

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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
 Rodriguez, Victor, Manuel

MAILING ADDRESS:
 17350 Nelson Rd

CITY: ZIP: COUNTY:
 Spring Hill 34610 Pasco

NAME OF AGENCY:
 Pasco Board of County Commissioners

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
 Commissioner District 5

CHECK IF THIS IS A FILING BY A CANDIDATE

20 JUN 12 AM 10: 25

BRIANE CORLEY
 SUPERVISOR OF ELECTIONS
 NEW PORT RICHEY, FLORIDA

PART A – NET WORTH

Please enter the value of your net worth as of December 31, 2019 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 June 12th, 20 20 was \$ 199,611.29

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 \$ 26,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Estimated Value of Primary Residence 17350 Nelson Rd, Spring Hill FL	\$425,000
Estimated Value of 2016 Ford F150	\$23,000
Cash MidFlorida Bank	\$3,581.63
Cash PNC Bank	\$8,322.49

PART C – LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
MidFlorida Home Mortgage, 7301 US Hwy 98 N, Lakeland FL, 33809	\$279,102.15
Ford Credit P.O. Box 050575 Dallas TX 75205	\$11,500.68
Southeast Toyota Finance, PO Box 70832, Charlotte NC 28272	\$5,600.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NA	NA

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 2019 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 2019 federal income tax return and all W2's, schedules, and attachments. [If you check this box and attach a copy of your 2019 tax return, you need not complete the remainder of Part D.]

RECEIVED

20 JUN 12 AM 10:25

PRIMARY SOURCES OF INCOME (See instructions on page 5):

BRIAN E CORLEY
SUPERVISOR OF ELECTIONS
FLORIDA

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
JR Hobbs CO.	2021 Cedars Rd SE #100 Lawrenceville, GA 30043	\$50.48 hr

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
NA	NA	NA	NA

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	NA	NA	NA
PRINCIPAL BUSINESS ACTIVITY	NA	NA	NA
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.

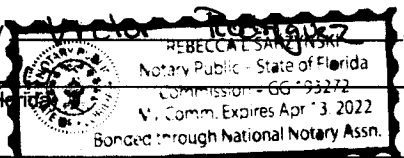
I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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.

STATE OF FLORIDA
COUNTY OF Pasco
Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 12th day of

June, 20 20 by Rebecca L. Sargent
(Signature of Notary Public—State of Florida)



(Print, Type, or Stamp Commissioned Name of Notary Public)

Victor Ralston
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known _____ OR Produced Identification
Type of Identification Produced Driver's License

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