FORM 6 FULL AND PUBLIC DISCLOS	2019	
Please print or type your name, mailing address, agency name, and position below: OF FINANCIAL INTEREST	S FOR	OFFICE USE ONLY:
LAST NAME - FIRST NAME - MIDDLE NAME: Hage Brett Thomas MAILING ADDRESS. P.C. Bat 153	PROCESS	
CITY ZIP COUNTY CX FOR D 34484 SUMTER NAME OF AGENCY NAME OF OFFICE OR POSITION HELD OR SOUGHT State Representative District 33 CHECK IF THIS IS A FILING BY A CANDIDATE	220103	RECEIVED 2020 JUN - I AM 10: IS DIVISION OF ELECTION TALLAHASSEE, FL
PART A – NET WORTH		
Please enter the value of your net worth as of December 31, 2019 or a more curriculated by subtracting your <i>reported</i> liabilities from your <i>reported</i> assets, so please. My net worth as of	e see the instructi	ions on page 3.]
PART B – ASSETS HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate value e following, if not held for investment purposes: jewelry: collections of stamps, guns, and numism furnishings: clothing, other household items; and vehicles for personal use, whether owned or least. The aggregate value of my household goods and personal effects (described above) is \$	atic items; art objects; ed.	
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instructions p		
The state of the s	4)	VALUE OF ASSET
2210 CR 202 CHICOD FL 34484 - CMUD BY The	3 ett T. Har Trust	
	3 ett T. Har Trust	\$ 650,000.00
Holopan, FL. 34773 - como By - The Bett F. Hap Trust Do glas Forcell, paral ID # 2427911	3 ett T. Hy Trust Chars Molina	# 650,000.00
Holopan, FL. 34773 - como By - The Bett Folton Funit Doglas Formell, paral ID#2427511	3 ett T. Hy Trust Chars Molina	\$ 650,000.00
Holopan, FL. 34773 . June By - The Bett F. Han Tunit	3 ett T. Hy Trust Chars Molina	\$ 650,000.00
PART C - LIABILITIES LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4): NAME AND ADDRESS OF CREDITOR	3 ett T. Har Fast Churs Michingu : 0003331000B	対 650,000.00 料 15,000.00
PART C - LIABILITIES LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):	3 ett T. Hy Fast Chas Mohnen 20023331000 B	# 650,000.00
PART C - LIABILITIES LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4): NAME AND ADDRESS OF CREDITOR CAPITAL C.ty BANK PC fix 900, Tallahassiec, FL	3 ett T. Hy Fast Chas Mohnen 20023331000 B	# 650,000.00 # 15,000.00 AMOUNT OF LIABILITY # 55,714.75
PART C - LIABILITIES LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4): NAME AND ADDRESS OF CREDITOR CAPITAL C.ty BANK PCRX 900, Tallahassee, FL C.tizens Cine BANK FCRX 42113 PROVIDENCE, F	3 ett T. Hy Fast Chas Mohnen 20023331000 B	# 650,000.00 # 15,000.00 AMOUNT OF LIABILITY # 55,714.75
PART C - LIABILITIES LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4): NAME AND ADDRESS OF CREDITOR CAPITAL C.ty BANK PC fix 900, Tallahassiec, FL	3 ett T. Hy Fast Chas Mohnen 20023331000 B	# 650,000.00 # 15,000.00 AMOUNT OF LIABILITY # 55,714.75
PART C - LIABILITIES LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4): NAME AND ADDRESS OF CREDITOR CAPITAL C.TY BANK PCRX 900, Tallahassee, FL C. Tizens Cine Bank for fix 42113 providence, F	3 ett T. Hy Fast Chas Mohnen 20023331000 B	# 15,000.00 # 15,000.00 AMOUNT OF LIABILITY # 55,714.75 # 30,333 & 5

FORM 6	FULL AND I	PUBLIC	DISCL	OSURE		2019
Please print or type your name, mailing address, agency name, and position below:	OF FINA	NCIAL II	NTER	ESTS	FOR OFF	ICE USE ONLY:
LAST NAME - FIRST NAME - MIDD	LE NAME				•	
