

**General Information**

Name: Hon Douglas M Bankson

PID 266749

**AGENCY INFORMATION**

| Organization             | Suborganization                | Title                |
|--------------------------|--------------------------------|----------------------|
| House Of Representatives | Elected Constitutional Officer | State Representative |

**CANDIDATE FOR**

| Position             | Agency Name   | Position sought or held |
|----------------------|---------------|-------------------------|
| State Representative | Florida House | District 39             |

**Net Worth**My Net Worth as of May 30, 2024 was \$ 1,208,861.05.

**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 \$ 80,670.00.

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

| Description of Asset                                   | Value of Asset |
|--------------------------------------------------------|----------------|
| 585 E Sandpiper St Apopka FL 32712 (Primary Residence) | \$ 743,400.00  |
| 580 Ustler St Apopka FL 32712 (Rental Property)        | \$ 372,400.00  |
| Addition Financial (Bank Accounts)                     | \$ 25,020.00   |
| Ally Bank (Bank Accounts)                              | \$ 11,954.00   |
| Seacoast Bank (Bank Account)                           | \$ 42,404.00   |
| GE stock                                               | \$ 3,127.00    |
| Bitcoin Cryptocurrency                                 | \$ 170,762.00  |
| Ethereum Cryptocurrency                                | \$ 44,445.00   |
| Solana Cryptocurrency                                  | \$ 11,333.00   |

**Liabilities**

LIABILITIES IN EXCESS OF \$1,000:

| Name of Creditor | Address of Creditor                     | Amount of Liability |
|------------------|-----------------------------------------|---------------------|
| Chase Mortgage   | PO BOX 71244 Philadelphia PA 19176-6244 | \$ 56,649.31        |
| FBC Mortgage     | PO BOX 77404 Ewing NJ 08628             | \$ 234,025.25       |

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

**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 2023 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 2023 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       |
|--------------------------------------------|---------------------------------------|--------------|
| Victory Church World Outreach Center       | 509 S Park Ave Apopka FL 32703        | \$ 98,113.00 |
| Sherae Edwards                             | 580 Ustler St Apopka FL 32712         | \$ 7,800.00  |
| State of Florida                           | 400 S. Monroe St Tallahassee FL 32399 | \$ 29,697.00 |
| Anna Dallas                                | 580 Ulster St Apopka, FL 32712        | \$ 7,500.00  |
| Rebecca Davilla                            | 580 Ulster St Apopka, FL 32712        | \$ 6,525.00  |

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

| Name of Business Entity | Name of Major Sources of Business' Income | Address of Source | Principal Business Activity of Source |
|-------------------------|-------------------------------------------|-------------------|---------------------------------------|
| N/A                     |                                           |                   |                                       |

**Interests in Specified Businesses****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.

***Douglas M Bankson***

Digitally signed: 05/30/2024

Filed with COE: 05/30/2024