FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2016

FOR OFFICE USE ONLY:
FLORIDA
COMMISSION ON ETHICS
JUL 05 2017
RECEIVED

**********AUTO**MIXED AADC 323 T6 P1 189 1055
David Eugene Hardin
Sheriff
Glades County
Elected Constitutional Officer
PO Box 386
Moore Haven, FL 33471-0386

PROCESSED

ID Code
ID No. 264771
Conf. Code
Hardin, David Eugene

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 31st, 20 16 was $ 82,400.

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 $ 43,500

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
2001 Chevrolet Silvarado	$10,000
2007 Chervrolet Tahoe	$12,000
2016 Honda Pioneer	$17,000
2002 Bombardier Quest	$3,500

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Green Mfg Corp Palm City FL	$3,600

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

(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

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			
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 Glades

Sworn to (or affirmed) and subscribed before me this 30th day of June, 2017 by David Hardin.

(Signature of Notary Public--State of Florida)

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

LESLIE SMITH
MY COMMISSION # FF 990795
EXPIRES: July 14, 2020
Bonded Thru Notary Public Underwriters

Personally Known ✓ *OR* Produced Identification _____

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.

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

Part B Continued

Honda 4- Wheeler	$2000
Honda 4-Wheeler	$2000
2004 River Forest 5th Wheel	$13,000

PartF

I am a newly elected sheriff and ethics training is not required at this time.

Form **W-2 Wage and Tax Statement** 2016

c Employer's name, address, and ZIP code
GLADES COUNTY SHERIFF'S OFFICE
PO BOX 39
MOORE HAVEN FL 33471-0039

e Employee's name, address, and ZIP code
DAVID E HARDIN II
9617 ST RD 80
MOORE HAVEN FL 33471-0385

Suff.

b Employer identification number (EIN) 59-6018995

a Employee's social security no. [redacted]

7 Social security tips 0.00	1 Wages, tips, other comp. 20894.31	2 Federal income tax withheld 3006.87	
8 Allocated tips 0.00	3 Social security wages 21469.39	4 Social security tax withheld 1331.10	
9 0.00	5 Medicare wages and tips 21469.39	6 Medicare tax withheld 311.31	
10 Dependent care benefits 0.00	11 Nonqualified plans 0.00	12a See instructions for box 12	
13 Statutory employee: Retirement Plan: X; Third-party Sick pay	14 Other MED/DEN/VI 411.08	12b	
	AFLAC/ALL 159.20	12c	
	RET 3% 575.08	12d	

15 State	Employer's state I.D. no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
		0.00	0.00	0.00	0.00	

Copy B To Be Filed With Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service. OMB No. 1545-0008 **Dept. of the Treasury - IRS** Visit the IRS Web Site at www.irs.gov/efile

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Form **W-2 Wage and Tax Statement** 2016

c Employer's name, address, and ZIP code
GLADES COUNTY SHERIFF'S OFFICE
PO BOX 39
MOORE HAVEN FL 33471-0039

e Employee's name, address, and ZIP code
DAVID E HARDIN II
9617 ST RD 80
MOORE HAVEN FL 33471-0385

Suff.

b Employer identification number (EIN) 59-6018995

a Employee's social security no. [redacted]

7 Social security tips 0.00	1 Wages, tips, other comp. 20894.31	2 Federal income tax withheld 3006.87	
8 Allocated tips 0.00	3 Social security wages 21469.39	4 Social security tax withheld 1331.10	
9 0.00	5 Medicare wages and tips 21469.39	6 Medicare tax withheld 311.31	
10 Dependent care benefits 0.00	11 Nonqualified plans 0.00	12a See instructions for box 12	
13 Statutory employee: Retirement Plan: X; Third-party Sick pay	14 Other MED/DEN/VI 411.08	12b	
	AFLAC/ALL 159.20	12c	
	RET 3% 575.08	12d	

15 State	Employer's state I.D. no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
		0.00	0.00	0.00	0.00	

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B) OMB No. 1545-0008 **Dept. of the Treasury - IRS**

Form **W-2 Wage and Tax Statement** 2016

c Employer's name, address, and ZIP code
GLADES COUNTY SHERIFF'S OFFICE
PO BOX 39
MOORE HAVEN FL 33471-0039

e Employee's name, address, and ZIP code
DAVID E HARDIN II
9617 ST RD 80
MOORE HAVEN FL 33471-0385

Suff.

b Employer identification number (EIN) 59-6018995

a Employee's social security no. [redacted]

7 Social security tips 0.00	1 Wages, tips, other comp. 20894.31	2 Federal income tax withheld 3006.87	
8 Allocated tips 0.00	3 Social security wages 21469.39	4 Social security tax withheld 1331.10	
9 0.00	5 Medicare wages and tips 21469.39	6 Medicare tax withheld 311.31	
10 Dependent care benefits 0.00	11 Nonqualified plans 0.00	12a	
13 Statutory employee: Retirement Plan: X; Third-party Sick pay	14 Other MED/DEN/VI 411.08	12b	
	AFLAC/ALL 159.20	12c	
	RET 3% 575.08	12d	

15 State	Employer's state I.D. no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
		0.00	0.00	0.00	0.00	

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008 **Dept. of the Treasury - IRS**

Form **W-2 Wage and Tax Statement** 2016

c Employer's name, address, and ZIP code
GLADES COUNTY SHERIFF'S OFFICE
PO BOX 39
MOORE HAVEN FL 33471-0039

e Employee's name, address, and ZIP code
DAVID E HARDIN II
9617 ST RD 80
MOORE HAVEN FL 33471-0385

Suff.

b Employer identification number (EIN) 59-6018995

a Employee's social security no. [redacted]

7 Social security tips 0.00	1 Wages, tips, other comp. 20894.31	2 Federal income tax withheld 3006.87	
8 Allocated tips 0.00	3 Social security wages 21469.39	4 Social security tax withheld 1331.10	
9 0.00	5 Medicare wages and tips 21469.39	6 Medicare tax withheld 311.31	
10 Dependent care benefits 0.00	11 Nonqualified plans 0.00	12a	
13 Statutory employee: Retirement Plan: X; Third-party Sick pay	14 Other MED/DEN/VI 411.08	12b	
	AFLAC/ALL 159.20	12c	
	RET 3% 575.08	12d	

15 State	Employer's state I.D. no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
		0.00	0.00	0.00	0.00	

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return L87 OMB No. 1545-0008 5206 **Dept. of the Treasury - IRS**