MAILING ADDRESS.				1		
				1		
CITY	ZIP C	YTNUC				
NAME OF AGENCY						
NAME OF OFFICE OR POSITION HEL	D OR SOUGHT					
CHECK IF THIS IS A FILING BY A CAN	IDIDATE 🔲					
	PAR	TA – NET WO	ORTH			
Please enter the value of your n culated by subtracting your repo						
My net worth as of		, 20	_ was \$ _			
	α	ART B – ASSE	TC			
HOUSEHOLD GOODS AND PERSONA Household goods and personal effect following, if not held for investment p furnishings; clothing; other household	AL EFFECTS: its may be reported in a li purposes, jewelry; collecti	ump sum if their a ons of stamps. g	aggregate va uns, and nu	ımismatic items;		
The aggregate value of my household	goods and personal effe	cts (described abo	ove) is \$			
ASSETS INDIVIDUALLY VALUED AT C DESCRIPTION OF AS	OVER \$1,000: SET (specific description	on is required - s	ee instructi	ons p.4)		VALUE OF ASSET
CHUD FL. 34484	•				<u> </u>	415,000.00
parce)]	ID# DISA	CC3				
	PAR	T C – LIABIL	ITIES			
LIABILITIES IN EXCESS OF \$1,000 (Se NAME AND ADDRESS		4):			Al	NOUNT OF LIABILITY
JOINT AND SEVERAL LIABILITIES NO NAME AND ADDRESS					į Al	MOUNT OF LIABILITY

FORM 6	2019				
Please print or type your name, mailing address, agency name, and position below:	FOR OFFICE USE ONLY:				
LAST NAME — FIRST NAME — MIDE	DLE NAME				
MAILING ADDRESS					
CITY	ZIP ·	COUNTY			
NAME OF AGENCY :					
NAME OF OFFICE OR POSITION HEI	_D OR SOUGHT				
CHECK IF THIS IS A FILING BY A CA	NDIDATE 🔲				- Color
	PA	RT A NET WO	ORTH		
Please enter the value of your r culated by subtracting your repo					=
My net worth as of		•	•		
	AL EFFECTS: tts may be reported in a purposes, jewelry; coile	ctions of stamps, g	iggregate valu uns, and numi	smatic items.	000. This category includes any of the art objects, household equipment and
The aggregate value of my household	d goods and personal ef	fects (described abo	ove) is \$		
ASSETS INDIVIDUALLY VALUED AT (OVER \$1,000: SSET (specific descrip	tion is required - s	ee instruction	s p.4)	VALUE OF ASSET
609 Gray	Avenue, W	. WLLCD, FL	. 3478	5	# 145,000.00
	· <u>·</u>				
	PA	RT C – LIABIL	ITIES		
LIABILITIES IN EXCESS OF \$1,000 (Se	. •	e 4):			AMOUNT OF LIABILITY
Citizens First	+ BANF				1 95, 830.74
PC BOX 369		17.0			
The Villages, 1	FL 32178 - (2067			
JOINT AND SEVERAL LIABILITIES NO NAME AND ADDRESS					AMOUNT OF LIABILITY
		·			
		<u> </u>			

FORM 6	FULLANI) PUBLIC	DISCLO	SURE	 I	2019
Please print or type your name, mailing address, agency name, and position below LAST NAME — FIRST NAME — MID	:	ANCIAL I	NTERES	TS	FOR OF	FICE USE ONLY:
DAST MAINE - PIRST NAINE - MID	DLE NAME					
MAILING ADDRESS						
CITY	ZIP ·	COUNTY				
NAME OF AGENCY.			:			
NAME OF OFFICE OR POSITION HE	LD OR SOUGHT					
CHECK IF THIS IS A FILING BY A CA	NDIDATE 🔲				······	
		PART A NET W				
Please enter the value of your culated by subtracting your rep						
My net worth as of		, 20	_ was \$			•
		PART B - ASS	ETS			
HOUSEHOLD GOODS AND PERSON Household goods and personal effe following, if not held for investment furnishings, clothing; other househol	cts may be reported in purposes: jewelry; co	llections of stamps.	guns, and numisn	natic items,		
The aggregate value of my househo	ld goods and personal	effects (described ab	ove) is \$			
ASSETS INDIVIDUALLY VALUED AT DESCRIPTION OF A	OVER \$1,000: SSET (specific desc	iption is required - s	see instructions (p.4)		VALUE OF ASSET
