical presence or $\square$ online notariza		th day of
and say that the information disclosed on this form					
and any attachments hereto is true, accurate,					
and complete.  (Signature of Notary PublicState of Flo. 11522)					
MY COMMISSION # GG 115932  LIANE MOULTON EXPIRES: October 19, 2021  (Print, Type, or Stamp Commissioned Name Company Public Underwriters)					
		Persona	ally Known OR Pro	duced Identific	ation
SIGNATURE OF REPORTING OF	FFICIAL OR CANDIDATE	Type of	Identification Produced	100 100	
If a certified public accountant lic	ensed under Chapter 47	3, or attorney	in good standing with the Florida E	Bar prepared t	his 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 Statute and correct.	es, and the instructions to	the form. Up	on my reasonable knowledge and	belief, the dis	closure herein is true
Signature			-	D-+-	
<del>-</del>	a CPA or attornev de	oes not relie	ve the filer of the responsibili	Date tv to sion th	e form under eeth
			ON A SEPARATE SHEET, PL		

## FORM 6

## FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

2020

FOR OFFICE USE ONLY:

*********AUTO**ALL FOR AADC 323 T3 P1 11 336  HON RONALD DION DESANTIS GOVERNOR Governor, Office Of Elected Constitutional Officer 700 N ADAMS ST TALLAHASSEE FL 32303-6131	FLORIDA COMMISSION ON ETHICS JUN 2 1 2021 RECEIVED	HAND  ID CODE  ID NO.  CONF. CODE  DeSantis, Ronald	DELIVERED  275100  Dion
CHECK IF THIS IS A FILING BY A CANDIDATE			
Please enter the value of your net worth as of I culated by subtracting your <i>reported</i> liabilities fr	rom your <i>reported</i> assets, so p	please see the ins	structions on page 3.]
HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported following, if not held for investment purposes: jewelry; furnishings; clothing; other household items; and vehicles.  The aggregate value of my household goods and person ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:  DESCRIPTION OF ASSET (specific descriptions)	collections of stamps, guns, and nuss for personal use, whether owned or all effects (described above) is \$	mismatic items; art o	bjects; household equipment and
	The second secon		
LIABILITIES IN EXCESS OF \$1,000 (See instructions on NAME AND ADDRESS OF CREDITOR	PART C LIABILITIES page 4):		AMOUNT OF LIABILITY
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABO NAME AND ADDRESS OF CREDITOR	OVE:		AMOUNT OF LIABILITY

1		DADTE	****	And the second s	magazinin yani yaniliki ili yani ka satari yani da wasani ili waka wa ka
Identify each separate source a copy of your 2020 federal incorattaching your returns, as the I	and amount of income which ex ome tax return, including all W2s law requires these documents b	exceeded \$1,000	- INCOME  Oduring the year, including secondar and attachments. Please redact any e Commission's website.	ry sources of inc	come. Or attach a complete or account numbers before
l elect to file a copy of n	mv 2020 federal income tax ret	aturn and all M/2's	e's, schedules, and attachments.  need not complete the remainder o	of Part D.I	
PRIMARY SOURCES OF INCO	OME (See instructions on page			// Ган Б.j	
NAME OF SOURCE OF INC			ADDRESS OF SOURCE OF INCO	JWE	AMOUNT
				4VI.	AMOUNT
SECONDARY SOURCES OF I	NCOME [Maior customers, cli	onte etc of bu	sinesses owned by reporting persor	* - *	
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS'	R SOURCES .	sinesses owned by reporting persor  ADDRESS  OF SOURCE	, F	ons on page 5]: PRINCIPAL BUSINESS ACTIVITY OF SOURCE
					40 HALL OF SOCIOE
F	PART E _ INTERESTS I	ւ Հոնալիլել	PRICENTEGERO II- descritions		
	BUSINESS ENTITY #		D BUSINESSES [Instructions of BUSINESS ENTITY # 2		
NAME OF BUSINESS ENTITY	DOG!!!	1	BUSINESS ENTITY # 2	BUSIN	NESS ENTITY # 3
ADDRESS OF					
BUSINESS ENTITY PRINCIPAL BUSINESS					
ACTIVITY  POSITION HELD					
WITH ENTITY					And the second s
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS					
NATURE OF MY OWNERSHIP INTEREST					
		PART F - TI			
This section applies only to			RAINING cs training pursuant to section 1	115 2440 FO	
	CERTIFY THAT I HA	AVE COMP	cs training pursuant to section 1° PLETED THE REQUIRED	12.3142, Ի.Ե. լ • <b>ΤΡΔΙΝΙΝ</b> <i>C</i>	[See instructions p. 6]
	<b>ATH</b>		OF FLORIDA	IVAIRING	
		COUNTY	Y OF		
I, the person whose name appe beginning of this form, do depos		Sworn to □nhysi	o (or affirmed) and subscribed before	re me by means	s of
and say that the information disc		L priyor	ical presence or 🔲 online notariza		
and any attachments hereto is to	_		, 20 by		
and complete.	· · · · · · · · · · · · · · · · · · ·	(Signatur	re of Notary PublicState of Florida		
		(0.8	3 Of NOTATY PUDITO-OTATE OF FIGURE	1)	
		(Print, Tyr	pe, or Stamp Commissioned Name	e of Notary Pub!	lic)
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE			ly Known OR Prod	-	,
SIGNATURE OF THE CITED	JPFICIAL OR GARDIDALL		dentification Produced		шол
If a certified public accountant	"d under Chanter 473				
The state of the state state somewhile	ig statement.		n good standing with the Florida B		
		, prepared th $\epsilon$	e CE Form 6 in accordance with	Art II Sec. 8.	Florida Constitution
Section 112.3144, Florida Statu and correct.	ites, and the instructions to t	the form. Upon	e CE Form 6 in accordance with An my reasonable knowledge and l	belief, the disc	losure herein is true
Signature					
		os not relieve	e the filer of the responsibilit	Date	2 4
			N A SEPARATE SHEET, PLI		
IL WILL OL LWING	AHRUUGH E AKE CUN	TINUED OF	NA SEPARATE SHEET. PI∕	FASE CHEC	Wurder [7]