FULL AND PUBLIC DISCLOSURE **OF FINANCIAL INTERESTS**

PROCESSED

2018

FOR OFFICE USE ONLY: **FLORIDA**

COMMISSION ON ETHICS

JUN 1 0 2019

RFCEIVED

ID Code

ID No. 228403

Conf. Code

Hage, Brett

*******AUTO**ALL FOR AADC 320 T2 P2 22 291

Hon Brett Hage State Representative House Of Representatives **Elected Constitutional Officer** PO Box 153 Oxford, FL 34484-0153

րիժիրդկիկություրի արժինիկինի հանդիսին

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, 2018 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 5 , 20 19 was \$ 1,355, 413.18

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, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ 385, cc.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

2210 CR 262 CASOND FL 34484 - OWNED BY The Brett T. HAY Trust \$600,000.00

Holopaus, Fl. 34773 owned by The Best T. Hap Trust, Chais Molinary las Firmall, William Jetting Juyon, phill IDH 24273 160043331000B

کا او محددد

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

\$ 29, 782.50 U.S. But POBOX 790179 St. Louis, MO 63179-0179 But of America, PC Box 45224 Just smulle Fl 32232-5224 \$ 24, 900.89

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

è Giendona Yodan 5116 CR 301A

CE FORM 6 - Effective January 1, 2019 Incorporated by reference in Rule 34-8.002(1), F.A.C.

(Continued on reverse side)

PAGE 1

		PART D -	- INCOME		
Identify each separate source and copy of your 2018 federal income attaching your returns, as the law	tax return, including all W2	s, schedules, a	O during the year, including secondand attachments. Please redact and Commission's website.	ary sources of incom y social security or a	e. Or attach a complete account numbers before
I elect to file a copy of my [If you check this box and	2018 federal income tax re attach a copy of your 2018	turn and all W2 tax return, you	2's, schedules, and attachments. I need not complete the remainder	of Part D.]	
PRIMARY SOURCES OF INCOM	E (See instructions on pa	nge 5):			
NAME OF SOURCE OF INCOM	ME EXCEEDING \$1,000		ADDRESS OF SOURCE OF INC	OME	AMOUNT
					-
SECONDARY SOURCES OF INC	OME [Major customers, cli-	ents, etc., of bu	usinesses owned by reporting pers	onsee instructions	on page 5]:
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS		ADDRESS OF SOURCE		INCIPAL BUSINESS TIVITY OF SOURCE
PA	RT E INTERESTS II	N SPECIFIE	D BUSINESSES [Instructions	on page 61	
	BUSINESS ENTITY		BUSINESS ENTITY # 2		SS ENTITY # 3
NAME OF BUSINESS ENTITY					
ADDRESS OF					
PRINCIPAL BUSINESS ACTIVITY					
POSITION HELD WITH ENTITY					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS					
NATURE OF MY					
OWNERSHIP INTEREST					
			TRAINING		
			cs training pursuant to sect		S.
	SERTIFY THAT I H	AVE COM	PLETED THE REQUIRE	D TRAINING.	
OAT	ГН	STATE COUN	OF FLORIDA TY OF		
I, the person whose name appea			to (or affirmed) and subscribed be	fore me this	day of
beginning of this form, do depose	on oath or affirmation		, 20 by	-	
and say that the information discl			, 20 by _		•
and any attachments hereto is true and complete.	ue, accurate,	(Signat	ure of Notary PublicState of Flor	ida)	
		(Print,	Type, or Stamp Commissioned Na	me of Notary Public)
			ally Known OR F	-	
SIGNATURE OF REPORTING O	FFICIAL OR CANDIDATE		Identification Produced		-
If a certified public accountant lice she must complete the following		3, or attorney	in good standing with the Florid	a Bar prepared this	s form for you, he or
l,		, prepared t	he CE Form 6 in accordance wi	th Art. II, Sec. 8, Fl	orida Constitution,
Section 112.3144, Florida Statutand correct.	es, and the instructions to	o the form. Up	on my reasonable knowledge a	nd belief, the disclo	sure herein is true
·· - -··					
			_		
Signature				Date	
Preparation of this form by	a CPA or attorney do	oes not relie	ve the filer of the responsib	ility to sign the t	orm under oath.
IF ANY OF PARTS A T	HROUGH E ARE CO	NTINUED (ON A SEPARATE SHEET, I	PLEASE CHECK	CHERE []

FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

2018

FOR OFFICE USE ONLY: FLORIDA

COMMISSION ON ETHICS

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228403 ID No.

