## FORM 6

# FULL AND PUBLIC DISCLOSUR AND PUBLIC DISCLOSUR OF FINANCIAL INTERESTS

HAND DELIVEREDOMMISSION ON ETHICS PROCESSED

JUL 0 1 2015

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ID Code

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245589

Conf. Code

Hutson, Travis

\*\*AUTO\*\*3-DIGIT 320 T1 P3 34 Hon Travis Hutson Senator Senate **Elected Constitutional Officer** 

469 Gianna Way St Augustine FL 32086-3861

լերիրում իրդիրոկրիկուինիիրոն մինիկիկարկերինի

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, 2014. [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 December 31, 2014 was \$ 6,996,300

## 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 \$ 225,000

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	371,797
Beneficial Interest in Hutson Dynasty Trust FBO Travis Hutson	5,973,041
Beneficial Interest in Nancy Hutson Irrevocable Life Ins. Trust No.2	217,274
See Attached Continuation Sheet	472,827

### PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):  NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY
NAME AND ADDRESS OF CREDITOR		 AMOUNT OF LIABILITY
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 <i>EITHER</i> (1) file a complete copy of your 2014 federal income tax return, <i>including all W2's</i> , <i>schedules</i> , <i>and attachments</i> , <i>OR</i> (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 2014 federal income tax return and all W2's, schedules, and attachments.  [If you check this box and attach a copy of your 2014 tax return, you need not complete the remainder of Part D.]						
PRIMARY SOURCES OF INCOME (See instructions on pa						
NAME OF SOURCE OF INCOME EXCEEDING \$1,000			SOURCE OF INCO		AMOUNT	
Hutson Companies, LLC			Pkwy #102 St		23,077	
State of Florida	200 E. C	aines St	. Tallahasse	e, FL32399	26,646	
SECONDARY SOURCES OF INCOME [Major customers, cli		inesses owned		n-see instructions	s on page 5]:	
NAME OF NAME OF MAJOR BUSINESS ENTITY OF BUSINESS			ADDRESS OF SOURCE		RINCIPAL BUSINESS CTIVITY OF SOURCE	
·						
PART E INTERESTS II	N SPECIFIED	BUSINESS	ES (Instructions o	on page 61	Section Control to the total	
BUSINESS ENTITY			SENTITY#2	10,	SS ENTITY#3	
NAME OF BUSINESS ENTITY						
ADDRESS OF			· · · · · · · · · · · · · · · · · · ·			
PRINCIPAL BUSINESS ACTIVITY			<u> </u>			
POSITION HELD			<del> </del>			
I OWN MORE THAN A 5%						
INTEREST IN THE BUSINESS  NATURE OF MY		···· ••				
OWNERSHIP INTEREST	<i>े हुद्देशका ने</i> माहस्य सुरस्ता हुन्।	والرابات فلاعر يسيد الرابات		\$ 55 45 4 5 4 7 4 4 5 14 4 1		
	PART F - T	RAINING		-		
For officers required to complete						
I CERTIFY THAT I H	and the same of the same	a factoria de la compansión	o was the server and the first	TRAINING		
OATH	STATE COUNT	OF FLORIDA Y OF	H. Johns			
I, the person whose name appears at the	Sworn to	o (or affirmed)	and subscribed befo	ore me this $\underline{2}$	2 nd day of	
beginning of this form, do depose on oath or affirmation		une	, 20 <u>15</u> by	Travis Hu	SON	
and say that the information disclosed on this form and any attachments hereto is true, accurate,	_e	mes r	uth boun	en silving	EMILY RUTH BARN	
and complete.	_		Public-State of Florid	ia)	MY COMMISSION # FF23	
	<u> </u>	ype, or Stamp	h Barnes Commissioned Nar	ne of	EXPIRES May 14, 201	
T. 126	Persona	lly Known	OR PI	roduced Identifica	ation	
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATI	E Type of	Identification F	Produced			
If a certified public accountant licensed under Chapter 4	73, or attorney	n good stand	ing with the Florida	a Bar prepared th	nis form for you, he or	
she must complete the following statement:  Gary F. Hannon						
I, Gary F. Hannon , 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 correcty / /						
Lay J. Hannon.						
Signature	HANNDIN & ASS	OCIATES	<b>59-28928</b>	113 67	/1 -/ 1	
VICHERUIE.	2700 [	Dhut W C.	te A-2 Jax, FL 322	17 Date	•	

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

CE FORM 6 - Effective January 1, 2015 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 - Senate

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

Description of Asset	Value of Asset
Beneficial Interest in David W. Hutson Irrevocable Life Insurance Trust	212,500
Personal Residence, 469 Giana Way, St. Augustine, FL	210,292
Membership Interest - Neo Sports Athletics, LLC	11,555
Cash - Wells Fargo	5,008
Cash - BB&T	33,472
Total to Page 1, Part B - Assets	472,827