

CANDIDATE OATH -  
CANDIDATE WITH PARTY AFFILIATION

HAAS, STEVEN P  
P O BOX 457  
ALVA FL 33920

111515503

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Sonny Haas  
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT \* -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)  
am a candidate for the office of Lee County Commissioner 3,  
(office) (district #) (circuit #)  
; I am a qualified elector of Lee County, Florida; I am qualified  
(group or seat #)

under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Candidate's Florida Voter Registration Number (located on your voter information card): 111515503

\* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):  
\_\_\_\_\_

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Republican Party; I have not been a registered member of any other political party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.

X sonny 939 707-0516 sonny.haas@yahoo.com  
Signature of Candidate Telephone Number Email Address

Box 457 Alva FL 33920  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me this 30th day of May, 2012

Personally Known: ✓ or \_\_\_\_\_

Produced Identification: \_\_\_\_\_

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

Bernice R. Feliciano  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



# FORM 6 FULL AND PUBLIC DISCLOSURE OF

2011

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

## FINANCIAL INTERESTS

LAST NAME — FIRST NAME — MIDDLE NAME:

HAAS Steven Patrick

FOR OFFICE USE ONLY:

MAILING ADDRESS:

Box 457

ID Code

Alva FL 33920 Lee

CITY:

ZIP:

COUNTY:

ID No.

NAME OF AGENCY:

County Commission District 5 Lee County

Conf. Code

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

P. Req. Code

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, 2011, 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, 2011 was \$ 184,000

### 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 \$ 15,500

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

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
2 trucks Dodge 4 wheel Dr 2010 2009 Ford Ranger 4 wheel	\$45,000
RV - 2010 Cardinal model 3100 RK	\$52,000
ATV - Honda 400	3500.00
Home 2002 Roosevelt Ave, Lehigh 33972	65000.00
Residence Lot: 1610 Williams Ave Lehigh 33972	3000.00

### 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

**PART D -- INCOME**

You may **EITHER** (1) file a complete copy of your 2011 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 2011 federal income tax return and all W2's, schedules, and attachments.  
 (If you check this box and attach a copy of your 2011 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
A to Z Roofing	1837 Bruner Ln Ft Myers FL	\$ 45,000

**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
<i>(This section is crossed out with a large diagonal line)</i>			

**PART E -- INTERESTS IN SPECIFIED BUSINESSES** [Instructions on page 5]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	<i>(This section is crossed out with a large diagonal line)</i>		
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**

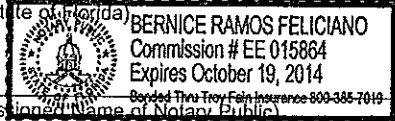
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA  
 COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me this 30th day of

May, 2013 by STEVEN P. Haas

*(Signature of Notary Public--State of Florida)*  
Bernice R. Feliciano



(Print, Type, or Stamp Commission and Name of Notary Public)

*(Signature of Reporting Official or Candidate)*  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known  OR Produced Identification

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

**FILING INSTRUCTIONS** for when and where to file this form are located at the top of page 3.  
**INSTRUCTIONS** on who must file this form and how to fill it out begin on page 3.  
**OTHER FORMS** you may need to file are described on page 6.