FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2016

FOR OFFICE USE ONLY:

FLORIDA
COMMISSION ON ETHICS

JUN 26 2017

RECEIVED

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David Hazellief
County Commissioner, District 1
Okeechobee County
Elected Constitutional Officer
2384 NW 144th Dr
Okeechobee, FL 34972-0926

PROCESSED

ID Code

ID No. 12250

Conf. Code

Hazellief, David

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 _____, 20 _____ was $ _____.

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 $ _____

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET

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

(Continued on reverse side)

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:

LAST NAME — FIRST NAME — MIDDLE NAME:
Hazelief David Edward

MAILING ADDRESS:
2384 NW 144th drive

CITY: Okeechobee ZIP: 34972 COUNTY: Okeechobee

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
Okeechobee County Commissioner, District One

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 June 23, 20 17 was $ 2,214,500.00.

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 $ 25000.00

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Home and 50 acres at 2384 NW 144th Drive, Okeechobee	750,000
Mobile home and 75 acres pasture, NE 76 ave, Okeechobee	450,000
House and 10 acres on NW 160th st. okeechobee	150,000
vacant lot, NW 39th circle, Okeechobee	5,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
TD bank, Port st lucie	165,000
Fifth third bank, Tampa	10,000
Elaine Davis, Okeechobee	80,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Seacoast National Bank, Okeechobee	50,000
Wells fargo	16,000

(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
Hazellief & Prevatt Realty, and H&P Holdings LLC	1200 South parrott ave, Okeechobee, FL, 34974	130,000
Okeechobee County	NW 2 st, Okeechobee, Florida, 34972	34,000

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

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Hazellief & Prevatt Realty Inc.	H & P Holdings LLC	
ADDRESS OF BUSINESS ENTITY	1200 south Parrott ave	1200 south Parrott ave	
PRINCIPAL BUSINESS ACTIVITY	Real Estate Sales	land, equipment and beef cattle	
POSITION HELD WITH ENTITY	V. P., Mgr, Broker	Member, Manager	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	50%	50%	
NATURE OF MY OWNERSHIP INTEREST	Real Estate Broker	Beef Cattle and Property sales	

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 Okeechobee

Sworn to (or affirmed) and subscribed before me this 23rd day of June, 2017 by Sharon R. Prevatt.

(Signature of Notary Public--State of Florida)

SHARON R. PREVATT
Commission # EE 036497
Expires November 13, 2017
Bonded Thru Troy Fain Insurance 800-385-7019

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

Personally Known ✓ *OR* Produced Identification _____

Type of Identification Produced D/L

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, David E. Hazellief, 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

6-23-17
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 continued

2013 ford 150	35,000
2015 ford 250	40,000
Livestock trailer	8,000
504 tractor	1,500
466 tractor	1,500
Air boat	15,000
Skid steer	12,000
20 head beef cattle	40,000
2955 tractor	9,000
Misc farm equipment	10,000
4 horses	15,000
2 Dixie choppers	8,000
Equipment trailer	6,000
CASH IN BANK	15,000

Assets owned jointly, 50% ownership

Office at 1200 south parrott ave	150,000
20 acres nw 144 ave	80,000
Vacant lot 13657 nw 77 ter	6,000
John Deere tractor	40,000
John Deere bailer	15,000
Case international tractor	15,000
New Holland hay cutter	12,000
250 head of beef cattle	500,000
15 bulls	50,000
Set of aerators	15,000
2 gooseneck trailers	18,000
Misc farm equipment	10,000
Cat 12 grader	12,000
20 Acres on NE 76 Ave	45,000
3818 NW 21 ST - House	- 145,000
CASH in BANKS	- 30,000