FORM 6 — FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS — 2016

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

FOR OFFICE USE ONLY:

98969

FLORIDA COMMISSION ON ETHICS

FEB 27 2017

RECEIVED

PROCESSED

LAST NAME — FIRST NAME — MIDDLE NAME:
Hansell Robert E.

MAILING ADDRESS:
Osceola County Sheriff's Office

2601 E. Irlo Bronson Memorial Highway

CITY: Kissimmee ZIP: FL 34744 COUNTY: Osceola

NAME OF AGENCY:
Osceola County Sheriff's Office

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
Sheriff

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, 2016 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 31, 20 16 was $ 865,934.58.

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 $ 42,000.00

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Single Family Home - Canoe Creek Woods, Unit 9, PB7, Pgs 39-49, Lot 17, Saint Cloud, FL	$ 168,000.00
Condo - Summer Key Phase 21, Unit 21-14, Book 14024, Pages 0873, Jacksonville, FL	$ 85,000.00
ICMA/Nationwide Retirement Solutions-Deferred Retirement Accts/Pension Contributions/EE Bonds	$ 80,389.39
FRS State of Florida Retirement DROP Account	$ 774,762.83

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Wells Fargo Home Mortgage, PO Box 660455, Dallas TX 75266-0455 (Saint Cloud Home)	$ 147,122.57
Wells Fargo Home Mortgage, PO Box 660455, Dallas TX 75266-0455 (Jacksonville Condo)	$ 122,237.94
Central Florida Educators Credit Union, PO Box 2189, Orlando, FL 32809 (Line of Credit)	$ 10,939.28
Ford Motor Crdt,PO Box 650575,Dallas TX 75265 + Suntrust PO Box 305053, Nashville,TN	$ 71,482.83

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NA	NA

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 2016 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 2016 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2016 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
Osceola County Sheriff's Office	2601 E. Irlo Bronson Memorial Hwy, Kissimmee, FL	$ 148,162.91

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
NA			

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	NA	NA	NA
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.

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Osceola

Sworn to (or affirmed) and subscribed before me this 24th day of February, 2017 by Robert E. Hansell.

(Signature of Notary Public - State of Florida)

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

Personally Known ✓ OR Produced Identification

Type of Identification Produced

Notary Public State of Florida
Jazzmen Kingston
My Commission FF 914743
Expires 09/01/2019

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 ☐