pared ID # D	C7-C15	Sumte	a Cunaky	FL	. \$	275,000.00
panul ID # DI	E - 166		<u> </u>	1		
		'ART C – LIABII	LITIES			
LIABILITIES IN EXCESS OF \$1,000 (S NAME AND ADDRES		age 4):			A	MOUNT OF LIABILITY
			·	-		
		···	·			
JOINT AND SEVERAL LIABILITIES NO NAME AND ADDRES		/E:				MOUNT OF LIABILITY

FORM 6	FULL AN	D PUBLIC	DISCL	OSURE		2019
Please print or type your name, mailing address, agency name, and position below		IANCIAL	INTERE	ESTS	FOR OF	FICE USE ONLY:
LAST NAME - FIRST NAME - MIDI						
MAILING ADDRESS	<u> </u>					
CITY	ZIP ·	COUNTY				
NAME OF AGENCY						
NAME OF OFFICE OR POSITION HE	LD OR SOUGHT					
CHECK IF THIS IS A FILING BY A CA	NDIDATE 🔲		:			
		PART A - NET	WORTH			
Please enter the value of your report culated by subtracting your report report in the culated by subtracting your report						
My net worth as of		, 20	was \$ _	**************************************	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
		PART B AS	SETS		- ···	
HOUSEHOLD GOODS AND PERSON Household goods and personal effer following, if not held for investment furnishings: clothing: other household	cts may be reported purposes: jewelry; c	ollections of stamps	i, guns, and nur	mismatic items;	.000. This catego art objects, hous	ry includes any of the sehold equipment and
The aggregate value of my household	ld goods and persona	l effects (described	above) is \$			
ASSETS INDIVIDUALLY VALUED AT DESCRIPTION OF A		ription is required	- see instructio	ons p.4)		VALUE OF ASSET
IRA Account	(RAYMENT		4 人 5%に4	cter)		11, 253 95
401 K Account	(Wells 1	Farqc)			\$1	13,742.00
		PART C - LIAB	ou ities			
LIABILITIES IN EXCESS OF \$1,000 (S	iee instructions on p		oiliiles		ı A	MOUNT OF LIABILITY

JOINT AND SEVERAL LIABILITIES N	OT REPORTED ABO	VE:				
NAME AND ADDRES					A	MOUNT OF LIABILITY
			<u>.</u>			

FORM 6 FULL AND PUBLIC DISCLOSURE	2019
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	
MAILING ADDRESS	
CITY ZIP COUNTY	
NAME OF AGENCY	
NAME OF OFFICE OR POSITION HELD OR SOUGHT	
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, 2019 or a more current date. [N culated by subtracting your reported liabilities from your reported assets, so please see the installation of the culated by subtracting your reported liabilities from your reported assets, so please see the installation of the culated by subtracting your reported liabilities from your reported assets, so please see the installation of the culated by subtracting your reported liabilities from your reported assets.	
My net worth as of, 20was \$	
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, following, if not held for investment purposes, jewelry; collections of stamps, guns, and numismatic items; art of 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
C.t.zens First BACE - Biett & Combine Haye	1 116, 332.16
Citizens First Bant - The Brett T. Hage Trust	H 7071.79
M.v- Florida Credit Union- Breth, Carolin, Cuper Hage	# 68,303 45
Region Bant - Brett & CAndle Hage	1959.10
PART C - LIABILITIES	
LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4): NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
WARE AND ADDRESS ST. SKEDINGK	AMOUNT OF MADIETY
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 2019 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.								
, -	•		's, schedules, and attachments, need not complete the remainder	r of Part D.]				
