

**FORM 6****FULL AND PUBLIC DISCLOSURE****OF FINANCIAL INTEREST 2014****2013**

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

LAST NAME — FIRST NAME — MIDDLE NAME:

**Ingram Hiram Clayton**

MAILING ADDRESS:

**10381 Vintage Drive**

CITY

**Pensacola**

ZIP

**32514**

COUNTY

**Escambia**

NAME OF AGENCY:

**House of Representatives**

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

**State Representative District 1**CHECK IF THIS IS A FILING BY A CANDIDATE ☒RECEIVED  
DEPARTMENT OF STATEJUN 16 2014  
OFFICE ONLY:DIVISION OF ELECTIONS  
TALLAHASSEE, FL

235014

PROCESSED

**PART A -- NET WORTH**

Please enter the value of your net worth as of December 31, 2013, 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 June 16, 2014 was \$ 18,807.64**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 \$ 26,450.00**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

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

VALUE OF ASSET

Personal Residence: 10381 Vintage Drive Pensacola, FL 32514

156,000.00

Checking Account: Bank of America, Pensacola, FL

515.00

Checking Account: BBVA Compass, Pensacola, FL

2,950.00

Savings Account: BBVA Compass, Pensacola, FL

580.00

**PART C -- LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

Mortgage on Personal Residence: Bank of America 31 E. 9 Mile Rd., Pensacola, FL 32514

114,087.36

Home Equity Line of Credit on Personal Residence: HSBC 26525 N. Riverwoods Blvd. 4 NE Mattawa, IL 60045

48,000.00

Personal Loan: Richard A. Pope 6847 N. 9th Ave. Suite 9362, Pensacola, FL 32502

5,600.00

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 2013 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 2013 federal income tax return and all W2's, schedules, and attachments  
 [If you check this box and attach a copy of your 2013 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 South Monroe Street, 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]

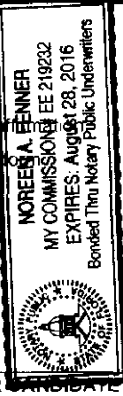
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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 affirm 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 Alachua

Sworn to (or affirmed) and subscribed before me this 16<sup>th</sup> day of

June 2014 by Clay Ingram

(Signature of Notary Public--State of Florida)

Noreen A. Fenner  
 (Print, Type, or Stamp Commissioned Name of Notary Public)

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.**