

General Information

Name:

Mr Apollo Joseph Rodriguez OSB

Address:

33601 County Road 52 Saint Leo Abbey, Saint Leo, FL 33574

County:

Pasco

Organization

Suborganization

Title

N/A

CANDIDATE FOR

Position

Agency Name

Position sought or held

City, Town or Village (Commission or

Council), Governing Board

Town of Saint Leo

Town Commissioner Seat 3

Net Worth

My Net Worth as of December 31, 2023 was \$ 0.00.

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 N/A.
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

	Description of Asset	Value of Asset				
	N/A					
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Liabilities

LIABILITIES IN EXCESS OF \$1,000:

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

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Business' Income Activity of Source	Income						
Name of Source of Income Exceeding \$1,000 Address of Source of Income Amount N/A ECONDARY 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	income. Or attach a complete Please redact any social securi posted to the Commission's will be lect to file a copy of my 2	copy of your 20. ity or account nu ebsite. 2023 federal inco	22 federal incor mbers before a	ne tax return, including all ttaching your returns, as th	W2s, schedules, e law requires th	and attachments.	
ECONDARY 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					·····		
ECONDARY 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		ceeding \$1,000	Address of So	urce of Income		Amount	
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						
nterests in Specified Businesses Business Entity # 1	Name of Business Entity Name of Majo		or Sources of Address of Source Princip		Principa	al Business	
Business Entity # 1	N/A						
	nterests in Specified E	Businesses					
	Business Entity # 1						
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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.

Apollo Joseph Rodriguez OSB

Digitally signed: 02/19/2024