FORM 6 FULL AND PUBLIC DISCLO	DSURE	2014
Please print or type your name, mailing address, agency name, and position below:	STS FOR C	OFFICE USE ONLY:
LAST NAME — FIRST NAME — MIDDLE NAME:		
HILL, WALTER MIKE	CAM	FLORIDA VISSION ON ETHICS
MAILING ADDRESS:	BAMI	
1 PORTOFINO RD		JUL 0 1 2015
UNIT 2108		RECEIVED
CITY: ZIP: COUNTY:		. 1.
PENSACOLA BEACH 32561 ESCAMBIA NAME OF AGENCY:	Ω	1212
	291	CESSED
NAME OF OFFICE OR POSITION HELD OR SOUGHT:	980	CESSED
STATE REPRESENTATIVE, DISTRICT 2 CHECK IF THIS IS A FILING BY A CANDIDATE	PKO	CLUSSIE
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. [N	ote: Net worth is not	calculated by
subtracting your reported liabilities from your reported assets, so please	e see the instructions	s on page 3.]
My net worth as of December 31, 2014 was \$ <u>1,104,39</u> 5	A/O 6-26-2015	_
• • • • • • • • • • • • • • • • • • • •		
PART B ASSETS		
HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate value following, if not held for investment purposes: jewelry; collections of stamps, guns, and num furnishings; clothing; other household items; and vehicles for personal use, whether owned or limited to the control of the co	ismatic items; art objects; h	
The aggregate value of my household goods and personal effects (described above) is $$578$,895	
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instruction)	ns p.4)	VALUE OF ASSET
HOME, 6080 FOREST GREEN RD, PENSACOLA, FL 32505		529,900
TRADITIONAL IRS, STATE FARM MUTUAL FUNDS, PO BOX 219548, KANS	AS CITY, MO 64121	126,354
SIMPLE IRS, STATE FARM MUTUAL FUNDS, PO BOX 219547, KANSAS	CITY, MO 64121	133,265
STATE FARM GROWTH FUND, ONE STATE FARM PLAZA, BLOOMING	TON, IL 61710	67,006
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	1	AMOUNT OF LIABILITY
REGIONS BANK, PO BOX 11007, BIRMINGHAM, AL 35288, OFFICE BLDG, 6	1 NEW WARRINGT	193497

STATE FARM BANK, PO BOX 2316, BLOOMINGTON, IL 61402, HOME 6080 FOREST GREEN RD

136862

22042

		PART D	INCOME		
You may EITHER (1) file a complete copy of your 2014 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 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 INCO	OME (See instructions on pa	ge 5):			
NAME OF SOURCE OF INC	OME EXCEEDING \$1,000		ADDRESS OF SOURCE OF INCOM		AMOUNT
STATE FARM I	NSURANCE	ONE ST	ATE FARM PLAZA, BLOOMIN	GTON, IL	402,073
STATE OF I	STATE OF FLORIDA 200 E GAINES ST, TALLAHASSEE, FL 32399		L 32399	26,858	
SECONDARY SOURCES OF I	NCOME [Major customers, cli	ents, etc., of t	ousinesses owned by reporting person-	see instruction	ns on page 5]:
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS		ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
			0.000.00		.077777 07 0007.02
	PART E INTERESTS II	N SPECIFII	ED BUSINESSES [Instructions on	nage 61	
•	BUSINESS ENTITY		BUSINESS ENTITY # 2		ESS ENTITY # 3
NAME OF BUSINESS ENTITY		T			
ADDRESS OF	STATE FARM INSURA 611 N NEW WARRINGTO			+	
BUSINESS ENTITY PRINCIPAL BUSINESS	PENSACOLA, FL 325	06	<u></u>		
POSITION HELD	INSURANCE AND FINANCIAL	SERVICES		<u> </u>	
WITH ENTITY I OWN MORE THAN A 5%	AGENT	<u>_</u>	- to a second to the second to	<u> </u>	
INTEREST IN THE BUSINESS	NO				
NATURE OF MY OWNERSHIP INTEREST	N/A				
		PART F -	- TRAINING		
For office	ers required to complete	annual eth	hics training pursuant to section	112.3142,	F.S.
Ø	I CERTIFY THAT I H	AVE COM	IPLETED THE REQUIRED	TRAINING).
O	ATH		E OF FLORIDA	A	
I, the person whose name app		COUR	NTY OF ESCAME	2//	1. 44
beginning of this form, do dep		Sworr	n to (or affirmed) and subscribed before	me this 🚣	day of
and say that the information d			JUNE 20 15 by	she ila	K OWENS
and any attachments hereto is true, accurate, (Signature of Notary Public-State of Florida)					
and complete.		(0.9	She	la R. Owen	s
		(Print,	, Type, or Stamp Commissioned Name	tary Public 8 Notavridi	lic)
	6. 11/	Perso	onally Known My Commissi		
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE Type of Identification Produced Type of 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,, 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.					
Signatu	re			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

Addendum to Form 6

Part B – Assets

Traditional IRA	\$126,354
Small Cap Index, SMIIX	\$31,641
International Index, SFFFX	\$28,770
Small/Mid Cap, SFEIX	\$35,641
S&P 500 Index, SFXIX	\$30,301
SIMPLE IRA	\$133,265
Small Cap Index, SMIIX	\$33,562
International Index, SFFFX	\$34,548
Small/Mid Cap, SFEIX	\$33,041
S&P 500 Index, SFXIX	\$33,114
Growth Fund	\$67,006
Growth, STFGX	\$66,750
Balance, STFBX	\$256
Regions Bank checking acct, PO Box	\$171
11007, Birmingham, AL 35288	
Office Bldg, 611 New Warrington Rd	\$490,300
Pensacola, FL 32506	

Rental Dwelling, 203 McKinley Dr	\$109,800
Pensacola. FL 32506	

Part D

D- Inco	ome		
FEM	A, NFIP, PO BOX 2965	\$8,930	
	Shawnee Mission, KS 66201		
Rent	, 611 New Warrington Rd	\$16,200	
	Pensacola, FL 32506		
Rent	, 203 McKinley Rd	\$6,750	
	Pensacola, FL 32506		
PRID	E Enterprises, 223 Morrison	\$2,500	
	Brandon, FL 33511		
Florid	da Peninsula Managers, LLC	\$1,589	
PO Box 50969, Sarasota, FL 34232			
Towe	er Hill Insurance Group, Inc.	\$1,233	
	PO Box 147018, Gainesville, FL	32614	
Hom	eowners Choice Managers, Inc.	\$2,049	
	5300 W Cypress St, Ste 100		
	Tampa, FL 33607		
Sout	nern Fidelity Risk Managers	\$3,966	
	2255 Killearn Center Blvd		
	Tallahassee, FL 32309		

Citizens Property Insurance Corp

\$4,548