

Clay County-Elected Constitutional Officer

Recvd 2020JUN09PM02:27



\*\*\*\*\*AUTO\*\*ALL FOR AADC 320 T1 P1 3 3

DIANE ELAINE HUTCHINGS, DISTRICT 3 COMMISSIONER  
2830 GRANDE OAKS WAY  
FLEMING ISLE FL 32003-3767

ID CODE



ID NO.

221325

CONF. CODE

Hutchings, Diane Elaine

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, 2019 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 19 was \$ 880,662.

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 \$ \_\_\_\_\_

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
2830 Grande Oaks Way, Fleming Island, FL 32003	330,000-
167 Aldersgate Street, Green Cove Spgs, FL 32043	350,000-
Lincoln MKT / Ford F350	30,000-
Cash value life ins. / Retirement / checking / savings	645,662-

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Wells Fargo, P.O. Box 14481, Des Moines Iowa 50306	147,225-
Keystar Cr. Union, P.O. Box 45085, Jacksonville, FL	227,317-
First Florida Cr. Union, 500 West 1st St. Jacksonville, FL 32203	100,412-

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

**PART D -- INCOME**

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2019 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2019 federal income tax return and all W2's, schedules, and attachments.  
 [If you check this box and attach a copy of your 2019 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
<i>First Florida Credit Union</i>	<i>500 West 1st Street, Jacksonville, FL</i>	<i>168,795.75</i>
<i>Board of County Commissioners</i>	<i>477 Houston St. S.E., FL 32043</i>	<i>38,694.82</i>

**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	<i>Hutchings Properties</i>		
ADDRESS OF BUSINESS ENTITY	<i>2830 Grande Oaks Way</i>		
PRINCIPAL BUSINESS ACTIVITY	<i>Real Estate</i>		
POSITION HELD WITH ENTITY	<i>Secretary</i>		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	<i>yes</i>		
NATURE OF MY OWNERSHIP INTEREST	<i>Corporate Officer</i>		

**PART F - TRAINING**

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

**OATH**

I, the person whose name appears at the beginning of this form, do depose and affirm and say that the information disclosed on this form and any attachments thereto is true and complete.



STATE OF FLORIDA

COUNTY OF Clay

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this 9th day of

June, 2020 by Diane Hutchings

Diane Hutchings  
 (Signature of Notary Public--State of Florida)

Diane Hutchings  
 (Print, Type, or Stamp Commissioned Name of Notary Public)

Diane Hutchings  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known  OR Produced Identification

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.

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.**

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