FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2016

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

LAST NAME — FIRST NAME — MIDDLE NAME:
Hawkins John Wayland IV

MAILING ADDRESS:
P.O. Box 370

CITY: Vernon ZIP: 32462 COUNTY: Washington

NAME OF AGENCY:
Washington County

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
County Commissioner District 3

CHECK IF THIS IS A FILING BY A CANDIDATE ☒

FOR OFFICE USE ONLY:
233376

FLORIDA
COMMISSION ON ETHICS
JUL 19 2017
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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 24, 20 17 was $ 1,890,000.00.

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 $ 250,000.00

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
John Hawkins Tel-Com Inc, 3525 Roche AVE, Vernon, FL 32462	1,200,000.00
Residence 3524 Roscoe Rd Vernon, FL 32462	245,000.00
Creek Rec	45,000.00
4960 Sugar Doll Rd	100,000.00
Salamander Rd	40,000.00
New Jerusalem Rd	10,000.00

PART C – LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Wiregrass Federal Credit Union Marianna FL	135,000.00
First Federal Bonifay FL	25,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

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
John Hawkins Tel-Co Inc	P.O. Box 370 Vernon, FL 32462	52,000. OJ
Washington County	Chipley FL	30,000. OJ

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	John Hawkins Tel-Co Inc		
ADDRESS OF BUSINESS ENTITY	3545 Roche AVE		
PRINCIPAL BUSINESS ACTIVITY	Telecommunications		
POSITION HELD WITH ENTITY	CEO		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100 %		
NATURE OF MY OWNERSHIP INTEREST	owner/operator		

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 Washington

Sworn to (or affirmed) and subscribed before me this 17th day of July, 2017 by John W. Hawkins III.

Greta M. Bruner
(Signature of Notary Public–State of Florida)

GRETA MARIE BRUNER
(Print, Type, or Stamp Commissioned Name of Notary Public) Commission # FF 183295
My Commission Expires
December 15, 2018

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 ☐