

## 2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/29/2024

### General Information

Name: Hon Ana Maria Rodriguez

PID 236183

### AGENCY INFORMATION

| Organization | Suborganization                | Title                      |
|--------------|--------------------------------|----------------------------|
| Senate       | Elected Constitutional Officer | State Senator, District 40 |

### Net Worth

My Net Worth as of December 31, 2023 was \$ 564,283.11.

**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 \$ 100,000.00.

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

| Description of Asset                                                              | Value of Asset |
|-----------------------------------------------------------------------------------|----------------|
| 156 NE 26 AVENUE, HOMESTEAD, FL 33033 (PRIMARY RESIDENCE)                         | \$ 500,000.00  |
| TOYOTA MATRIX (2003)                                                              | \$ 4,200.00    |
| FORD RANGER (1995)                                                                | \$ 2,500.00    |
| VANGUARD INSTL TARGET RETIRE 2040, PO BOX 669, SOUTH WINDSOR, CT 06074            | \$ 47,270.76   |
| FIDELITY SMALL CAP INDEX FUND, PO BOX 669, WOUTH WINDSOR, CT 06074                | \$ 53,179.73   |
| ICMA-RC 403B RETIREMENT PLAN, LOAN BALANCE, PO BOX 669, SOUTH WINDSOR, CT 06074   | \$ 21,355.41   |
| BLACKROCK HIGH YIELD BOND FUND, 8515 E. ORCHARD ROAD, GREENWOOD VILLAGE, CO 80111 | \$ 116,136.86  |
| WELLS FARGO BANK, PO BOX 6995, PORTLAND, OR 97228 (CHECKING AND SAVINGS ACCOUNTS) | \$ 20,946.65   |

**Liabilities**

LIABILITIES IN EXCESS OF \$1,000:

| Name of Creditor                | Address of Creditor                                         | Amount of Liability |
|---------------------------------|-------------------------------------------------------------|---------------------|
| NEWREZ LLC (PERSONAL RESIDENCE) | 601 OFFICE CENTER DRIVE, SUITE 100, FT WASHINGTON, PA 19034 | \$ 278,750.02       |
| TRUIST BANK (AUTO LOAN)         | PO BOX 791144, BALTIMORE, MD 21279-1144                     | \$ 22,556.28        |

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        |
|--------------------------------------------|---------------------------------------------|---------------|
| MIAMI ASSOCIATION OF REALTORS              | 700 S ROYAL POINCIANA BLVD, MIAMI, FL 33166 | \$ 120,000.00 |
| STATE OF FLORIDA, SENATE                   | 402 S MONROE STREET, TALLAHASSEE, FL 32399  | \$ 27,537.00  |

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.

**CPA/Attorney Signature Only**

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, **Jose A Riesco CPA** 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.

***Jose A Riesco CPA***

Digitally signed: 06/29/2024

**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.

***Ana Maria Rodriguez***

Digitally signed: 06/29/2024

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