Hon Vincent Spano  
State Representative  
House Of Representatives  
Elected Constitutional Officer  
2004 Abbey Trace Dr  
Dover FL 33527 -6018

COMMISSION ON ETHIC:  
DATE RECEIVED:  
SEP 03 2013

Spano Vincent

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 Dec. 31, 2012 was $756,613.18

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:
- 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 $45,000.00

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

<table>
<thead>
<tr>
<th>DESCRIPTION OF ASSET (specific description is required - see instructions p.4)</th>
<th>VALUE OF ASSET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northwestern Mutual Life / Whole Life Policy</td>
<td>$20,011.96</td>
</tr>
<tr>
<td>Franklin Templeton IRA Investment Accounts</td>
<td>$11,308.45</td>
</tr>
<tr>
<td>Personal Ownership Interest in Span &amp; Owen, P.A., a Florida Prof. Corp.</td>
<td>$792,000.00</td>
</tr>
</tbody>
</table>

PART C -- LIABILITIES

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

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF CREDITOR</th>
<th>AMOUNT OF LIABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Education Services, 1200 N. TH St, Harrisburg, PA 17102</td>
<td>$101,877.09</td>
</tr>
<tr>
<td>Largo Medical Center, 202 14th St SW, Largo, FL 33770</td>
<td>$999.45</td>
</tr>
<tr>
<td>Lakeland Regional Medical Center, 1324 Lakeland Hills Blvd, Lakeland FL 33805</td>
<td>$6,509.54</td>
</tr>
<tr>
<td>Alphera Financial, P.O. Box 36049, Dublin OH 43016</td>
<td>$1,083.09</td>
</tr>
</tbody>
</table>

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF CREDITOR</th>
<th>AMOUNT OF LIABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midland Funding LLC, P.O. Box 939019</td>
<td>$1,233.06</td>
</tr>
</tbody>
</table>

(Continued on reverse side)
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.]

<table>
<thead>
<tr>
<th>PRIMARY SOURCES OF INCOME (See instructions on page 5):</th>
<th>ADDRESS OF SOURCE OF INCOME</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spano &amp; Owen, P.A.</td>
<td>10101 Bloomington Ave, Riverview FL 33578</td>
<td>$208,419.20</td>
</tr>
<tr>
<td>Florida House of Representatives</td>
<td>420 The Capitol, 402 S. Monroe St. Tallahassee, FL 32399</td>
<td>$4,290.19</td>
</tr>
</tbody>
</table>

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

<table>
<thead>
<tr>
<th>NAME OF BUSINESS ENTITY</th>
<th>NAME OF MAJOR SOURCES OF BUSINESS’ INCOME</th>
<th>ADDRESS OF SOURCE</th>
<th>PRINCIPAL BUSINESS ACTIVITY OF SOURCE</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>NAME OF BUSINESS ENTITY</th>
<th>ADDRESS OF BUSINESS ENTITY</th>
<th>PRINCIPAL BUSINESS ACTIVITY</th>
<th>POSITION HELD WITH ENTITY</th>
<th>I OWN MORE THAN A 5% INTEREST IN THE BUSINESS</th>
<th>NATURE OF MY OWNERSHIP INTEREST</th>
</tr>
</thead>
</table>

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.

Signature of Reporting Official or Candidate

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

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

August 2012 by

KIM L. ALMAND
(Print, Type, or Stamp Commissioner’s Name or Notary Public)

Personally Known [ ] OR Produced Identification [ ]

Type of Identification Produced

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.
August 28, 2013

VIA REGULAE U.S. MAIL

Commission on Ethics
P.O. Drawer 15709
Tallahassee, FL 32317-5709

Re: Vincent Ross Spano/Form 6- Full and Public Disclosure of Financial Interest Representative/District 59

Dear Sir/Madam:

Please find enclosed for filing my Form 6, Full and Public Disclosure of Financial Interest. Should you have any questions or concerns, please contact me directly at (813) 677-1112. Thank you for your attention to this matter.

Very Truly Yours,

CHRISTMAS SPANO & OWEN, P.A.

[Signature]

V. Ross Spano

VRS/ka
Enclosure