PRIMARY SOURCES OF INCO	,	ige 5):	ADDRESS OF SOURCE OF INC	COME	AMOUNT			
TizD D.Sh. bution		3224 N	E37th Place Williams		# 113 553 59			
T' D Concute	Inc	-	R 228 12 10 10000		# 14,41C &E			
		<u> </u>	isinesses owned by reporting pers					
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS	RSOURCES	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
Core Partugling	Neuti Merma	no Inc	500 NW CCH St	. Fish	-But Chriter			
1		,	Suk C camualle	34.61	<u> </u>			
P	ART E INTERESTS I	N SPECIFIE	D BUSINESSES [Instruction	s on page 6				
NAME OF	BUSINESS ENTITY	# 1 	BUSINESS ENTITY # 2	BUSI	INESS ENTITY #3			
BUSINESS ENTITY ADDRESS OF								
BUSINESS ENTITY PRINCIPAL BUSINESS								
ACTIVITY								
POSITION HELD WITH ENTITY		1			· · · · · · · · · · · · · · · · · · ·			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS								
NATURE OF MY OWNERSHIP INTEREST								
		PART F -	TRAINING					
	•		ics training pursuant to sec					
	CERTIFY THAT I H	AVE COM	PLETED THE REQUIRE	ED TRAININ	G.			
O A	TH		OF FLORIDA					
l. the person whose name app	ears at the	Sworn	Sworn to (or affirmed) and subscribed before me by means of					
beginning of this form, do depo		phy	physical presence or online notarization, this day of					
and say that the information dis and any attachments hereto is			20 by					
and complete.	ade, decurate,	(Signal	(Signature of Notary PublicState of Florida)					
		(Print.	Type, or Stamp Commissioned N	ame of Notary Pr	ublic)			
SIGNATURE OF REPORTING	OFFICIAL OR CANDIDATE	Ē	ally Known OR					
		Туре о	f Identification Produced					
If a certified public accountant she must complete the following	,	73, or attorney	in good standing with the Flori	da Bar prepared	this form for you, he or			
l	h	prepared	the CE Form 6 in accordance woon my reasonable knowledge	vith Art. II, Sec.	8. Florida Constitution,			
Section 112.3144, Florida Sta and correct.	tutes, and the instructions t	to the form. Up	oon my reasonable knowledge a	and belief, the d	isciosure nerein is true			
Signatur	e		-	Date				
· ·		loes not relie	ve the filer of the responsi	bility to sign t	the form under oath.			
					ECK HERE			

		PART D -	- INCOM	E				
Identify each separate source ar copy of your 2019 federal incom attaching your returns, as the la	ne tax return, including all W2	s, schedules, a	ind attachme	nts. Please redac				
	ny 2019 federal income tax re nd attach a copy of your 2019					D.]		
PRIMARY SOURCES OF INCO	ME (See instructions on pa	ige 5):						
NAME OF SOURCE OF INC	OME EXCEEDING \$1,000			OF SOURCE OF			AMOUNT	
State of, Flo	1.D4	2661	13 12 in	store for	Talluh	45544 \$	39,69700	
C							,	
SECONDARY SOURCES OF II	NCOME [Major customers, cli	ents, etc., of bi	usinesses ow	med by reporting	personsee	instruction	ns on page 5]:	
NAME OF	NAME OF MAJOR		1	ADDRESS			PRINCIPAL BUSINESS	
BUSINESS ENTITY	OF BUSINESS	INCOME		OF SOURCE		<u> </u>	CTIVITY OF SOURCE	
P	PART E – INTERESTS I	N SPECIFIE	D BUSINE	SSES [Instruct	ions on pa	ige 6]		
NAME OF	BUSINESS ENTITY	# 1	BUSIN	ESS ENTITY # 2		BUSIN	ESS ENTITY #3	
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 -	TDAININ	r				
For office	ers required to complete				section 11	12 3142	ES	
	I CERTIFY THAT I H			•				
	ATH		OF FLORIC)A				
			TY OF	ed) and subscribe	nd hefore m	e by mean	s of	
 the person whose name app beginning of this form, do depe 		• • • • • • • • • • • • • • • • • • • •	(ce or and substribe		,		
and say that the information di			—·· —					
and any attachments hereto is			20 by					
and complete.		(Signa	(Signature of Notary Public-State of Florida)					
		(Print.	Type, or Sta	mp Commissione	d Name of	Notary Pub	olic)	
						-		
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE			Personally Known OR Produced Identification Type of Identification Produced					
If a certified public accountant she must complete the follow		73, or attorney	in good sta	inding with the F	lorida Bar	prepared (his form for you, he or	
	ing diatomore.	prepared	the CF For	n 6 in accordan	ce with Art.	II. Sec. 8.	Florida Constitution.	
