| FORM 6 FULL AND PUBLIC DISC | 2013 | | | |
|---|---------------------|---------------------|--|--|
| Please print or type your name, mailing address, agency name, and position below: | REST - TOR | DEFECTOUSE ONLY: | | |
| LAST NAME — FIRST NAME — MIDDLE NAME: Hill, Mike | 14 JUN 18 | PM 3: 31 | | |
| MAILING ADDRESS: Portofino Rd DIVISIÓN OF | | ELECTIONS | | |
| Unit 2108 | SECRETARY | UF STAIL | | |
| CITY: ZIP: COUNTY: Pensacola Beach 32561 Escambia | 2476 | 42 | | |
| NAME OF AGENCY : | PROCE | SSED | | |
| NAME OF OFFICE OR POSITION HELD OR SOUGHT : State Representative, District 2 | | | | |
| 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 <u>June 6</u> , 20 <u>14</u> was \$ <u>1,273,991</u> . | | | | |
| 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 following, if not held for investment purposes: jewelry; collections of stamps, guns. and numismatic items; ant objects; household equipment furnishings; clothing; other household items; and vehicles for personal use. The aggregate value of my household goods and personal effects (described above) is \$ 540,529 ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instructions p.4) VALUE OF AS HOME, 6080 FOREST GREEN RD, PENSACOLA, 32505 \$504,611 TRADITIONAL IRA, STATE FARM MUTUAL FUNDS, PO BOX 219548, KANSAS CITY, MO 64121 \$36,455 SIMPLE IRA, STATE FARM MUTUAL FUNDS, PO BOX 219548, KANSAS CITY, MO 64121 \$117,346 STATE FARM GROWTH FUND, ONE STATE FARM PLAZA, BLOOMINGTON, IL 61710 \$53,355 | | | | |
| 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 | | |
| REGIONS BANK, PO BOX 11007, BIRMINGHAM, AL 36288; OFFICE BLDG | \$223,829 | | | |
| sTATE fARM BANK, PO BOX 2316, BLOOMINGTON, IL 61702, HOME; 608 | \$158,952 | | | |
| STATE FARM BANK, PO BOX 2316, BLOOMINGTON, IL; RENTAL, 203 MC | \$26,020 | | | |

| | | PART I | D INCOME | | |
|---|---|---------------------------------|---|----------------------------------|--|
| You may EITHER (1) file a constatement identifying each segremainder of Part D, below. | mplete copy of your 2013 fed parate source and amount of | leral income income which | tax return, including all W2's, schedule ch exceeds \$1,000, including secondar | s, and attachi y sources of i | ments, OR (2) file a sworn income, by completing the |
| | | | W2's, schedules, and attachments. rou need not complete the remainder of | Part D.] | |
| PRIMARY SOURCES OF INC | OME (See instructions on pa | age 5): | | | |
| NAME OF SOURCE OF INC | OME EXCEEDING \$1,000 | 1 | ADDRESS OF SOURCE OF INCOM | IE | AMOUNT |
| STATE FARM INSURANC | E | ONE ST | ATE FARM PLAZA, BLOOMING | TON, IL | \$398,587 |
| CITIZENS PROPERTY IN | Y INSURANCE CORP 2513 KILLEARN CENTER BLVD, TALLAHASSE | | HASSEE | \$12,357 | |
| STATE OF FLORIDA | TATE OF FLORIDA 200 E GAINES ST, TALLAHASSEE 32399 | | 99 | \$15,703 | |
| SECONDARY SOURCES OF I | NCOME [Major customers, cl | ients, etc., of | businesses owned by reporting person- | -see instruction | ons on page 5]: |
| NAME OF BUSINESS ENTITY | | MAJOR SOURCES ADDRESS OF SOURCE | | | PRINCIPAL BUSINESS ACTIVITY OF SOURCE |
| | | | | | |
| | | | | | |
| | | | | | |
| | PART E - INTERESTS I | N SPECIF | IED BUSINESSES [Instructions of | n page 6] | |
| | BUSINESS ENTITY | # 1 | BUSINESS ENTITY # 2 | BUSI | NESS ENTITY # 3 |
| NAME OF BUSINESS ENTITY | STATE FARM INSURA | ANCE | | | |
| ADDRESS OF BUSINESS ENTITY | 611 N NEW WARRINGT | ON RD | PENSACOLA, FL 32506 | | |
| PRINCIPAL BUSINESS | INSURANCE AND FINANCE | CIAL SER | | | |
| ACTIVITY POSITION HELD | AGENT | | | | |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | NO | | | - | |
| NATURE OF MY OWNERSHIP INTEREST | N/A | | | | |
| IF ANY OF PARTS A | THROUGH E ARE CO | NTINUE | D ON A SEPARATE SHEET, PL | EASE CHE | CK HERE |
| O A | A TH | STA | TE OF FLORIDA | | |
| | | | | | 1.1 |
| I, the person whose name app | | | rn to (or affirmed) and subscribed before | e me this | <u>uth</u> day of |
| beginning of this form, do depo | | | UNE ,20 14 by | | |
| and say that the information disclosed on this form and any attachments the course of | | | | | |
| and complete. SHELLA R. OWENS (Signature of Notary Public-State of Florida) | | | | | |
| My Commission Expires Due No | | | | | |
| | July 27, 2014 (Print, Type, or Stamp Commissioned Name of Notary Public) Personally Known OR Produced Identification | | | | |
| Two of Heatification Bradwood | | | | | |
| SIGNATURE OF REPORTING | OFFICIAL OR CANDIDATE | Турс | of Identification Toddced | | |
| If a certified public accountant she must complete the following | | 3, or attorne | y in good standing with the Florida B | ar prepared t | his form for you, he or |
| I. prepared the CE Form 6 in accordance with Art. II. Sec. 8. Florida Constitution. | | | | | |
| Section 112.3144, Florida Stat correct. | utes, and the instructions to | the form. L | Jpon my reasonable knowledge and b | elief, the dis | closure herein is true and |
| | | | | | |
| 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. | | | | | |

Addendum to Form 6

Part B – Assets

| Traditional IRA | \$36,455 |
|------------------------------------|-----------|
| Small Cap Index, SMIIX | \$13,166 |
| International Index, SFFFX | \$6,420 |
| Small/Mid Cap, SFEIX | \$8,558 |
| S&P 500 Index, SFXIX | \$8,311 |
| | |
| SIMPLE IRA | \$117,346 |
| Small Cap Index, SMIIX | \$33,280 |
| International Index, SFFFX | \$23,381 |
| Small/Mid Cap, SFEIX | \$29,080 |
| S&P 500 Index, SFXIX | \$31,605 |
| | |
| Growth Fund | \$53,355 |
| Growth, STFGX | \$53,114 |
| Balance, STFBX | \$241 |
| | |
| Regions Bank checking acct, PO Box | \$3,860 |
| 11007, Birmingham, AL 35288 | |
| Office Bldg, 611 New Warrington Rd | \$490,300 |
| Pensacola, FL 32506 | |

Rental Dwelling, 203 McKinley Dr

Pensacola, FL 32506

Part D- Income

PRIDE Enterprises, 223 Morrison Rd \$6,750

\$104,500

Brandon, FL 33511

FEMA, NFIP, PO BOX 2965 \$7,716

Shawnee Mission, KS 66201

Rent, 611 New Warrington Rd \$13,150

Pensacola, FL 32506

Rent, 203 McKinley Rd \$6,750

Pensacola, FL