FORM 6 FULL AND PUBLIC DISCLOSURE		2013		
Please print or type your name, mailing address, agency name, and position below:	FUR	OFFICE USE ONLY:		
LAST NAME — FIRST NAME — MIDDLE NAME: Hutson Travis James	14 JUN 17			
MAILING ADDRESS: 469 Gianna Way	DIVISION OF I SECRETARY	ELECT IONS OF STATE		
	245589			
CITY: ZIP: COUNTY: St. Augustine 32086-3861 St. Johns	PROCESSED			
NAME OF AGENCY : Florida House of Representatives				
NAME OF OFFICE OR POSITION HELD OR SOUGHT : Elected Constitutional Officer - 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, 2013. 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 was \$ _6,961,047				
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 \$ 185,000 ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instructions p.4) VALUE OF ASSET				
Beneficial Interest in Hutson 1999 Irrevocable Trust FBO Travis Hutson	-	360,989		
Beneficial Interest in Hutson Dynasty Trust FBO Travis Hutson		5,907,145		
Beneficial Interest in Nancy Hutson Irrevocable Life Insurance Trust No. 2	_	216,884		
Beneficial Interest in David W. Hutson Irrevocable Life Insurance Trust		212,500		
See Attached Continuation Sheet		331,638		
PART C LIABILITIES LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4): NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY		
Holine Olde Applicate St. Titles.		All Coll. C.		
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY		
Hutson 1999 Irrevocable Trust FBO Travis Hutson		253,109		

	PART D -	- INCOME			
You may EITHER (1) file a complete copy of your 2013 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 2013 federal income tax re [If you check this box and attach a copy of your 2013			rt D.]		
PRIMARY SOURCES OF INCOME (See instructions on pa	ige 5):				
NAME OF SOURCE OF INCOME EXCEEDING \$1,000		ADDRESS OF SOURCE OF INCOME		AMOUNT	
State of Florida	200 E. Gaines Street, Tallahassee, FL 32399-0356		99-0356	28,446	
Travis Hutson, Realtor (Watson Realty Corp)	7821 Deercreek Club Rd, #200, Jax, FL 32256		256	50,634	
Nancy Hutson Irrev. Life Insurance Trust No.2	3030 Hartley Road, #300, Jacksonville, FL 32257		32257	36,456	
SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting personsee instructions on page 5]: NAME OF NAME OF MAJOR SOURCES ADDRESS PRINCIPAL BUSINESS BUSINESS ENTITY OF BUSINESS' INCOME OF SOURCE ACTIVITY OF SOURCE					
	***************************************	<u>-</u>	 		
PART FINTERESTS II	S SDECIFIE	D BUSINESSES [Instructions on r	1900 Kl		
BUSINESS ENTITY:		BUSINESS ENTITY # 2		ESS ENTITY # 3	
NAME OF BUSINESS ENTITY					
ADDRESS OF					
BUSINESS ENTITY PRINCIPAL BUSINESS					
POSITION HELD					
I OWN MORE THAN A 5%					
NATURE OF MY					
OWNERSHIP INTEREST					
IF ANY OF PARTS A THROUGH E ARE CO	NTINUED	ON A SEPARATE SHEET, PLEA	SE CHE	CK HERE Z	
ОАТН	STATE COUN	of FLORIDA Flager			
I, the person whose name appears at the Sworn to (or affirmed) and subscribed before me this day of					
beginning of this form, do depose on oath or affirmation June 2014 by Travis HU+50n					
and say that the information disclosed on this form					
and any attachments hereto is true, accurate, (Signature of Notary PublicState of Electrical)					
and complete.	Com			Public State of Florida	
	(Print, [*]	Type, or Stamp Commissioned Name	, Netaloy Cola	Himission EE028870	
Tu A With	Person	ally Known OR Project		الممممممه	
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE	Type of	f 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, ARY F. HANNON CPA , 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.					

 HANNON & ASSOCIATES
 59-2892813
 6-/2-/4

 2700 University Blvd. W. Suite A-2 Jax, FL 32217
 Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath. CE FORM 6 - Effective January 1, 2014 Adopted by reference in Rule 34-8 002(1), F.A.C.

Hutson, Travis James
469 Giana Way
St. Augustine, St. Johns County, FL 32086-3861
Florida House of Representatives
Elected Constitutional Officer - State Representative District 24

Page 1, Part B - Assets - Assets Individually Valued at Over \$1,000 (continued)

Description of Asset	Value of Asset	
Personal Residence, 469 Giana Way, St. Augustine, FL Membership Interest - Neo Sports Athletics, LLC Cash - Wells Fargo 33 King St. St Augustine FL 32086 Cash - BB&T 4600 US 1 S St Augustine FL 32086	252,768 11,064 11,807 55,999	
Total to Page 1, Part B - Assets	331,638	