FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2018

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

LAST NAME — FIRST NAME — MIDDLE NAME:
Hazellief, David, Edward

MAILING ADDRESS:
2384 NW 144th drive

863-763-2004 - Phone #

CITY: Okeechobee | ZIP: 34972 | COUNTY: Okeechobee

NAME OF AGENCY:
Okeechobee County

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

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

FOR OFFICE USE ONLY:
FLORIDA
COMMISSION ON ETHICS
JUN 14 2019
RECEIVED
12250
PROCESSED

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2018 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, 20 19 was $ 1,250.030.00.

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 $ 25,000

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
House and 50 acres on NW 144th drive	600,000
75 acres and a mobile home on NE 72nd avenue	450,000
house and 10 acres on NW 160th street	250,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Centerstate National Bank, south parrott avenue, 34974	125,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Seacoast National bank, south parrott avenue, 34974	17,500
Wells fargo	4,000

(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 2018 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 2018 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2018 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
Okeechobee County	NW 2nd street, 34972	33,000
H & P Holdings LLC	1200 south parrott avenue, 34974	75,000

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
Hazellief & Prevatt Real	real estate sales	1200 south parrott ave, 34974	real estate sales
H & P Holdings LLC		1200 south parrott ave	beef cattle, real estate

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	H & P Holdings LLC	Hazellief & Prevatt Realty	Otter Creek Inv. Group
ADDRESS OF BUSINESS ENTITY	1200 south parrott ave	1200 south parrott ave	NW 144th drive
PRINCIPAL BUSINESS ACTIVITY	beef cattle, real estate	real estate sales	real estate investments
POSITION HELD WITH ENTITY	manager	manager	partner
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	yes	yes	yes
NATURE OF MY OWNERSHIP INTEREST	50% owner	50% owner	50% owner

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 12th day of June, 20 19 by Sharon R. Prevatt

(Signature of Notary Public--State of Florida)

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

SHARON R. PREVATT
Notary Public - State of Florida
Commission # GG 126014
My Comm. Expires Nov 13, 2021
Bonded through National Notary Assn.

Personally Known ✓ OR Produced Identification _____

Type of Identification Produced DL

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 ☑

Assets individually valued at over $10,000.00 continued:

50% ownership

20 acres NW 160th	30,000.00
20 acres on NE 72nd	30,000.00
Office at 1200 south Parrott ave	125,000.00
120 head of beef cows	70,000.00
John Deere tractor	20,000.00
John Deere Tractor	15,000.00
John Deere tractor	5,000.00
Joh Deere tractor	5,000.00
John Deere Bailer	5,000.00
New Holland Cutter	5,000.00
Bush Hog mower	7,500.00
Misc. farm equipment	10,000.00

FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2017

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

FOR OFFICE USE ONLY: 12250

FLORIDA COMMISSION ON ETHICS
JUN 03 2019
RECEIVED

PROCESSED

LAST NAME — FIRST NAME — MIDDLE NAME:
Hazellief, David, Edward

MAILING ADDRESS:
2384 NW 144th Drive

CITY: Okeechobee | ZIP: 34972 | COUNTY: Okeechobee

NAME OF AGENCY:
Okeechobee County

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
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, 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 May 28, 20 19 was $ 1,250,030.00.

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

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, NW 144th Drive	600000
75 acres and a mobile home, NE 76	450000
Home and 10 acres, NW 160th	250000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Centerstate National Bank, south parrott ave, 34974	125000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Seacoast National Bank, south parrott avenue,34974	17500.00
Wells Fargo	4000.00

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.

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PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING $1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Okeechobee County	NW 2nd street, Okeechobee, 34972	33000
H & P Holdings LLC	1200 south parrott ave, Okeechobee, 34974	75000

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	H & P Holdings LLC	
ADDRESS OF BUSINESS ENTITY	1200 south Parrott ave, 34974	1200 south Parrott ave	
PRINCIPAL BUSINESS ACTIVITY	Real Estate Sales	Cattle, hay and real Estate	
POSITION HELD WITH ENTITY	Broker	Manager	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	yes	yes	
NATURE OF MY OWNERSHIP INTEREST	50% owner	50% owner	

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 28th day of May, 2019 by Sharon R. Prevatt

(Signature of Notary Public - State of Florida)

SHARON R. PREVATT
Notary Public - State of Florida
Commission # GG 126014
My Comm. Expires Nov 13, 2021
Bonded through National Notary Assn.

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

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 _____

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John Deere tractor	5,000.00
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John Deere Bailer	5,000.00
New Holland Cutter	5,000.00
Bush Hog mower	7,500.00
Misc. farm equipment	10,000.00