

245621

FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2017

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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
Spano Vincent Ross

MAILING ADDRESS:
2004 Abbey Trace Dr.

CITY: ZIP: COUNTY:
Dover 33527 Hillsborough

NAME OF AGENCY:
Florida House of Representatives

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
Member, District 59

CHECK IF THIS IS A FILING BY A CANDIDATE

FLORIDA
COMMISSION ON ETHICS
JUL 12 2018
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PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2017 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 December 31, 20 17 was \$ 321,944.62.

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, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ 28,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:	
DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Florida Retirement Account	\$18,445.23
Personal Interest in Spano & Woody, P.A.	\$375,000.00
Bank Account (CenterState Bank)	\$5,654.22
Bank Account (Regions)	\$1,236.43

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):	
NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Great Lakes, 2401 International Lane, Madison, WI 53704	\$106,391.26

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:	
NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- 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 2017 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 2017 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2017 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 & Woody, P.A.	10101 Bloomingdale Ave, Riverview, FL	\$92,490.58
State of Florida, House of Reps	402 S Monroe St, Tallahassee, FL	\$26,646.12

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			

PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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 Hillsborough

Sworn to (or affirmed) and subscribed before me this 11th day of

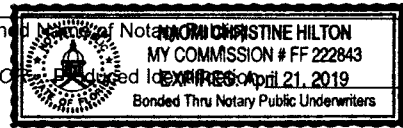
July, 2018 by Vincent Ross Spano

[Signature]
 (Signature of Notary Public, State of Florida)

Naomi Hilton
 (Print, Type, or Stamp Commission)

Personally Known X

Type of Identification Produced



[Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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.

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

Attachment A
PART D - INCOME

PRIMARY SOURCE OF INCOME

<u>Name</u>	<u>Address</u>	<u>Amount</u>
Michael Hausmann	15662 Hawks Crest Loop Odessa, Florida 33556	\$11,327.16

SPANO & WOODY, P.A.

Attorneys and Counselors at Law

REPLY TO RIVERVIEW

812 LOUDEN AVE.
DUNEDIN, FLORIDA 34698
TELEPHONE: (727) 940-2282
FACSIMILE: (813) 677-1151

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

20745 STERLINGTON DR.
LAND O' LAKES, FLORIDA 34639
TELEPHONE: (813) 677-1112
FACSIMILE: (813) 677-1151

V. ROSS SPANO
BRENT A. WOODY, OF COUNSEL

FLORIDA
COMMISSION ON ETHICS
JUL 12 2018

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July 11, 2018

VIA OVERNIGHT DELIVERY


Commission on Ethics
325 John Knox Road, Building E
Suite 200
Tallahassee, FL 32303

Re: Form 6 Disclosure Filing

Dear Sir/Madam:

Please find enclosed for filing my Form 6 Disclosure. Should you have any questions or need further clarification, please contact me at (813) 677-1112. Thank you in advance for your assistance with this matter.

Very Truly Yours,
SPANO & WOODY, P.A.



V. Ross Spano, Esq.

VRS/nh
Encl.