

OF FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

245618

FLORIDA
COMMISSION ON ETHICS

JUN 23 2017

RECEIVED

LAST NAME — FIRST NAME — MIDDLE NAME:

Rodriguez Jose Javier

MAILING ADDRESS:

PO Box 350633

CITY: ZIP: COUNTY:
Miami 33125 Miami-Dade

NAME OF AGENCY:
Florida Legislature

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
State Senator

CHECK IF THIS IS A FILING BY A CANDIDATE

PROCESSED

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2016 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 Dec. 31st, 20 16 was \$ 343,298.

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 \$ 14,390.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
see attached schedule	

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
see attached schedule	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
n/a	

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 2016 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 2016 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2016 tax return, you need not complete the remainder of Part D.]

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

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
State of Florida	The Capitol, Tallahassee, FL 32399	\$29,597.00
Jose Javier Rodriguez PA (of counsel Kelley Uustal)	500 N. Federal Highway, Fort Lauderdale, FL	\$35,586.46

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
Jose Javier Rodriguez PA	Kelley Uustal PLC	500 N. Federal Highway, Fort Lauderdale, FL	law practice

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	n/a		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
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

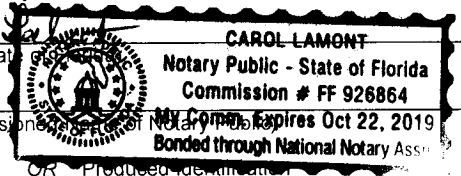
STATE OF FLORIDA
 COUNTY OF BROWARD

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.

Sworn to (or affirmed) and subscribed before me this 20th day of

June, 2017 by

Carol Lamont
 (Signature of Notary Public--State of Florida)



(Print, Type, or Stamp Commission Number)

Personally Known OR Produced Identification

Type of Identification Produced _____

[Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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

ADDENDUM TO 2016 FORM 6 FOR JOSE JAVIER RODRIGUEZ

PART B ASSETS

Description	Value
Single family home (1683 SW 17 St Miami, FL)	approx. \$409,904
Mutual funds/retirement acct (Fidelity Investments)	\$56,844.31
Mutual funds/retirement acct (Mutual of America)	\$39,796.66
Savings & checking acct (BB&T)	\$11,663.48
Savings acct (Capital One)	\$23,359.14
401(k) (Ingham Retirement Group)	\$2,993.03
Interest in Corp. (Jose Javier Rodriguez, P.A.) (liquidation value)	\$12,219.73

PART C LIABILITIES

Name and Address of Creditor	Amount of Liability
PennyMac Loan Services, LLC (mortgage) PO Box 514387 Los Angeles, CA 90051	\$198,070.51
Direct Loans (student loan) US Dept. of Education 400 Maryland Ave SW, Washington, DC	\$8,450.59

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

LAST NAME — FIRST NAME — MIDDLE NAME:
Rodriguez Jose Javier

MAILING ADDRESS:
PO Box 350633

CITY : Miami ZIP : 33125 COUNTY : Miami-Dade

NAME OF AGENCY :
Florida Legislature

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
State Senator

FOR OFFICE USE ONLY:

245618

FLORIDA
COMMISSION ON ETHICS

JUN 19 2018

RECEIVED

PROCESSED

CHECK IF THIS IS A FILING BY A CANDIDATE

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2017 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 Dec. 31st, 20 17 was \$ 437,884.

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 \$ 13,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
see attached schedule	

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
see attached schedule	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
n/a	

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 2017 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 2017 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2017 tax return, you need not complete the remainder of Part D.]

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

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
State of Florida	The Capitol, Tallahassee, FL 32399	\$29,597.00
Jose Javier Rodriguez PA (of counsel Kelley)	500 N. Federal Highway, Fort Lauderdale, FL	\$49,315.16

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
Jose Javier Rodriguez PA	Kelley Uustal PLC	500 N. Federal Highway, Fort Lauderdale, FL	law practice

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	n/a		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
DO 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 Miami Dade

Sworn to (or affirmed) and subscribed before me this 14th day of

June, 2018 by Jose Javier Rodriguez
 (Signature of Notary Public--State of Florida)

(Print, Type, or Stamp) Jessica A. DeLa Torre Vila
 Notary Public - State of Florida
 Commission # FF 208844
 My Comm. Expires Mar 25, 2019
 Bonded through National Notary Assn.
 Personally Known
 Type of Identification Produced

[Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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

Addendum to 2017 FORM 6 for Jose Javier Rodriguez

PART B ASSETS

Description	Value
Single family home (1683 SW 17 St Miami, FL)	approx. \$505,000
Retirement account (Fidelity Investments)	\$45,767.69
Mutual funds/retirement acct (Mutual of America)	\$46,160.71
Savings & checking acct (BB&T)	\$4,802.81
Savings acct (Capital One)	\$23,039.16
401(k) (Ingham Retirement Group)	\$3,426.06
Interest in Corp. (Jose Javier Rodriguez, P.A.) (liquidation value)	\$5,493.33
529 qualified tuition plan (Fidelity Investments)	\$11,043.95
Brokerage account (Fidelity Investments)	\$20,407.72

PART C LIABILITIES

Name and Address of Creditor	Amount of Liability
PennyMac Loan Services, LLC (mortgage) PO Box 514387 Los Angeles, CA 90051	\$192,992.89
Direct Loans (student loan) US Dept. of Education 400 Maryland Ave SW, Washington, DC	\$8,405.73
Branch Banking and Trust Company (auto loan)	\$28,962.20

OF FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Rodriguez Jose Javier

245618

PROCESSED

MAILING ADDRESS:

P.O. Box 350633

FLORIDA

COMMISSION ON ETHICS

CITY :

Miami

ZIP :

33135

COUNTY :

Miami-Dade

JUL 01 2019

RECEIVED

NAME OF AGENCY :

Florida Legislature

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

State Senator

CHECK IF THIS IS A FILING BY A CANDIDATE

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2018 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 Dec. 31st, 20 18 was \$ 309,101.47.

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 \$ 12,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
see attached schedule	

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
see attached schedule	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
n/a	

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 2018 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 2018 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2018 tax return, you need not complete the remainder of Part D.]

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

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
State of Florida	The Capitol, Tallahassee, FL 32399	\$29,697.00
Jose Javier Rodriguez P.A. ("JJR P.A.")	P.O. Box 350633, Miami, FL 33135	\$56,800.49

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
JJR P.A.	Kelley Uustal PLC	500 N Federal Hwy, #200, 33301	law practice
JJR P.A.	Sugarman & Suskind PA	100 Miracle Mile, #300, 33134	law practice

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	n/a		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
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

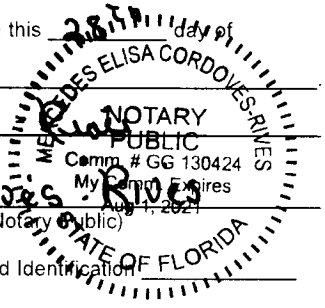
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA,
 COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 28th day of June, 2019 by _____

Marcades Eliza Cordoves
 (Signature of Notary Public--State of Florida)

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



Personally Known / OR Produced Identification _____

 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

 Type of Identification Produced

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

Addendum to 2018 FORM 6 for Jose Javier Rodriguez

PART B ASSETS

Description	Value
IRA retirement account (Fidelity Investments)	\$48,771.44
Mutual funds/retirement account (Mutual of America)	\$48,658.91
SEP retirement account (Fidelity Investments)	\$7,996.74
Savings & checking account (BB&T)	\$8,843.56
Savings account (Capital One)	\$8,001.84
Interest in Corp. (Jose Javier Rodriguez, P.A.) (liquidation value)	\$4,917.95
529 qualified tuition plan (Fidelity Investments)	\$33,596.40
Brokerage account (Fidelity Investments)	\$19,395.96
Joint investment and money market account w spouse (Fidelity Invest's)	\$172,062.64

PART C LIABILITIES

Name and Address of Creditor	Amount of Liability
Direct Loans (student loan) US Dept. of Education 400 Maryland Ave SW, Washington, DC	\$8,333.68
Branch Banking and Trust Company (auto loan) 200 West Second Street, Winston-Salem, NC 27101	\$24,380.90

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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

245618

LAST NAME — FIRST NAME — MIDDLE NAME:
 Rodriguez Jose Javier

MAILING ADDRESS:
 P.O. Box 350633

CITY : ZIP : COUNTY :
 Miami 33135 Miami-Dade

NAME OF AGENCY :
 Florida Legislature

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
 State Senator

CHECK IF THIS IS A FILING BY A CANDIDATE

FLORIDA
 COMMISSION ON ETHICS
 JUN 04 2020
 RECEIVED
PROCESSED

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 Dec. 31st, 20 19 was \$ 354,283.11.

