CONFIDENTIAL

FORM 6 — FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS — 2017

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

LAST NAME — FIRST NAME — MIDDLE NAME:
Lober, Bryan Andrew

MAILING ADDRESS:
PO Box 140

CITY: Sharpes | ZIP: 32959 | COUNTY: Brevard

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
County Commission, District 2

CHECK IF THIS IS A FILING BY A CANDIDATE ☑

FOR OFFICE USE ONLY:

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PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2017 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 20, 20 18 was $ 987.042.40.

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 $ 107,500.00

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
* PLEASE SEE ATTACHED *	$962,490.03

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
LightStream / SunTrust Vehicle Loan	$40,650.17
Merrill Lynch / Bank of America Revolving Credit Account	$20,635.25
SunTrust Personal Line of Credit	$19,674.88
Citi Credit Card(s)	$2,235.45

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NONE (N/A)	

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 2017 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 2017 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2017 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
* PLEASE SEE ATTACHED *		$43,792.23

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	Lober, Brown & Lober, PLLC		
ADDRESS OF BUSINESS ENTITY	PO Box 140, Sharpes, FL 32959		
PRINCIPAL BUSINESS ACTIVITY	Legal Services		
POSITION HELD WITH ENTITY	Manager & Member		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes		
NATURE OF MY OWNERSHIP INTEREST	Manager & Member of Professional Limited Liability Company		

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 swear (or affirm) under oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate and complete.

TERESA JANE ELGIN-SMITH
Notary Public - State of Florida
Commission # FF 923689
My Comm. Expires Jan 26, 2020
Bonded through National Notary Assn.

Bryan Andrew Lober
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Brevard

Sworn to (or affirmed) and subscribed before me this 21st day of June, 20 18 by Bryan Andrew Lober.

Teresa Jane Elgin Smith
(Signature of Notary Public–State of Florida)

Teresa Jane Elgin Smith
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification ✓

Type of Identification Produced FL Driver License

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 B – ASSETS

ASSETS INDIVIDUALLY VALUED AT OVER $1,000.00

Description of Asset	Value of Asset
[redacted] (Exempt from Disclosure per §119.071, Fla. Stat.)	$720,000.00
Vanguard Total Stock Market ETF	$60,792.25
2017 Infiniti Q60 Red Sport	$42,250.00
Vanguard Total Intl Stock Market ETF	$41,159.44
Thermador Kitchen Appliances	$17,388.57
Fees earned in [redacted] (to be paid by FL Justice Admin. Commission) (210 hours)	$15,750.00
Vanguard Total Bond Market ETF	$13,353.01
Vanguard Total Intl Bond Index ETF	$9,495.85
Checking Account at SunTrust ending in 16	$7,505.17
Judgment in [redacted]	$6,944.35
Checking Account at SunTrust ending in 40	$5,878.58
Checking Account at USAA FSB ending in 14	$5,723.22
Yutzy Reminisce Bedroom Set	$4,092.00
Nevio 5-pc Sectional Sofa with 3 Power Recliners	$3,000.00
Unfired LWRC AR-15 Rifle	$2,250.00
Handmade in USA Spalted Sycamore Wood Table	$2,000.00
Custom Acrylic Aquarium	$1,934.69
Checking Account at USAA FSB ending in 58	$1,902.91
Vinotemp Dual-Zone Beverage Center	$1,069.99

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PART D -- INCOME

PRIMARY SOURCES OF INCOME

Name of Source Exceeding $1,000.00	Address of Source of Income	Amount
Clifford W. Lober, MD, PA	505 W. Oak St., Ste. 201, Kissimmee, FL 34741	$20,000.00
Florida Justice Administrative Commission	227 N Bronough St, Tallahassee, FL 32301	$16,779.75
Lober, Brown & Lober, PLLC	PO Box 140, Sharpes, FL 32959	$7,012.48

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