FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2018

FOR OFFICE USE ONLY:
FLORIDA
COMMISSION ON ETHICS
JUL 11 2019
RECEIVED

********AUTO**ALL FOR AADC 320 T1 P1 3 3
Diane Elaine Hutchings
District 3 Commissioner
Clay County
Elected Constitutional Officer
2830 Grande Oaks Way
Fleming Isle, FL 32003-3767

PROCESSED

ID Code

ID No. 221325

Conf. Code

Hutchings, Diane Elaine

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, 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 December 31, 20 18 was $ 864,027.

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
2830 Grande Oaks Way, FBGS, FL 32003	310,000
167 Aldersgate Street, GCS, FL 32043	330,000
Lincoln MKT / Ford F350 / motorcycle	40,000
Cash Value Life Ins / Retirement / Cking Savings	553,568

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Wells Fargo PO Box 14411 Des Moines Iowa 50306	152,397
Vystar CU PO Box 45085 Jax, FL	232,144
First Fl Cr Union	35,000

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 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
First FL CU	500 West 1st St. Jax, FL 32202	151,866
BCC	477 Houston St. GCS, FL 32043	40,118

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	Hutchings Properties		
ADDRESS OF BUSINESS ENTITY	2830 Grande Oaks Way		
PRINCIPAL BUSINESS ACTIVITY	Real Estate		
POSITION HELD WITH ENTITY	Secretary		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	yes		
NATURE OF MY OWNERSHIP INTEREST	Corp. Officer		

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.

CARLISSA MONICA SMITH
MY COMMISSION # GG 173623
EXPIRES: January 8, 2022
Bonded Thru Notary Public Underwriters

Diana Hutchings
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Clay

Sworn to (or affirmed) and subscribed before me this 5th day of July, 2019 by Diana Hutchings.

Carlissa Smith
(Signature of Notary Public--State of Florida)

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

Personally Known _____ *OR* Produced Identification ✓

Type of Identification Produced FL ID

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 ☐