

HAND DELIVERED

FORM 6 FULL AND PUBLIC DISCLOSURE OF 2012

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

FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

COMMISSION ON ETHICS

DATE RECEIVED

245589

AUG 27 2013

PROCESSED

LAST NAME — FIRST NAME — MIDDLE NAME:
Hutson Travis James

MAILING ADDRESS:
469 Gianna Way

CITY : ZIP : COUNTY :
St. Augustine 32086 St. Johns

NAME OF AGENCY :
Florida House of Representatives

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
State Representative District 24

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, 2012, 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, 2012 was \$ 6,721,201

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.

The aggregate value of my household goods and personal effects (described above) is \$ 155,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
Beneficial Interest in Hutson 1999 Irrevocable Trust FBO Travis Hutson	231,964
Beneficial Interest in Hutson Dynasty Trust FBO Travis Hutson	5,944,200
Beneficial Interest in Nancy Hutson Irrevocable Life Insurance Trust No. 2	180,427
Beneficial Interest in David W. Hutson Irrevocable Life Insurance Trust	204,167
Bank Accounts (Wells Fargo \$2,818; BB&T \$2,625)	5,443

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2012 federal income tax return, including all W2's, schedules, and attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2012 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2012 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
Hutson Companies, LLC	3030 Hartley Rd., #300, Jacksonville, FL 32257	26,923
State of Florida	200 E. Gaines Street, Tallahassee, FL 32399	4,290
Nancy Hutson Irrev. Life Insurance Trust No. 2	3030 Hartley Rd., #300, Jacksonville, FL 32257	4,016
Travis Hutson, Realtor	3030 Hartley Rd., #300, Jacksonville, FL 32257	2,461

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			

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

OATH

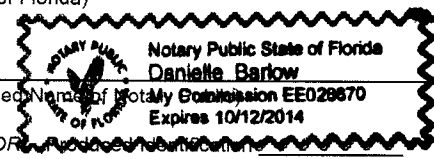
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
 COUNTY OF Flagler

Sworn to (or affirmed) and subscribed before me this 9th day of

August, 2013 by Travis Hutson

[Signature]
 (Signature of Notary Public--State of Florida)



[Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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

Personally Known OR Produced by Court

Type of Identification Produced _____

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.
OTHER FORMS you may need to file are described on page 6.