FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2020

FOR OFFICE USE ONLY:

PROCESSED

DAVID EUGENE HARDIN
SHERIFF
Glades County
Elected Constitutional Officer
PO BOX 386
MOORE HAVEN FL 33471-0386

FLORIDA COMMISSION ON ETHICS
JUN 21 2021
RECEIVED

ID CODE
ID NO. 264771
CONF. CODE
Hardin, David Eugene

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, 2020 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 20 was $ 144,244.00.

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 $ 203,000.00

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Capital 1/Bass pro P.O. Box 31293 Salt Lake City UT 84131	2,044
FNB Omaha P.O. box 3412 Omaha NE 68103	3,060
BMW Financial services 5515 Park Center Circle Dublin OH 43017	15,377
KIA Motors finance 4000 Macarthur blvd Newport Beach, CA 92660	20,427

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 2020 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 2020 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2020 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

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			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

PART F - TRAINING

This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S. [See instructions p. 6]

☑ **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 Glades

Sworn to (or affirmed) and subscribed before me by means of ☑ physical presence or ☐ online notarization, this 17th day of June, 2021 by David E. Hardin

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

LESLIE SMITH
MY COMMISSION # GG 985777
EXPIRES: July 14, 2024
Bonded Thru Notary Public Underwriters

(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 _____

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 ☑

PART C-LIABILITIES CON'T

KTM RETAIL FINANCE SYNCB P.O. Box 6153 Rapid City SD, 57709	$17,848

Form **W-2 Wage and Tax Statement** 2020

c Employer's name, address, and ZIP code
GLADES COUNTY SHERIFF'S OFFICE
PO BOX 39
MOORE HAVEN FL 33471-0039

e Employee's name, address, and ZIP code — Suff.
DAVID E HARDIN II
9617 E ST RD 80 PO BOX 385
MOORE HAVEN FL 33471-0385

b Employer identification number (EIN): 59-6018995

a Employee's social security no.: [redacted]

7 Social security tips	1 Wages, tips, other comp.	2 Federal income tax withheld
0.00	108566.17	19127.27
8 Allocated tips	**3** Social security wages	**4** Social security tax withheld
0.00	111935.71	6940.01
9	**5** Medicare wages and tips	**6** Medicare tax withheld
	111935.71	1623.07
10 Dependent care benefits	**11** Nonqualified plans	**12a** See instructions for box 12
0.00	0.00	Code
13 Statutory employee: — Retirement plan: X — Third-party sick pay: —	**14** Other	**12b** Code
	MED/DEN/VI 379.68	**12c** Code
	RET 3% 3369.54	**12d** Code

15 State	Employer's state I.D. no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
		0.00	0.00	0.00	0.00	

Copy B To Be Filed With Employee's FEDERAL Tax Return — This information is being furnished to the Internal Revenue Service. OMB No. 1545-0008 — **Dept. of the Treasury - IRS** Visit the IRS Web Site at www.irs.gov/efile

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Form **W-2 Wage and Tax Statement** 2020

c Employer's name, address, and ZIP code
GLADES COUNTY SHERIFF'S OFFICE
PO BOX 39
MOORE HAVEN FL 33471-0039

e Employee's name, address, and ZIP code — Suff.
DAVID E HARDIN II
9617 E ST RD 80 PO BOX 385
MOORE HAVEN FL 33471-0385

b Employer identification number (EIN): 59-6018995

a Employee's social security no.: [redacted]

7 Social security tips	1 Wages, tips, other comp.	2 Federal income tax withheld
0.00	108566.17	19127.27
8 Allocated tips	**3** Social security wages	**4** Social security tax withheld
0.00	111935.71	6940.01
9	**5** Medicare wages and tips	**6** Medicare tax withheld
	111935.71	1623.07
10 Dependent care benefits	**11** Nonqualified plans	**12a** See instructions for box 12
0.00	0.00	Code
13 Statutory employee: — Retirement plan: X — Third-party sick pay: —	**14** Other	**12b** Code
	MED/DEN/VI 379.68	**12c** Code
	RET 3% 3369.54	**12d** Code

15 State	Employer's state I.D. no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
		0.00	0.00	0.00	0.00	

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B) — OMB No. 1545-0008 — **Dept. of the Treasury - IRS**

Form **W-2 Wage and Tax Statement** 2020

c Employer's name, address, and ZIP code
GLADES COUNTY SHERIFF'S OFFICE
PO BOX 39
MOORE HAVEN FL 33471-0039

e Employee's name, address, and ZIP code — Suff.
DAVID E HARDIN II
9617 E ST RD 80 PO BOX 385
MOORE HAVEN FL 33471-0385

b Employer identification number (EIN): 59-6018995

a Employee's social security no.: [redacted]

7 Social security tips	1 Wages, tips, other comp.	2 Federal income tax withheld
0.00	108566.17	19127.27
8 Allocated tips	**3** Social security wages	**4** Social security tax withheld
0.00	111935.71	6940.01
9	**5** Medicare wages and tips	**6** Medicare tax withheld
	111935.71	1623.07
10 Dependent care benefits	**11** Nonqualified plans	**12a**
0.00	0.00	Code
13 Statutory employee: — Retirement plan: X — Third-party sick pay: —	**14** Other	**12b** Code
	MED/DEN/VI 379.68	**12c** Code
	RET 3% 3369.54	**12d** Code

15 State	Employer's state I.D. no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
		0.00	0.00	0.00	0.00	

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return — OMB No. 1545-0008 — **Dept. of the Treasury - IRS**

Form **W-2 Wage and Tax Statement** 2020

c Employer's name, address, and ZIP code
GLADES COUNTY SHERIFF'S OFFICE
PO BOX 39
MOORE HAVEN FL 33471-0039

e Employee's name, address, and ZIP code — Suff.
DAVID E HARDIN II
9617 E ST RD 80 PO BOX 385
MOORE HAVEN FL 33471-0385

b Employer identification number (EIN): 59-6018995

a Employee's social security no.: [redacted]

7 Social security tips	1 Wages, tips, other comp.	2 Federal income tax withheld
0.00	108566.17	19127.27
8 Allocated tips	**3** Social security wages	**4** Social security tax withheld
0.00	111935.71	6940.01
9	**5** Medicare wages and tips	**6** Medicare tax withheld
	111935.71	1623.07
10 Dependent care benefits	**11** Nonqualified plans	**12a**
0.00	0.00	Code
13 Statutory employee: — Retirement plan: X — Third-party sick pay: —	**14** Other	**12b** Code
	MED/DEN/VI 379.68	**12c** Code
	RET 3% 3369.54	**12d** Code

15 State	Employer's state I.D. no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
		0.00	0.00	0.00	0.00	

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return — L87 — OMB No. 1545-0008 — 5206 — **Dept. of the Treasury - IRS**