#### **General Information**

Name: Hon Ronald Dion DeSantis

PID 275100

#### **AGENCY INFORMATION**

Organization	Suborganization	Title
Department of Commerce	Board of Directors, CareerSourceFlorida	Governor
Office Of Governor	<b>Elected Constitutional Officer</b>	Governor

#### **Net Worth**

My Net Worth as of <u>December 31, 2024</u> was <u>\$ 2,087,550.32</u>.

#### **Assets**

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 effect is N/A.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
FRS (Retirement Date Fund 2045)	\$ 116,859.08
Thrift Savings Plan	\$ 99,803.40
Checking and Savings Bank Accounts (USAA)	\$ 573,108.93
Savings Account (IBKR)	\$ 1,312,874.00

#### Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	of Creditor Address of Creditor	
Mohela/Navient	633 Spirit Drive Chesterfield, MO 63005-1243	\$ 15,095.09

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

income						
Identify each separate source an income. Or attach a complete conclude redact any social security posted to the Commission's web	opy of your 202 or account nu	24 federal incom	ne tax return, including all	W2s, schedules,	and attachments.	
I elect to file a copy of my 20	24 federal inco	ome tax return a	and all W2s, schedules, and	l attachments.		
PRIMARY SOURCES OF INCOME:						
Name of Source of Income Exce	eding \$1,000	Address of So	urce of Income		Amount	
State of Florida		The Capitol, Ta	allahassee, FL 32399		\$ 141,400.20	
HarperCollins Publishers LLC		195 Broadway	195 Broadway, New York, NY 10007			
SECONDARY SOURCES OF INCOM	E (Major custo	mers, clients, et	cc. of businesses owned by	reporting persor	n):	
Name of Business Entity	Name of Major Sources Business' Income		Address of Source		Principal Business Activity of Source	
N/A						
Interests in Specified Bu	usinesses					
D : 5 :: #4						
Business Entity # 1						
N/A						

# Training

This section applies only to a Constitutional or elected municipal officer, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

☑ I certify that I have completed the required training under Section 112.3142, F.S.

Required training under Section 112.3142, F.S., not applicable to filer for this form year.

### Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

## **Ronald Dion DeSantis**

Digitally signed: 07/01/2025

Filed with COE: 07/01/2025