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Hage, Brett

********AUTO**ALL FOR AADC 320 T2 P2 22 291

Hon Brett Hage State Representative House Of Representatives **Elected Constitutional Officer** PO Box 153 Oxford, FL 34484-0153

ըլի Միլիկիկում հոգովիայի հիկիկիկիկի իրի հի

CHECK IF THIS IS A FILING BY A CANDIDATE

PART	A	NET	WORTH
TAIL	τ.	1 1 1 2 1	,, 014111

Please enter the value of your net worth as of December 31, 2018 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	, 20 was \$ __	•
--------------------	--------------------------	---

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 \$

ASSETS	INDIVIDUAL	I Y VALUE	TΔ	OVER	\$1	000-
MOGE IO	INDIVIDUAL	LI VALUEL	, ~ .	OAFI	φ,	,000.

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

VALUE OF ASSET

450,000.00

PART C -- LIABILITIES

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

AMOUNT OF LIABILITY

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

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CHECK IF THIS IS A FILING BY A CANDIDATE

PART	`A	NET	W	OR	ГΗ
------	----	-----	---	----	----

Please enter the value of your net worth as of December 31, 2018 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 ______, 20 _____ was \$ ______.

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 \$

ASSETS INDIVID	UALLY VALUED AT OVI	ER \$1,000:
-	DESCRIPTION OF ASSE	ET (specific descri

ption is required - see instructions p.4)

VALUE OF ASSET 井 130,000,00

609 Gray AUR, W. 10 WOOD FL 34785

(continues)

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

Citizens First Brut P.C. But 369

98, 800, 58

The V.11Ages, FL 32158 -0369

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

2018

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FLORIDA COMMISSION ON ETHICS

JUN 1 0 2019

********AUTO**ALL FOR AADC 320 T2 P2 22 291

Hon Brett Hage State Representative House Of Representatives Elected Constitutional Officer PO Box 153 Oxford, FL 34484-0153

ID Code

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ID No. 228403

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Hage, Brett

ոհականիկաներականդերիկիկիկիկոնվան

CHECK IF THIS IS A FILING BY A CANDIDATE

PART	'A	- NET	WC	RT	Ή
------	----	-------	----	----	---

Please enter the value of your net worth as of December 31, 2018 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	, 20	was	i \$	
--------------------	------	-----	------	--

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 \$

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

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

VALUE OF ASSET

12160 CR223

oxford, FL. 3448

300,000.00

(continued

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

.

AMOUNT OF LIABILITY

Citizens First Bant, P.O. Box 369 The Villages, Fl 32158-0369

1 173,812.93

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

2018

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Hage, Brett

""""AUTO""ALL FOR AADO 320 F2 | P2 22 29 1 Hon Brett Hage State Representative House Of Representatives Elected Constitutional Officer PO Box 153 Oxford, FL 34484-0153

The aggregate value of my household goods and personal effects (described apove) is \$ ____

CHECK IF THIS IS A FILING BY A CANDIDATE

PARTA	NET	W(DRTH
-------	-----	----	------

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		was \$		
--	--------------------	--	--------	--	--

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 pategory includes any of the following, if not held for investment purposes: jeweiry; collections of stamps, guns, and numismatic items; art pojects; household equipment and furnishings; plothing; other household items; and vehicles for personal use, whether owned or eased.

