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ETHICS

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***"A Public Office is a
Public Trust"***

VERIFICATION AND RECEIPT OF SUBMISSION
TO THE ELECTRONIC FINANCIAL DISCLOSURE FILING SYSTEM

2006 JUL 10 PM 4:20
DIVISION OF ELECTIONS
TALLAHASSEE, FL

RECEIVED

This Verification and Receipt of Submission acknowledges that the Commissions on Ethics received a submission through its electronic financial disclosure filing system.

Filer Name: Victor Rohe

Filer PID #: 299411

Date Filed: 4/29/2026

Hand Delivered

Disclosure Received: 2025 Full and Public Disclosure of Financial Interests

Filing ID: 1066163

Receipt Print Date: 4/29/2026

The foregoing is a true and accurate depiction of information contained in the electronic financial disclosure filing system held by the Florida Commission on Ethics.

This Verification and Receipt of Submission complies with Sections 112.3144(4) and 112.3145(2)(c), Florida Statutes, and, in accordance with those statutes, it may be presented to any qualifying officer by an incumbent in an elective office or any candidate holding another position subject to an annual filing requirement.

This Verification and Receipt of Submission is not a certification that the form submitted is complete or that the information entered in the form by the filer is true or correct. This Verification and Receipt of Submission is system generated, is created automatically, and its issuance does not indicate that the submission by the filer has been reviewed by Commission staff.

To see the filer's disclosure, visit <https://disclosure.floridaethics.gov/PublicSearch/Filings>. For questions regarding this Verification and Receipt of Submission, please contact the Florida Commission on Ethics at (850) 488-7864.

2025 Form 6 - Full and Public Disclosure of Financial Interests

RECEIVED

Hand Delivered

Filed with COE: 04/29/2026
2026 JUN 10 PM 4:20

General Information

DIVISION OF ELECTIONS
TALLAHASSEE, FL

Name: Victor Rohe

PID 299411

AGENCY INFORMATION

Organization	Suborganization	Title
Sarasota County Public Hospital Board	Members	Board Member

CANDIDATE FOR

Position	Agency Name	Position sought or held
State Senate	Sarasota Memorial Hospital Board	Florida Senate District 22 Sarasota Memorial Hospital Board Northern district seat 2

Net Worth

My Net Worth as of December 31, 2025 was \$ 500,000.00.

2025 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 04/29/2026

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.

The aggregate value of my household goods and personal effect is \$ 43,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Home	\$ 459,600.00
Regions Bank	\$ 14,000.00
Fifth Third Bank	\$ 15,000.00

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		

2025 Form 6 - Full Public Disclosure of Financial Interests

Filed with COE: 04/29/2026

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 2025 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 2025 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
Police Superior Officers	233 Braodway FL25 NY NY 10279	\$ 12,000.00
Police Pension Fund Art2	233 Broadway FL25 NY NY 10279	\$ 43,447.32
Principal Life Insurance	711 Desmoines IA 50392	\$ 11,165.88
Social Security Benefits	1 Jamaica Center Jamaica NY 11432	\$ 27,024.00

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

2025 Form 6 - Full and Public Disclosure of Financial Interests

Hand Delivered

Filed with COE: 04/29/2026

Training

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you 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.

Victor Rohe

Digitally signed: 04/29/2026

Filed with COE: 04/29/2026