

**FORM 6****FULL AND PUBLIC DISCLOSURE OF****2007****FINANCIAL INTERESTS**

LAST NAME — FIRST NAME — MIDDLE NAME:

SHARP, MIKE

FOR OFFICE  
USE ONLY:

JUN 17 2008 AM 9:16

MAILING ADDRESS:

Post Office Box 35485

ID Code

CITY:

Panama City

ZIP:

32412

COUNTY:

Bay

ID No.

NAME OF AGENCY:

Conf. Code

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Bay County Property Appraiser

P. Req. Code

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, 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 20 08 was \$ 384,532.45**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 \$ 94,000.00**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

See Attached Part B Assets Exhibit (Total \$495,345.35)

**PART C — LIABILITIES****LIABILITIES IN EXCESS OF \$1,000:**

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

Countrywide Home Loans, 5401 N. Beach Street, Ft. Worth, TX 76137

\$91,134.47

National City Bank, Post Office Box 5570, Cleveland, OH 44101

\$100,103.09

Panhandle Educators Federal Credit Union, 2718 Hwy 77, Panama City, FL 32405

\$14,437.84

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

None

**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

**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

**PART E -- INTERESTS IN SPECIFIED BUSINESSES**

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	See Attached Part E Exhibit		
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.

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE  
Mike Sharp

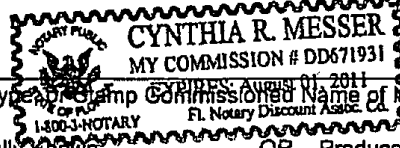
STATE OF FLORIDA  
COUNTY OF

Bay

Sworn to (or affirmed) and subscribed before me this 17th day of

June, 20 08 by Mike Sharp

Cynthia R. Messer  
(Signature of Notary Public--State of Florida) Cynthia R. Messer

  
(Print, Type, or Stamp Commissioned Name of Notary Public)  
Personally Known OR Produced Identification XX

Type of Identification Produced Florida Drivers License

**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.

## Part B - Assets

### Assets Individually Valued at over \$1000

#### Description of Asset

Homestead Property- (104 Loyola Lane Panama City, FL)	\$375,000.00
Vacant Lot (Lot 7, Block 204 Unit 5) -Compass Lake in the Hills-Vancouver Rd	\$29,900.00
Loan to Campaign -Mike Sharp for Property Appraiser	\$2,000.00
Art Collection used by business	\$4,200.00
Cash - USAA Federal Savings	\$1,765.28
Cash - Tyndall Federal Credit Union	\$4,480.07
Gulf Coast Title, Inc. dba LANCO Title & Escrow -100% interest -liquidation value	\$78,000.00
<b>Total</b>	<b>\$495,345.35</b>

JUN 17 2008 AM 9:15

## Part E -Interests in Specified Businesses

Name of Buiness Entity	Gulf Coast Title & Abstract of Panama City, Inc. dba LANCO Title & Escrow
Address of Business Entity	107 West 23rd Street, Suite W-4 Panama City, FL 32405
Principal Business Activity	Title Insurance Agency- Title Insurance, Real Estate Closing & Escrow services
Position Held with Entity	President
I own more than a 5% Interest in the Business	100%
Nature of my Ownership Interest	Stock

JUN 17 2008 AM 9:16

Form 1040

## U.S. Individual Income Tax Return

2007

JUN 17 2008 AM 9:17

IRS Use Only - Do not write or staple in this space.

