

FOR OFFICE USE ONLY:

PROCESSED



*****AUTO**ALL FOR AADC 325 T4 P3 8

Hon Hiram Ingram
State Representative
House Of Representatives
Elected Constitutional Officer
10381 Vintage Dr
Pensacola, FL 32514-7493

COMMISSION ON ETHICS

DATE RECEIVED

JUL 01 2013

ID Code



ID No 235014

Conf. Code

P. Req. Code *****

Ingram, Hiram

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, 2012, 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 6/27, 20 13 was \$ 14,997.00.

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.

The aggregate value of my household goods and personal effects (described above) is \$ 25,500.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
<u>Property at 10381 Vintage Drive Pensacola, FL 32514</u>	<u>156,000.00</u>
<u>Bank Account (Bank of America) Checking Account *</u>	<u>2,500.00</u>
<u>Bank Account (BBVA Compass) Checking Account *</u>	<u>1,400.00</u>
<u>Bank Account (BBVA Compass) Savings Account *</u>	<u>3,000.00</u>
*Pensacola, Florida	

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<u>Bank of America 31 East 9th Mile Road Pensacola, FL 32514¹</u>	<u>117,153.00</u>
<u>ABC 26525 North Riverwood Blvd. 4th E. Maittara, FL 60045²</u>	<u>50,000.00</u>
<u>Richard A. Pope 6847 N. 9th Ave. Suite A 362 Pensacola, FL 32502³</u>	<u>6,250.00</u>
1 - Mortgage; 2 - Second Mortgage; 3 - Personal loan	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

You may ***EITHER*** (1) file a complete copy of your 2012 federal income tax return, *including all W2's, schedules, and attachments*, ***OR*** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

- ☐ I elect to file a copy of my 2012 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2012 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
Florida Legislature	402 S Monroe St. Tallahassee, FL	29,697.00

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

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			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

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 Escalambia

Sworn to (or affirmed) and subscribed before me this 27th day of

June, 20 13 by Clay Ingram

Susan C. Sears
(Signature of Notary Public--State of Florida)

Susan C. Sears
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced _____

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Clay Ingram



FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.
OTHER FORMS you may need to file are described on page 6.