

FORM 6

FULL AND PUBLIC DISCLOSURE

2017

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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

HANSEN GREGORY L

MAILING ADDRESS:

27 COVERIDGE CT

CITY:

PALM COAST

ZIP:

32137

COUNTY:

FLAGLER

NAME OF AGENCY:

FLAGLER COUNTY

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

COUNTY COMMISSIONER DISTRICT 2

CHECK IF THIS IS A FILING BY A CANDIDATE



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JUN 18 2018

FLAGLER COUNTY SUPERVISOR OF ELECTIONS

COPY

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 _____, 20____ was \$ SEE ATTACHED

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

SEE ATTACHED

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

SEE ATTACHED

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NONE

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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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):

Table with 3 columns: NAME OF SOURCE OF INCOME EXCEEDING \$1,000, ADDRESS OF SOURCE OF INCOME, AMOUNT. Row 1: SEE ATTACHED

SECONDARY SOURCES OF INCOME (Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5):

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE. Row 1: SEE ATTACHED

PART E -- INTERESTS IN SPECIFIED BUSINESSES (Instructions on page 6)

Table with 4 columns: BUSINESS ENTITY # 1, BUSINESS ENTITY # 2, BUSINESS ENTITY # 3. Rows include: 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. Row 1: SEE ATTACHED

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.

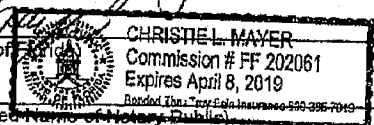
OATH

STATE OF FLORIDA COUNTY OF Flagler

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.

Sworn to (or affirmed) and subscribed before me this 18th day of June, 2018, by Gregory L. Hansen

(Signature of Notary Public--State of Florida)



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

Personally Known OR Produced Identification

Signature of Reporting Official or Candidate: Gregory L. Hansen

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.

Mark Herron

Digitally signed by Mark Herron DN: cn=Mark Herron, o=Messer Caparello, ou, email=mherron@lawfa.com, c=US Date: 2018.06.18 16:45:26 -0400

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

Greg Hansen
2017 Form 6 Attachment

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~~\$681,231.25~~
COPY

Part A - Net Worth

As of December 31, 2017

Part B - Assets

Household Goods and Personal Effects Individual Assets in Excess of \$1,000	\$131,250.00
Real Property - 27 Coleridge Court - Palm Coast, FL	\$268,420.00
Boat (27' Sea Ray)	\$25,000.00
Transamerica Accounts (TA)	\$398,545.14
Transamerica IRA Annuity	
- TA Asset Allocation Mod. Growth Fund - \$95,866.25	
- TA Int'l. Moderate Growth Fund - \$79,404.50	
Transamerica IRA Annuity	
- TA Asset Allocation Mod. Growth Fund - \$123,865.91	
- TA Int'l. Moderate Growth Fund - \$99,408.48	
Wells Fargo Retirement Account	\$104,085.87
- American Balanced Growth Fund - \$77,295.01	
- Europacific Growth Fund - \$26,617.47	
- Cash - \$173.39	
(Checking & Savings) Exchange National Bank and Trust Company	\$125,903.73
Life Insurance (Lincoln Financial Group)	\$5,430.00
Navy Federal Credit Union (Savings)	\$1,281.79
Personal Loan to Campaign Fund	\$25,000.00
Florida Retirement System	\$6,701.48
<u>Part C - Liabilities</u>	
Navy Federal Credit Union Post Office Box 3000 Merrifield, VA 22119-3000	\$352,281.19

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VYSTAR Credit Union
Post Office Box
Jacksonville, FL 32203-1266

\$26,714.04

Bank of the West
Post Office Box 4014
Alameda, CA 94501-0424

\$18,959.97

Wells Fargo Dealer Services
Post Office Box 17900
Denver, CO 80217-0900

\$12,431.56

Part D - Income
Primary Sources

Defense Finance and Accounting Service
8899 East 56th Street
Indianapolls, IN 46249-1300

\$71,549.67

Transamerica Annuity
4333 Edgewood Road NE
Cedar Rapids, IA 52499

\$35,112.59

Social Security Administration
1 Jamaica Center Plaza
Jamaica, FL 11432-3898

\$29,304.00

Wells Fargo
2801 Market Street
Saint Louis, MO 63103

\$10,670.00

Flagler County Board of County Commissioners
1769 E. Moody Blvd
BLDG #1
Bunnell, FL 32110

\$49,215.80

Secondary Sources

None

Part E - Interests in Specified Businesses

None

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