

FORM 6

FULL AND PUBLIC DISCLOSURE

2017

OF FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Hill Eric Traver

MAILING ADDRESS:

1411 Blueberry Dr

CITY:

Sneads

ZIP:

32460

COUNTY:

Jackson

NAME OF AGENCY:

Jackson County BOCC

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

County Commissioner

CHECK IF THIS IS A FILING BY A CANDIDATE ☒

2018 JUN 15 AM 10:54

SUPERVISOR OF ELECTIONS
JACKSON COUNTY FLORIDA

PROCESSED

257621

2018 JUN 15 PM 1:04
SUPERVISOR OF ELECTIONS
JACKSON COUNTY FLORIDA

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2017 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 15, 20 18 was \$ 150,732.00

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 \$ _____

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 Hyundai Sonata

15,500.00

2015 Nissan Altima

15,700.00

2015 Dodge 2500 4x4 Diesel

49,000.00

Vacant Property Bay County

17,300.00

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

30,200.00

2015 Dodge 2500 Sunland Credit Union 3700 Williams Dr Marianna, FL

21,300.00

Discover Card

2400.00

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 2017 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 2017 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2017 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	38,300.00
Calhoun County FL	20776 Central Ave E. Blountstown, FL	4872.00

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
Park Tae Kwon Do		1772 NE Pear St Blountstown, FL	Martial Arts 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		
PRINCIPAL BUSINESS ACTIVITY	Aviation/land development		
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 15 day of

June, 2018 by Eric Hill

(Signature of Notary Public--State of Florida) Whitney Clark

(Print, Type, or Stamp Commission on Notary Public) **WHITNEY CLARK**
Commission # GG 203078
Expires April 3, 2022
Bonded Third Troy Pain Insurance 800-385-7019

Personally Known OR Produced Identification

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

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 ☐