

FORM 6 FULL AND PUBLIC DISCLOSURE OF 2007

FINANCIAL INTERESTS

JUN 16 2008 PM 12:36

LAST NAME — FIRST NAME — MIDDLE NAME:
 MCCALISTER, SR. JAMES EARL

MAILING ADDRESS:
 514 DAVID AVENUE

CITY: ZIP: COUNTY:
 PANAMA CITY 32404-6016 BAY

NAME OF AGENCY:
 BAY DISTRICT SCHOOL BOARD

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
 SUPERINTENDENT OF SCHOOLS, ELECTED CONSTITUTIONAL OFFICER

CHECK IF THIS IS A FILING BY A CANDIDATE

FOR OFFICE USE ONLY:

ID Code _____

ID No. _____

Conf. Code _____

P. Req. Code _____

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2007, 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 JUNE 16, 2008 was \$ 604,130.99

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 \$ 285,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
HOME (\$190,000.00) PERSONAL EFFECTS - TOOLS, FURNITURE, CLOTHES (\$95,000.00)	\$ 285,000.00
1997 FORD - CROWN VICTORIA (\$3,000.00)	\$ 3,000.00
2.27 (TWO - POINT TWO SEVEN) ACRES OF LAND	\$ 18,000.00
SAVINGS ACCOUNT	\$ 44,166.67
LIFE INSURANCE	\$ 287,592.00

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
2003 CHERVROLET SUBURBAN GMAC 8375 DIX ELLIS TRAIL SUITE 200 Jacksonville, FL 32203	\$ 3,303.91
GREENTREE FINANCE P.O. BOX 8104 S. HACKENSACK, NJ 07606	\$ 11,154.72
E-TRADE 3353 MICHELSON DRIVE (2ND FLOOR) IRVINE, CA 92612	\$ 15,522.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
TARGET VISA -TARGET NATIONAL BANK 3901 W.53RD STREET - SIOUX FALLS, SD 57106-4216	\$ 3,647.05

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2007 federal income tax return, including all 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 2007 federal income tax return. [If you check this box and attach a copy of your 2007 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
BAY DISTRICT SCHOOL BOARD	1311 BALBOA AVE. PANAMA CITY, FL 32405	\$ 119,000.00
	"SALARY"	

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

PART E -- INTERESTS IN SPECIFIED BUSINESSES

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
COUNTY OF Bay

Sworn to (or affirmed) and subscribed before me this 16 day of

JUNE, 2008 by _____

[Signature]
(Signature of Notary Public--State of Florida)

James E. McCalister
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

(Print, Type, or Stamp Name of Notary Public)
Notary Public - State of Florida
My Commission Expires November 2008
For Commission # DD 355075
Bonded By National Notary Assn.
Type of Identification Produced _____

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.
OTHER FORMS you may need to file are described on page 6.