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 \$ 27,000.00 (est.)

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
see attached schedule	

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
see attached schedule	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
n/a	

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.]

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

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
State of Florida	The Capitol, Tallahassee, FL 32399	\$29,697.00
Jose Javier Rodriguez P.A. ("JJR P.A.")	P.O. Box 350633, Miami, FL 33135	\$89,535.00

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
JJR P.A.	Sugarman & Susskind PA	100 Miracle Mile 300 33134	law practice

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	n/a		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
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.


 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me by _____ on the _____ day of _____, 2020
 physical presence or online notarization, this _____

June, 2020 by _____ NOTARY PUBLIC
Mercedes E Lisa Cordova-Rivera
 (Signature of Notary Public--State of Florida) My Comm. Expires Aug 1, 2021
Mercedes E Lisa Cordova-Rivera
 (Print, Type, or Stamp Commissioned Name of Notary Public)
 OF FLORIDA

Personally Known OR Produced Identification
 Type of Identification Produced _____

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

Addendum to 2019 FORM 6 for Jose Javier Rodriguez

PART B ASSETS

Description	Value
Cash balance IRA retirement acct. (Fidelity investments)	\$10,956.98
Mutual funds/retirement account (Mutual of America) <ul style="list-style-type: none"> • Mutual of America Mid-Cap Equity Index: 15% • Mutual of America Small Cap Growth Fund: 10% • Mutual of America Small Cap Value Fund: 10% • American Century VP Capital Appreciation: 15% • Fidelity VIP Contrafund Portfolio: 15% 	\$48,330.76
Cash balance of SEP retirement account (Fidelity investments)	\$5,455.23
Savings & checking account (BB&T)	\$11,229.00
Interest in Corp. (Jose Javier Rodriguez, P.A.) (liquidation value)	\$15,588.90
529 qualified tuition plan (NH PORTFOLIO 2033, Fidelity)	\$13,743.17
second 529 qualified tuition plan (NH PORTFOLIO 2033, Fidelity)	\$28,356.58
Cash balance of brokerage account (Fidelity Investments)	\$19,482.12
ALTERNATIVE HARVEST ETF (IRA retirement acct.)	\$10,272.00
INVESCO SOLAR ETF (IRA retirement acct.)	\$13,151.60
VANGUARD MID-CAP VALUE INDEX (IRA retirement acct.)	\$2,860.00
AMERICAN WATER WORKS COMPANY (IRA retirement acct.)	\$4,545.45
AQUA AMERICA (IRA retirement acct.)	\$3,144.98
RESTAURANT BRANDS INTERNATIONAL (IRA retirement acct.)	\$4,527.67
FIDELITY VALUE DISCOVERY (IRA retirement acct.)	\$7,313.44
HARTFORD OPPORTUNITIES (IRA retirement acct.)	\$11,578.29
PGIM US REAL ESTATE (IRA retirement acct.)	\$3,422.16
Value of joint money market acct. (Fidelity Investments)	\$128,604.99
HARTFORD OPPORTUNITIES (SEP retirement account)	\$8,104.80
ALTERNATIVE HARVEST ETF (joint investment acct.)	\$15,408.00
ISHARES SELECT DIVIDEND ETF (joint investment acct.)	\$16,694.28
LEGG MASON ETF (joint investment acct.)	\$8,463.90
VANGUARD REAL ESTATE ETF (joint investment acct.)	\$2,412.54
FIDELITY STRATEGIC INCOME FUND (joint investment acct.)	\$3,275.24
FIDELITY TOTAL BOND (joint investment acct.)	\$3,659.28
FIDELITY GOVERNMENT INCOME (joint investment acct.)	\$4,705.54
Florida Retirement System defined benefit retirement	\$0 (no vested amount)

PART C LIABILITIES

Name and Address of Creditor	Amount of Liability
Direct Loans (student loan) US Dept. of Education 400 Maryland Ave SW, Washington, DC	\$8,249.47
Branch Banking and Trust Company (auto loan) 200 West Second Street, Winston-Salem, NC 27101	\$18,761.16
Grove Isle Condominium Association (lease remain.) 1 Grove Isle Drive, Miami, FL 33133	\$18,000.00