

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Huge Brett Thomas

MAILING ADDRESS:

P.O. Box 153

CITY

Oxford

ZIP

34484

COUNTY

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

**PROCESSED**

228403

2020 JUN - 1 AM 10: 15  
DIVISION OF ELECTION  
TALLAHASSEE, FL

**RECEIVED**

**PART A — NET WORTH**

Please enter the value of your net worth as of December 31, 2019 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 May 5<sup>th</sup>, 2020 was \$ 1,605,183.09

**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 \$ 355,000.00

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
2210 CR 202 OXFORD, FL 34484 - owned by The Brett T. Huge Trust	\$ 650,000.00
Holeman, FL 34773 - owned by - The Brett T. Huge Trust, Chris Holman	
Douglas F. Finell, parcel ID # 2427916-0003331000B	\$ 15,000.00

**PART C — LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Capital City Bank P.O. Box 900, Tallahassee, FL 32302	\$ 55,714.75
Citizens One Bank P.O. Box 42113, Providence, RI 02940	\$ 30,333.85

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Terry & Gloriana Yoder 5118 CR 300A	
Wife Panasoff Fee, FL 33538	\$ 345,440.02

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MAILING ADDRESS:

CITY ZIP COUNTY

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT

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**PART A – NET WORTH**

Please enter the value of your net worth as of December 31, 2019 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
Oxford, FL 34484 - Cure partnership parcel ID # D19ACC9	\$ 475,000.00

**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	AMOUNT OF LIABILITY

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

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MAILING ADDRESS

CITY

ZIP

COUNTY

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT

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**PART A – NET WORTH**

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My net worth as of \_\_\_\_\_, 20 \_\_\_\_ was \$ \_\_\_\_\_.

**PART B – ASSETS**

**HOUSEHOLD GOODS AND PERSONAL EFFECTS:**

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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
609 Gray Avenue, Wilfredo, FL 34785	\$ 145,000.00

**PART C – LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Citizens First Bank	\$ 95,830.74
PO Box 369	
The Villages, FL 32159-0369	

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

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LAST NAME -- FIRST NAME -- MIDDLE NAME

MAILING ADDRESS

CITY ZIP COUNTY

NAME OF AGENCY

NAME OF OFFICE OR POSITION HELD OR SOUGHT

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**PART A -- NET WORTH**

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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 # DC7-065 Sumter County, FL.	\$ 275,000.00
parcel ID # D1E-166 34484	

**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

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**PART A -- NET WORTH**

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My net worth as of \_\_\_\_\_, 20 \_\_\_\_ was \$ \_\_\_\_\_.

**PART B -- ASSETS**

**HOUSEHOLD GOODS AND PERSONAL EFFECTS:**

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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
IRA Account (Raymond James + Associates)	\$ 11,253.95
401K Account (Wells Fargo)	\$ 12,742.00

**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	AMOUNT OF LIABILITY

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

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NAME OF OFFICE OR POSITION HELD OR SOUGHT

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**PART A — NET WORTH**

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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
Citizens First Bank - Brett & Candice Hage	\$ 116,332.16
Citizens First Bank - The Brett T. Hage Trust	\$ 7071.79
Mov-Florida Credit Union - Brett, Candice, Super Hage	\$ 68,203.45
Region Bank - Brett & Candice 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

**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.

I elect to file a copy of my 2019 federal income tax return and all W2's, schedules, and attachments.  
 [If you check this box and attach a copy of your 2019 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
T&D Distributors, Inc.	3238 NE 37th Place, Wilkesboro 34785	\$ 113,553.54
T&D Concrete, Inc.	1969 CR 228 Wilkesboro 34785	\$ 14,410.88

**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
Core Partnership	Nauti Membership, Inc.	500 NW 66th St. Sick C Cambridge 32607	Fishing Boat Charter

**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 \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of

physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_

\_\_\_\_\_  
 (Signature of Notary Public--State of Florida)

\_\_\_\_\_  
 (Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

\_\_\_\_\_  
**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**

**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.

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**PRIMARY SOURCES OF INCOME (See instructions on page 5):**

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
State of Florida	2601 Blair Street, Tallahassee	\$ 39,697.00

**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			

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STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

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physical presence or  online notarization, this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_

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(Print, Type, or Stamp Commissioned Name of Notary Public)

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**PRIMARY SOURCES OF INCOME (See instructions on page 5):**

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
T&D Supplies, Inc.	1969 CA 220, W. WOOD 34755	\$ 11,000.00
Holding Company of The Villages	3619 Kiessel Road, The Villages, 32163	\$ 141,003.09

**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			
DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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STATE OF FLORIDA  
COUNTY OF SUMTER

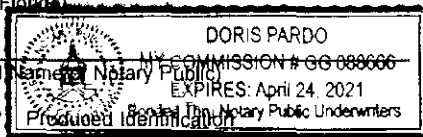
Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this 5 day of

MAY 2020 by BRETT T. HAGE

*Doris Pardo*  
(Signature of Notary Public--State of Florida)

**Doris A. Pardo**

(Print, Type, or Stamp Commissioned Name of Notary Public)



*Brett T. Hage*  
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known  OR

Type of Identification Produced \_\_\_\_\_

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Signature \_\_\_\_\_

Date \_\_\_\_\_

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