

FOR OFFICE USE ONLY:

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

PROCESSED



245621



CHECK IF THIS IS A FILING BY A CANDIDATE

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, 20 12 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, 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 \$ 45,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
NORTHWESTERN MUTUAL LIFE / WHOLE LIFE POLICY	\$ 20,011.96
FRANKLIN TEMPLETON IRA INVESTMENT ACCOUNTS	\$ 11,308.45
PERSONAL OWNERSHIP INTEREST IN SPANO & OWEN, P.A., A FLORIDA PROF. CORP.	\$ 792,000.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
AMERICAN EDUCATION SERVICES, 1200 N. 7 TH ST, HARRISBURG, PA 17102	\$ 101,877.09
LARGO MEDICAL CENTER, 201 14 TH ST SW, LARGO, FL 33770	\$ 999.45
LAKELAND REGIONAL MEDICAL CENTER, 1324 LAKELAND HILLS BLVD, LAKELAND FL 33805	\$ 6,509.54
ALPHERA FINANCIAL, P.O. BOX 3608, DUBLIN OH 43016	\$ 1,088.09
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:	
NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
MIDLAND FUNDING LLC, P.O. BOX 939019 (INDIVIDUAL LIABILITY)	\$ 1,233.06

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
SPANO & OWEN, P.A.	10101 BLOOMINGDALE AVE. RIVERVIEW FL 33578	\$ 208,419.20
FLORIDA HOUSE OF REPRESENTATIVES	420 THE CAPITOL, 402 S. MONROE ST. TALLAHASSEE, FL 32399	\$ 4,290.19

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

STATE OF FLORIDA
 COUNTY OF HILLSBOROUGH

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 29 day of

August, 2012, by ROSS SPANO

Kim L. Almand
 (Signature of Notary Public--State of Florida)

[Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

(Print, Type, or Stamp Commissioned Name of Notary Public) **KIM L. ALMAND**
 Personally Known OR Produced Identification
 My Commission #FF016923 Expires May 13, 2017
 (407) 398-0183 FloridaNotaryService.com
 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.

CHRISTMAS SPANO & OWEN, P.A.

Attorneys and Counselors at Law

REPLY TO RIVERVIEW

3840 REMINGTON GREEN CIR., STE. A
TALLAHASSEE, FLORIDA 32308
TELEPHONE: (850) 386-1234
FACSIMILE: (850) 386-6163

10101 BLOOMINGDALE AVE., STE. 201
RIVERVIEW, FLORIDA 33578
TELEPHONE: (813) 677-1112
FACSIMILE: (813) 677-1151

503 E. JACKSON ST., STE. 321
TAMPA, FLORIDA 33602
TELEPHONE: (813) 677-1112
FACSIMILE: (813) 677-1151

BRYANT H. DUNIVAN, JR.
STUART A. CHRISTMAS
MICHAEL J. OWEN
V. ROSS SPANO
BRENT WOODY, OF COUNSEL

COMMISSION ON ETHICS
STATE OF FLORIDA

SEP 03 2013

August 28, 2013

VIA REGULAE U.S. MAIL

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

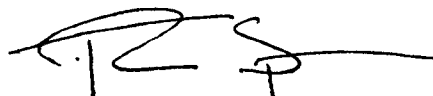
Re: Vincent Ross Spano/Form 6- Full and Public Disclosure of Financial Interest
Representative/District 59

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.



V. Ross Spano

VRS/ka
Enclosure