FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2015

FOR OFFICE USE ONLY:
FLORIDA
COMMISSION ON ETHICS
JUN 20 2016
RECEIVED

**********AUTO**MIXED AADC 323 T8 P1 83
Hon Hazelle Rogers
State Representative
House Of Representatives
Elected Constitutional Officer
Unit 210 Ste
5131 W Oakland Park Blvd
Laud Lakes FL 33313-7905

PROCESSED

ID Code
ID No. 9959
Conf. Code
Rogers , Hazelle

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, 2015 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 15 was $ 136,935.00.

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 $ 65,000.00

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
5131 W. Oakland Park Blvd., Lauderdale Lakes, Florida 33313	$45,000.00
2769 NW 36th Avenue, Lauderdale Lakes, Florida 33311	$160,000.00
Savings: 9100 W. Oakland Park Blvd., Sunrise Florida 33351	$550.00
Land: Port St. Lucie, FL.and Indian Lake FL.	$8,000.00

PART C – LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Mortgage Home, Green Tree Servicing, LLC P.O. Box 6172 Rapid City, SD 57709-6172	$56.000.00
Mortgage Condo, American's Servicing Company: P.O. Box 14507 Des Moines IA 50303-3507	$12,099.78
Home Equity Line - PNC Bank, P.O. Box 756177, Louisville, KY. 40285-6177	$42,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Robin R. Weiner, ESQ. Standing Chapter 13 Trustee, P.O. Box 559007 Ft. Lauderdale, FL. 33355-9007	$31,516.00

(Continued on reverse side)

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 2015 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 2015 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2015 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
State of Florida	200 E. Gaines Street, Tallahassee, FL. 32399-0356	$28,947.24
Tenet Employment, Inc.	1445 Ross Ave. Suite 1400 Dallas, TX 75202	$1,500.00

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	Premier Group Enterprise, Inc.		
ADDRESS OF BUSINESS ENTITY	2769 NW 36th Ave. Laud. Lakes		
PRINCIPAL BUSINESS ACTIVITY	Marketing		
POSITION HELD WITH ENTITY	Consultant		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes		
NATURE OF MY OWNERSHIP INTEREST	50%		

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.

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 15 day of June, 2016 by _____.

Pavitri Benasrie-Watson
(Signature of Notary Public, State of Florida)

PAVITRI BENASRIE-WATSON
MY COMMISSION # FF 959100
EXPIRES: February 9, 2020
Bonded Thru Notary Public Underwriters

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

Personally Known ✓ OR Produced Identification _____

Type of Identification Produced _____

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 ☐