Label	For the year Jan. 1-Dec. 31, 2007, or other tax year beginning	2007, ending	20	OMB No. 1545-0074
(See instructions on page 12.)	Your first name and initial	Last name	Your social security number	
Use the IRS label.	MICHAEL P	SHARP		
Otherwise, please print or type.	If a joint return, spouse's first name and initial	Last name	Spouse's social security number	
Presidential Election Campaign	TANYA T	SHARP		
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 12)	Home address (number and street). If you have a P.O. box, see page 12.		Apt. no.	You must enter your SSN(s) above.
	104 LOYOLA LANE			
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 12.			Checking a box below will not change your tax or refund.
	PANAMA CITY, FL 32405-4369			
Filing Status	1 <input type="checkbox"/> Single			
2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income)	4 <input type="checkbox"/> Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here.			
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here.	5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see page 14)			
Exemptions	6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a.			
b <input checked="" type="checkbox"/> Spouse	Boxes checked on 6a and 6b 2			
c Dependents:	No. of children on 6c who:			
(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see page 15)	• lived with you 2			
AUSTIN JAMES SHARP		SON	<input checked="" type="checkbox"/>	• did not live with you due to divorce or separation (see page 18)
HARRISON FLOYD SHARP		SON	<input checked="" type="checkbox"/>	
d Total number of exemptions claimed	Add numbers on lines above 4			
Income	7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 93,254.			
8a Taxable interest. Attach Schedule B if required	8a 37.			
b Tax-exempt interest. Do not include on line 8a	8b			
9a Ordinary dividends. Attach Schedule B if required	9a			
b Qualified dividends (see page 19)	9b			
10 Taxable refunds, credits, or offsets of state and local income taxes	10			
11 Alimony received	11			
12 Business income or (loss). Attach Schedule C or C-EZ	12			
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13			
14 Other gains or (losses). Attach Form 4797	14			
15a IRA distributions 15a	b Taxable amount 15b			
16a Pensions and annuities 16a	b Taxable amount 16b			
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17 18,045.			
18 Farm income or (loss). Attach Schedule F	18			
19 Unemployment compensation	19			
20a Social security benefits 20a	b Taxable amount (see page 24) 20b			
21 Other income. List type and amount (see page 24)	21			
22 Add the amounts in the far right column for lines 7 through 21. This is your total income	22 111,336.			
Adjusted Gross Income	23 Educator expenses (see page 26)			
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24			
25 Health savings account deduction. Attach Form 8889	25			
26 Moving expenses. Attach Form 3903	26			
27 One-half of self-employment tax. Attach Schedule SE	27			
28 Self-employed SEP, SIMPLE, and qualified plans	28			
29 Self-employed health insurance deduction (see page 26)	29 15,426.			
30 Penalty on early withdrawal of savings	30			
31a Alimony paid b Recipient's SSN	31a			
32 IRA deduction (see page 27)	32			
33 Student loan interest deduction (see page 30)	33			
34 Tuition and fees deduction. Attach Form 8917	34			
35 Domestic production activities deduction. Attach Form 8903	35			
36 Add lines 23 through 31a and 32 through 35	36 15,426.			
37 Subtract line 36 from line 22. This is your adjusted gross income	37 95,910.			

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JUN 17 2008 AM 9:17

Form 1040 (2007)

MICHAEL P &amp; TANYA T SHARP

Page 2

**Tax and Credits**

Standard Deduction for -

• People who checked any box on line 39a or 39b or who can be claimed as a dependent.

• All others:  
Single or Married filing separately, \$5,350

Married filing jointly or Qualifying widow(er), \$7,700

Head of household, \$7,850

38	Amount from line 37 (adjusted gross income)	38	95,910.
39a	Check <input type="checkbox"/> You were born before January 2, 1943, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1943, <input type="checkbox"/> Blind. Total boxes checked ... 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here ... 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	21,844.
41	Subtract line 40 from line 38	41	74,066.
42	If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 38 is over \$117,300, see the worksheet on page 33	42	13,600.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	60,466.
44	Tax. Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> Form(s) 8889	44	8,289.
45	Alternative minimum tax. Attach Form 6251	45	0.
46	Add lines 44 and 45	46	8,289.
47	Credit for child and dependent care expenses. Attach Form 2441	47	
48	Credit for the elderly or the disabled. Attach Schedule R	48	
49	Education credits. Attach Form 8863	49	
50	Residential energy credits. Attach Form 5695	50	
51	Foreign tax credit. Attach Form 1116 if required	51	
52	Child tax credit (see page 39). Attach Form 8901 if required	52	2,000.
53	Retirement savings contributions credit. Attach Form 8880	53	
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859 c <input type="checkbox"/> Form 8839	54	
55	Other credits: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	
56	Add lines 47 through 55. These are your total credits	56	2,000.
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	6,289.

**Other Taxes**

58	Self-employment tax. Attach Schedule SE	58	
59	Unreported social security and Medicare tax from: a <input type="checkbox"/> Form 4137 b <input type="checkbox"/> Form 8919	59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
61	Advance earned income credit payments from Form(s) W-2, box 9	61	
62	Household employment taxes. Attach Schedule H	62	
63	Add lines 57 through 62. This is your total tax	63	6,289.

**Payments**

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	8,473.
65	2007 estimated tax payments and amount applied from 2006 return	65	
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election	66b	
67	Excess social security and tier 1 RRTA tax withheld (see page 59)	67	
68	Additional child tax credit. Attach Form 8812	68	
69	Amount paid with request for extension to file (see page 59)	69	
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	
71	Refundable credit for prior year minimum tax from Form 8801, line 27	71	
72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	8,473.

**Refund**

Direct deposit? See page 59 and fill in 74b, 74c, and 74d, or Form 8888.

