FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2016

FLORIDA COMMISSION ON ETHICS
JUN 21 2017
RECEIVED

FOR OFFICE USE ONLY:

*******AUTO**ALL FOR AADC 320 T1 P1 3 3
Diane Elaine Hutchings
District 3 Commissioner
Clay County
Elected Constitutional Officer
2830 Grande Oaks Way
Fleming Isle, FL 32003-3767

PROCESSED

ID Code
ID No. 221325
Conf. Code
Hutchings, Diane Elaine

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, 2016 was $ $784,886.00

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, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is $ 50,000.00

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
1405 Lotterhold Ave, Green Cove Spgs, FL 32043	300,000
2830 Grande Oaks Way Fleming Is, FL 32003	305,000
107 Hearthgate Street, Green Cove Spgs FL 32043	315,000
Lincoln MKT 2013 / Ford F350	60,000
Cash, Checks, Etc $59,184 / Retirement Accts $72,461 / Chevy Stock $23,000	232,695

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Wells Fargo PO Box 14411 Des Moines, Iowa 50306 (Grande Oaks)	171,840.00
Center State Bank, PO Box 44065, Jax, FL (Lotterhold)	98,202.00
Vystar CU, PO Box 45085, Jax, FL (Aggregate)	241,276.00
First Florida CU, 500 W 1st St. Jax, FL 32202 (Vehicle loans)	38,384.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
First Florida CU 500 W 1st St. Jax, FL 32202 / Line of Cr	28,063.00

(Continued on reverse side)

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
First Florida CU	566 W 1st St. Jax, FL 32206	136,827.00
Clay County Commission	477 Houston St. GCS, FL 32043	38,603.00

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	Hutchings Properties, Inc		
ADDRESS OF BUSINESS ENTITY	2550 Grande Oaks Way, Fl. Ls, FL		
PRINCIPAL BUSINESS ACTIVITY	Commercial Property		
POSITION HELD WITH ENTITY	Secretary		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes		
NATURE OF MY OWNERSHIP INTEREST	Officer		

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.

Diane Hutchings
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Duval

Sworn to (or affirmed) and subscribed before me this 16th day of June, 2017 by Diane Hutchings

Dorothy J Hale
(Signature of Notary Public--State of Florida)

DOROTHY J HALE
MY COMMISSION # FF997879
EXPIRES June 01, 2020
(407) 398-0153 FloridaNotaryService.com

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

Personally Known _____ OR Produced Identification _____

Type of Identification Produced FL DL H325-165-61-730 0

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 ☐

CE FORM 6 - Effective January 1, 2017
Incorporated by reference in Rule 34-8.002(1), F.A.C.