

FOR OFFICE USE ONLY:

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JUN 16 2016

FLAGLER COUNTY
SUPERVISOR OF ELECTIONS

*****AUTO**ALL FOR AADC 328 T5 P1 17

George Eugene Hanns
County Commissioner, District 5
Flagler County
Elected Constitutional Officer
PO Box 353490
Palm Coast FL 32135-3490

COPY



ID Code



ID No. 26811

Conf. Code

Hanns, George 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, 2015 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 24, 2016 was \$ 202,882.88

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 \$ 50,115.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Real Estate Citrus Springs, FL (since 1972)	44,875.00
Bank Accts Wells Fargo (joint acct's with my son)	25,161.65
STATE of Florida Retirement Acct (Drop) ^{frozen by Florida} _{state Legislators}	40,826.05
Coin + Art Collection, 2 Automobiles	59,575.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Auto Loan ALLY PoBox 380902, Bloomington, MN 55438 1.	8,734.82
Auto Loan ALLY PoBox 380902, Bloomington, MN 55438 2.	8,875.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

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 2015 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 2015 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2015 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
Flagler County BCC	1769 E. Moody Blvd, Bldg 2 Bunnell, FL 32110	51,109.85
Social Security	SSA 600 W. Madison St, Chicago, IL 60661	22,735.80

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
NONE	NONE	NONE	NONE

NO BUSINESS
INCOME 2015

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Geo E Hanns Co		
ADDRESS OF BUSINESS ENTITY	PO BOX 353490 Palm Coast, FL 32135		
PRINCIPAL BUSINESS ACTIVITY	Residential Contractor		
POSITION HELD WITH ENTITY	owner/operator		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	yes / 100%		
NATURE OF MY OWNERSHIP INTEREST	owner/operator		

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

Sworn to (or affirmed) and subscribed before me this 24th day of May, 2016 by George E. Hanns
Christie L Mayer
(Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commission #)



Personally Known OR Produced Identification

Type of Identification Produced _____

George Eugene Hanns
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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