Section 112.3144. Florida Sta and correct.	atutes, and the instructions	to the form. U	pon my reas	sonable knowled	ge and beli	ief, the dis	closure herein is true	
Signatu	re		-			Date		
Preparation of this form		loes not relia	eve the file	r of the respo	nsibility (e form under oath	
•	•							
I IF ANY OF PARTS A	A THROUGH E ARE CO	ONTINUED	ON A SEI	PARATE SHE	ET, PLEA	SE CHE	CK HERE 🔲	

		PART D	INCOM	E				
Identify each separate source and copy of your 2019 federal income tattaching your returns, as the law r	tax return, including all W2	s, schedules,	and attachme	ents. Pleas	e redact any socia			
I elect to file a copy of my 2 [If you check this box and a						t D.J		
PRIMARY SOURCES OF INCOME	,	ge 5):				1		
NAME OF SOURCE OF INCOM	E EXCEEDING \$1.000	16. e.c. e			ICE OF INCOME	. , ,	OMA LL H	
13-D Supplies	1 7 111		-R 22C				# 11,000	
Holding Company	of The Villyus	3611	Kiessel	FGAC,	The Killyr,	32113	1141,003	, C`1
SECONDARY SOURCES OF INC			usmesses ov					NECC
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS				RESS OURCE		RINCIPAL BUSI CTIVITY OF SO	
PAF	RT E INTERESTS I	N SPECIFIE	D BUSINE	SSES Hr	structions on o	age 61		
	BUSINESS ENTITY			ESS ENTIT	_	-	ESS 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								
OWNERSHIF INTEREST								
For officers	raquirad to camplata		TRAINING			10 0140	F.C.	
	required to complete CERTIFY THAT I H.		-					
OAT	TH		OF FLORIC		<u> </u>			
I, the person whose name appears			to (or affirme		bscribed before me	a by maane	of	
beginning of this form, do depose			-		online notarization,		day of	
and say that the information disclo		VAM	'	1 20	20 by BRE	TT I	+AGE	
and any attachments hereto is true	e, accurate.	On	11.04	TAR.	7 <u>- 0</u> 0 y <u> </u>	11, 7, 1	17400	,
and complete,		(Signa			State of Florida			
vi		-		A. Pa	113.5	A HV CO	DORIS PARDO MMISSION # GG 0	
1= H+ H	4~		Type, or Star	•		Noiary Ptys	PIRES: April 24, 20	21
SIGNATURE OF REPORTING OF	FICIAL OR CANDIDATE	Persor	ally Known _	-V	OR Product	eù ldentifica	Notary Public Und	STANTANTS
- W		Туре о	f Identification	n Produce	d			
If a certified public accountant lice she must complete the following:		3, or attorney	in good sta	nding with	the Florida Bar i	prepared th	nis form for you	, h e or
I,		_, prepared	the CE Form	n 6 in acco	ordance with Art.	II, Sec. 8,	Florida Constitu	ition.
Section 112.3144, Florida Statute and correct.	s, and the instructions to	the form. Up	oon my reas	onable kn	owledge and beli	ef, the disc	closure herein is	s true
Signature				-	<u></u>	 Date	<u></u>	
Preparation of this form by	a CPA or attorney do	es not relie	ve the file	r of the i	responsibility t		e form under	oath.
IF ANY OF PARTS A TH								