2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 05/15/2024

General Information

Name: Sheriff David Eugene Hardin

PID 264771

AGENCY INFORMATION

Organization	Suborganization	Title
Glades County	Elected Constitutional Officer	Sheriff

CANDIDATE FOR

Position	Agency Name	Position sought or held
Sheriff	Glades County Sheriff's Office	Sheriff

Net Worth

My Net Worth as of December 31, 2023 was $ 289,246.59.

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Assets

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 effect is $ 300,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

Description of Asset	Value of Asset
6802 Skeen Rd Live Oak, FL 32064	$ 314,989.00

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Liabilities

LIABILITIES IN EXCESS OF $1,000:

Name of Creditor	Address of Creditor	Amount of Liability
CAPITAL 1/ BASS PRO	P.O. BOX 3129 SALT LAKE CITY UT84131	$ 8,401.00
FNB OHMAHA	P.O. BOX 3412 OMAHA NE 68103	$ 11,212.00
KIA MOTORS FINANCE	4000 MACARTHUR BLVD NEWPORT BEACH, CA 92660	$ 55,674.00
JPMCB	P.O. BOX 15369 WILLMINGTON DR 19850	$ 6,428.00
RK-RFCU	220 WYNN DR NW HUNTSVILLE	$ 4,768.00
SIDE BY SIDE PERFORMACE	P.O. BOX 5108 OAK BROOK, IL 60523	$ 17,494.00
JAY DRESSOR MORTGAGE	23309 RIVER BERCH LN ADVENT CHRISTIAN VILLAGE LIVE OAK FL 32064	$ 147,367.41
APPLE CARD	ONE APPLE PARK WAY CUPERTINO, CA 95014	$ 2,454.00
CAPITAL ONE	PO BOX 71083 CHARLOTTE, NC 28272-1083	$ 1,543.00
SUNCOAST	PO BOX 11904 TAMPA, FL 33680	$ 70,401.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

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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 2023 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 2023 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding $1,000	Address of Source of Income	Amount
GLADES COUNTY SHERIFF'S OFFICE	1297 E STATE ROAD 78 MOORE HAVEN, FL 33471	$ 149,969.00
See Attached		

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
See Attached			

Interests in Specified Businesses

Business Entity # 1
N/A

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Training

This section applies only to a Constitutional or elected municipal officer, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

☑ I certify that I have completed the required training under Section 112.3142, F.S.

☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

David Eugene Hardin

Digitally signed: **05/15/2024**

Filed with COE: 05/15/2024

Form W-2 Wage and Tax Statement 2023

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

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

7 Social security tips 0.00	1 Wages, tips, other comp. 146853.25	2 Federal income tax withheld 27122.07	
8 Allocated tips 0.00	3 Social security wages 151406.85	4 Social security tax withheld 9387.22	
9	5 Medicare wages and tips 151406.85	6 Medicare tax withheld 2195.40	
10 Dependent care benefits 0.00	11 Nonqualified plans 0.00	12a See instructions for box 12	
13 Statutory employee: — Retirement plan: X — Third-party sick pay: —	14 Other MED/DEN/VI 376.02	12b	
b Employer identification number (EIN) 59-6018995		12c	
a Employee's social security no. [redacted]	RET 3% 4553.60	12d	

15 State	Employer's state ID 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.

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

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

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