

FORM 6**FULL AND PUBLIC DISCLOSURE****2016**

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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME:

HILL ERIC TRAVOR

MAILING ADDRESS:

1411 BLUEBERRY DR

SNEADS

32460

JACKSON

CITY:

ZIP:

COUNTY:

JACKSON COUNTY BOCC

NAME OF AGENCY:

COUNTY COMMISSIONER

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

FLORIDA
COMMISSION ON ETHICS

AUG 14 2017

RECEIVED

PROCESSEDCHECK 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 30, 20 17 was \$ 102,332.00**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 \$ 29,632.00**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
HOME REGIONS BANK 2889 Green St, Marianna, FL 32446	65,632.00
VACANT PROPERTY PANAMA CITY BEACH 1/2 OWNER	41,500.00
2016 HYUNDIA SONATA	15,500.00
2015 NISSAN ALTIMA	15,700.00

PART C -- LIABILITIES**LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
HOME REGIONS BANK 2889 Green St, Marianna, FL 32446	36,000.00
2015 DODGE 2500 SUNLAND CREDIT UNION 3700 WILLIAMS DR MARIANNA FL32446	31,000.00
DISCOVER CARD	2,400.00

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
JACKSON COUNTY FL	2864 Madison St, Marianna, FL 32448	38,300.00
CALHOUN COUNTY FL	20776 Central Ave E, Blountstown, FL 32424	4,872.00

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
PARKS TAEKWONDO		17773 NE PEAR ST BLOUNTOWN FL 32424	MARTIAL ART INSTRUCTOR

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	JACKSON COUNTY AVIATION		
ADDRESS OF BUSINESS ENTITY	1411 BLUEBERRY DR SNEADS FL 32460		
PRINCIPAL BUSINESS ACTIVITY	AVIATION/ LAND DEVELOPMEN		
POSITION HELD WITH ENTITY	CO OWNER		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES		
NATURE OF MY OWNERSHIP INTEREST	LAND DEVELOPMENT		

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.

STATE OF FLORIDA
COUNTY OF

Jackson

Sworn to (or affirmed) and subscribed before me this 7 day of

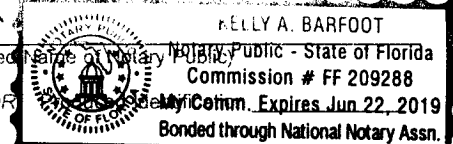
August, 20 17 by Eric Hill

Kelly A. Barfoot
(Signature of Notary Public--State of Florida)

Kelly A Barfoot
(Print, Type, or Stamp Commissioned Notary Public - State of Florida)

Personally Known X OR

Type of Identification Produced



SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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]
Signature

8-7-17
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 ☐