

SCANNED

CANDIDATE OATH -  
CANDIDATE WITH PARTY AFFILIATION

\*14JUN18PM0103 SDE LEE CO FL

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Brian Hamman

(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, 4, \_\_\_\_\_  
(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): 111718438

\* 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):

Brian Hamm-en (not Hay-man)

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 Brian Hamman

(239) 770-8386

brian@votehamman.com

Signature of Candidate

Telephone Number

Email Address

2208 NE 5th PI

Cape Coral

FL

33909

Address

City

State

ZIP Code

STATE OF FLORIDA

COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me this 18 day of June, 2014.

Personally Known: X or

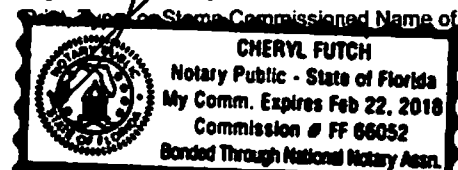
Produced Identification: \_\_\_\_\_

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

Cheryl Futch

Signature of Notary Public

Print Name of Notary Public



**OF FINANCIAL INTEREST**

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:  
Hamman, Brian, David

MAILING ADDRESS:  
2208 NE 5th PL

CITY: ZIP: COUNTY:  
Cape Coral 33909 Lee

NAME OF AGENCY:  
Lee County Board of County Commissioners

NAME OF OFFICE OR POSITION HELD OR SOUGHT:  
Commissioner, District 4

CHECK IF THIS IS A FILING BY A CANDIDATE

14 JUN 19 PM 03:35:50 DE LEE CO F-1

**REVISED**  
6/19/14 3:35 PM

**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 June 16, 20 14 was \$ 56,176.00.

**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 \$ 25,000

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

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Home - 2208 NE 5th PL, Cape Coral, FL 33909	152,000
Bank Accounts (Bank of America)	6,818
Retirement Account (Florida Retirement System)	5,530

**PART C -- LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Mortgage - Bank of America, PO Box 650070, Dallas, TX 75265-0070	104,272
Loan - Lending Club, 71 Stevenson, STE 300, San Francisco, CA 94105	5,104

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
None	

**PART D -- INCOME**

You may **EITHER** (1) file a complete copy of your 2013 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 2013 federal income tax return and all W2's, schedules, and attachments.  
 [If you check this box and attach a copy of your 2013 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
CenturyLink	1520 Lee St., Fort Myers, FL 33901	62,082
Lee County BoCC	2120 Main St., Fort Myers, FL 33901	13,333

**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
None			

**PART E -- INTERESTS IN SPECIFIED BUSINESSES** [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	None		
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			

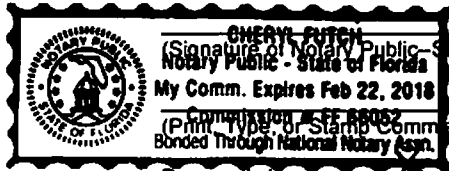
**IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE**

**OATH**

STATE OF FLORIDA  
 COUNTY OF Lee

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.

Sworn to (or affirmed) and subscribed before me this 19 day of June, 2014 by Brian Hamman



[Signature]  
 (Signature of Notary Public - State of Florida)  
 My Comm. Expires Feb 22, 2018  
 (Print Type or Stamp Commissioned Name of Notary Public)

Personally Known  OR Produced Identification

[Signature]  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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

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.**