HAND DELIVERED

FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2015

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

FOR OFFICE USE ONLY:

PROCESSED

211682

RECEIVED
DEPARTMENT OF STATE
2016 JUN 20 PM 3:35
DIVISION OF ELECTIONS
TALLAHASSEE, FL

LAST NAME — FIRST NAME — MIDDLE NAME
Rouson, Darryl, Ervin

MAILING ADDRESS
3030 59th Avenue South

CITY: St. Petersburg | ZIP: 33712 | COUNTY: Pinellas

NAME OF AGENCY
Florida House of Representatives

NAME OF OFFICE OR POSITION HELD OR SOUGHT
Florida House of Representatives (currently filed for Florida Senate)

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 Decemeber, 20 15 was $ (47,999).

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 $ 653,001

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
see attached	

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
see attached	

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 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
see attached		

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

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

Daryl P Rawson

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Pinellas

Sworn to (or affirmed) and subscribed before me this 17th day of June, 2016 by Daryl Rawson

Cheryl L Coates

(Signature of Notary Public--State of Florida)

CHERYL L. COATES
MY COMMISSION # EE833716
EXPIRES September 10, 2016
(407) 398-0153 FloridaNotaryService.com

(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 ☑

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Personal Financial Statement

Darryl E. Rouson As of 12/31/15

Assets	**Amount in Dollars**
Cash - checking accounts	4000
Cash - savings accounts	0
Certificates of deposit	0
Securites - stocks (Aracle, EQ)	30,000
Notes and contracts receivable	0
Life insurance (cash surrender value)	0
Personal property (autos, jewlry, artwork, furniture)	48,000
Retirement Funds (eg. IRAs, 401k)	0
Real estate (market value) St. Pete	551,001
Other assets (vehicles)	20,000
Other assets (specify)	0
Total Assets	**653,001**
Liabilities	Amount in Dollars
Notes payable (FCI Lender Services)	20,000
Real estate mortgages (St. Pete)	506,000
Other liabilities (Cornerstone Community Bank)	14,000
Other liabilities (Freedom Bank)	11,000
Other liabilities (Tax)	115,000
Other liabilities (Stearns Bank)	35,000
Total Liabilities	**701,000**
Net Worth	**-47,999**
Income	**Amount in Dollars**
Dolman Law Group	200,000
State of Florida	29,697
Rouson & Associates	10,000
SN Holtzman, LLC	10,000
TOTAL INCOME	**249,697**
Signature	**Date:**