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Citizens First Bont - Drett & Comore Hogy	40, 322 . ८१
Citizens Fest Bank - The Brett T. Hark Tempt	8,661.39
Community Bent + Trust - Diet, Candie, Cooper Hye	16,630.00
Bagions Bant (continued)	1226.13

PART C - LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):	
NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

2018

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Conf. Code

Hage, Brett

State Representative
House Of Representatives
Elected Constitutional Officer

*******AUTO**ALL FOR AADC 320 T2 P2 22 291

PO Box 153

Hon Brett Hage

Oxford, FL 34484-0153

ռիակարկիկումներինարմիսիկիվիկիիինիվուն

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, 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	20) was \$		
--------------------	----	----------	--	--

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 \$

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

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

VALUE OF ASSET

PArcel ID# D18-166 Sunter Country, Florida # 250,000

PART C - LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

The Villages FL 32158-0369

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

2018

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Hage, Brett

Hon Brett Hage State Representative House Of Representatives Elected Constitutional Officer PO Box 153 Oxford, FL 34484-0153 ntellantillterltgerbongtoblightdichigtetti

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, 2013 or a more current date. [Note: Net worth is not baiqualed by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.5

My neti-	worth as c	f	20	//a	

PART B - ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be recorded in a lump sum if their aggregate value exceeds \$1,000. This pategory includes any of the following, if not held for investment purposes: jeweiny: pollections of stamps, and numismatic temet art pojects, household equipment and furnishings; piothing; other household items; and vehicles for personal use, whether owned or leased.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

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

PART C - LIABILITIES

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

AMOUNT OF LIABILITY

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

1 AMOUNT OF LIABILITY

DB FORM 3 - Eifective January (1201) notroporated by reference in Rule (M43,000) (Fix p

Continued in leveral lide

		PART D							
Identify each separate source and a copy of your 2018 federal income to attaching your returns, as the law re	ax return, including all W2	2s, schedules, ar	nd attachments. Please	redact any socia	rces of inco I security o	ome. Or attach a complete r account numbers before			
I elect to file a copy of my 2 [If you check this box and as	018 federal income tax re ttach a copy of your 2018	eturn and all W2's tax return, you	s, schedules, and attact need not complete the r	nments. remainder of Part	D.]				
PRIMARY SOURCES OF INCOME	(See instructions on pa	age 5):							
NAME OF SOURCE OF INCOM			ADDRESS OF SOURC			AMOUNT			
THO Distribution, In	· · · · · · · · · · · · · · · · · · ·	3238 NE 3	31th Place, Will	June 7, FL. 3	4769	358, 143 60			
THO concrete THO Supplies		1969 CE	969 CR 228 Williams FL 34785 358, 743. 60						
SECONDARY SOURCES OF INCO)ME [Major customers, cl	ients, etc., of bu	sinesses owned by repo	orting personsee					
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS		ADDRÉ OF SOU			PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
Core Partnership		MID IK	500 NW 6	ot st	Fishing Mont Charle				
		17	Sule C, GAI		326	07			
PAR	RT E INTERESTS I	N SPECIFIEI	The second second second second		age 61	<u></u> :			
1.40	BUSINESS ENTITY		BUSINESS ENTITY			IESS 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 - 7	ΓRAINING						
	required to complete								
<u> </u>	ERTIFY THAT I H				RAINING).			
OAT	CH	STATE COUNT	OF FLORIDA	ex		iorida .: 2022 y Assn.			
I, the person whose name appear	s at the		o (or affirmed) and sub		e this	THY day of the state of the sta			
beginning of this form, do depose	on oath or affirmation	dur	,	19 by Bre		State State			
and say that the information disclo		#	ose B		1	E AMA Jbiic ission Exp			
and any attachments hereto is true, accurate, (signature of Notary PublicState of Florida)						PAIG ory Comm Comm			
and complete.			YC BY DWN Type, or Stamp Commis	sioned Name of	Notary Pul	alic)			
- 111		•	ally Known	OR Produc					
But the	-		Identification Produced						
SIGNATURE OF REPORTING OF			- 2 1						
If a certified public accountant lic		73, or attorney	in good standing with	the Florida Bar	prepared	this form for you, he or			
she must complete the following statement: , 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 of	does not relie	ve the filer of the r	esponsibility	to sign th	ne form under oath.			
IF ANY OF PARTS A T	HROUGH E ARE C	ONTINUED	ON A SEPARATE S	SHEET, PLEA	SE CHE	CK HERE			