2022 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 07/03/2023

General Information

Name: Hon Hazelle Rogers

Address: 2769 NW 36th Ave., Lauderdale Lakes, FL 33311 **PID 9959**

County: Broward

AGENCY INFORMATION

Organization	Suborganization	Title
Broward County	Elected Constitutional Officer	

Net Worth

My Net Worth as of December 31, 2022 was $ 516,942.00.

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 $ 119,200.00.

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

Description of Asset	Value of Asset
Home,	$ 358,830.00
Condo	$ 79,290.00
Land	$ 80,000.00

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Liabilities

LIABILITIES IN EXCESS OF $1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Newrez, LLC.	55Beattie Place Suite 110 Greeneville, SC 29601	$ 38,898.00
PNC Bank B6-YM07-01-7	P.O. Box 1820 Dayton 0 45401-180	$ 32,580.00
Fifth Third Bank	200 E, Las Olas Blvd, Ft, Lauderdale, FL. 33301	$ 10,213.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

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Income

Identify each separate source and amount of income which exceeded $1,000 during the year, including secondary sources of income.

☐ I elect to file a copy of my 2022 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding $1,000	Address of Source of Income	Amount
City of Lauderdale Lakes	4300 NW 36th Street Laud Lakes FL. 33319	$ 23,500.00
Social Security Adm.	P.O. Box 67610 Wilkes-Barre, PA. 18767-7610	$ 19,200.00
Broward Cty Govt	115 S. Andrews Avenue. Fl. Laud. 33301-4800	$ 9,963.27

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Business Entity	Major Sources of Business Income	Address	Principal Business Activity of Source
N/A			

Interests in Specified Businesses

Business Entity # 1
N/A

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Training

☑ 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.

Hazelle Rogers

Digitally signed: **07/03/2023**

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