FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2018

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

FOR OFFICE USE ONLY:

21682

FLORIDA
COMMISSION ON ETHICS
JUL 08 2019
RECEIVED
PROCESSED

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

MAILING ADDRESS:
3030 59th Ave S

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

NAME OF AGENCY:
Florida Senate

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
Senator

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, 2018 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 July 1, 20 19 was $ 416,200.

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
see attachment	

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
see attachment	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
see attachment	

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 2018 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 2018 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2018 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 attachment		

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
see attachment			

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.

Darryl S Rouson

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Pinellas

Sworn to (or affirmed) and subscribed before me this 2 day of July, 2019 by Darryl Rouson

Sandra Ford

(Signature of Notary Public--State of Florida)

SANDRA FORD
Commission # GG 004645
Expires October 22, 2020
Bonded Thru Troy Fain Insurance 800-385-7019

(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 ☑

Perosnal Financial Statement	Darryl E. Rouson
Assets	Amount in Dollars
Cash - Checking accounts	4500
Cash - Savings Accounts	0
Certificates of deposit	0
Securities - stocks (Aracle, EQ)	0
Notes and contracts receivable	0
Life insurance (Cash surrender value)	0
Personal Property (autos, jewlery, artwork, furniture)	40,000
Retirement Funds (eg. IRAs, 401k)	2400
Real Estate (market value) St. Pete	890,300
Other Assets (vehicles)	33,000
Other Assets (specify)	0
Total Assets	970200
Liabilities	Amount in Dollars
Notes Payable (FCI Lender Services)	0
Real Estate Mortgages (St. Pete)	436,000
Other Liabilities (Cornerstone Community Bank)	0
Other Liabilities (Ally Financial)	15,000
Other Liabilities (Freedom Bank)	0
Other Liabilities (Tax)	65,000
Other Liabilities (Stearns Bank)	38,000
Total Liabilities	554000
Net Worth	416,200
Income	Amount in Dollars
Goudie Kohn	59,000
Dolman Law Group	83,872
Rubenstein Law	89,519
State of Florida	26,400
Rouson & Associates	10,000
SN Holtzman, LLC	28,043
American Addiction Centers	80,000
Total Income	376,834