73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	2,184.
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here	74a	2,184.
b	Routing number <u>314074269</u> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings d Account number <u>02040557</u>		
75	Amount of line 73 you want applied to your 2008 estimated tax	75	

**Amount You Owe**

76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 60	76	
77	Estimated tax penalty (see page 61)	77	

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see page 61)? ☒ Yes. Complete the following. ☐ No

Designee's name	PREPARER	Phone no.		Personal identification number (PIN)	
-----------------	----------	-----------	--	--------------------------------------	--

**Sign Here**

Joint return? See page 13. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
	2-26-08	TITLE INS. - MANAGEMENT	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	
	2/26/08	TITLE INS. - ACCOUNTING	

**Paid****Preparer's****Use Only**

Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN
	02/26/08	<input type="checkbox"/>	P00158317
Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no.	
TIPTON, MARLER, GARNER, & CHASTAIN P. O. BOX 1100 PANAMA CITY, FL 32402-1100	201217629	850-769-9491	

**SCHEDULES A&B**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service  
Name(s) shown on Form 1040**Schedule A - Itemized Deductions**  
(Schedule B is on page 2)

▶ Attach to Form 1040. ▶ See Instructions for Schedules A&amp;B (Form 1040).

OMB No. 1545-0074

**2007**Attachment  
Sequence No. 07

Your social security number

**MICHAEL P & TANYA T SHARP**

<b>Medical and Dental Expenses</b>	Caution. Do not include expenses reimbursed or paid by others.		
1	Medical and dental expenses (see page A-1)	1	
2	Enter amount from Form 1040, line 38	2	
3	Multiply line 2 by 7.5% (.075)	3	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	
<b>Taxes You Paid</b> (See page A-2.)	5 State and local (check only one box): a <input type="checkbox"/> Income taxes, or b <input checked="" type="checkbox"/> General sales taxes	5	1,149.
	6 Real estate taxes (see page A-5)	6	3,804.
	7 Personal property taxes	7	
	8 Other taxes. List type and amount	8	
	9 Add lines 5 through 8	9	4,953.
<b>Interest You Paid</b> (See page A-5.)	10 Home mortgage interest and points reported to you on Form 1098 <b>STMT 1</b>	10	12,359.
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-6 and show that person's name, identifying no., and address	11	
	12 Points not reported to you on Form 1098.	12	
	13 Qualified mortgage insurance premiums (See page A-7)	13	
	14 Investment interest. Attach Form 4952 if required. (See page A-7.)	14	37.
	15 Add lines 10 through 14	15	12,396.
<b>Gifts to Charity</b> If you made a gift and got a benefit for it, see page A-8.	16 Gifts by cash or check.	16	4,245.
	17 Other than by cash or check. If any gift of \$250 or more, see page A-8. You must attach Form 8283 if over \$500	17	250.
	18 Carryover from prior year	18	
	19 Add lines 16 through 18	19	4,495.
<b>Casualty and Theft Losses</b>	20 Casualty or theft loss(es). Attach Form 4684. (See page A-9.)	20	
<b>Job Expenses and Certain Miscellaneous Deductions</b> (See page A-9.)	21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-9.)	21	
	22 Tax preparation fees	22	
	23 Other expenses - investment, safe deposit box, etc. List type and amount	23	
	24 Add lines 21 through 23	24	
	25 Enter amount from Form 1040, line 38	25	
	26 Multiply line 25 by 2% (.02)	26	
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	
<b>Other Miscellaneous Deductions</b>	28 Other - from list on page A-10. List type and amount	28	
<b>Total Itemized Deductions</b>	29 Is Form 1040, line 38, over \$156,400 (over \$78,200 if married filing separately)? <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> Yes. Your deduction may be limited. See page A-10 for the amount to enter.	29	21,844.
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here		

JUN 17 2008 AM 9:17

Name(s) shown on Form 1040. Do not enter name and social security number if shown on page 1.

Your social security number

MICHAEL P &amp; TANYA T SHARP

## Schedule B - Interest and Ordinary Dividends

Attachment  
Sequence No. 08Part I  
Interest

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address ►

TYNDALL FEDERAL CREDIT UNION

FROM K-1 - GULF COAST TITLE &amp; ABSTRACT, INC.

Amount

27.

10.

Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

- 2 Add the amounts on line 1 ..... 2 37.
- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 ..... 3

- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ..... 4 37.

Note. If line 4 is over \$1,500, you must complete Part III.

Part II  
Ordinary  
Dividends

- 5 List name of payer ►

Amount

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

- 6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9a ..... 6

Note. If line 6 is over \$1,500, you must complete Part III.

Part III  
Foreign  
Accounts  
and  
Trusts

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; or (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

- 7a At any time during 2007, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1

Yes No

X

- b If "Yes," enter the name of the foreign country ►

- 8 During 2007, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

If "Yes," you may have to file Form 3520. See page B-2

X



Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security number

**MICHAEL P & TANYA T SHARP**

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

**Part II Income or Loss From Partnerships and S Corporations** Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check column (e) on line 28 and attach Form 6198. See page E-1.

- 27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? ☐ Yes ☒ No  
If you answered "Yes," see page E-6 before completing this section.

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	GULF COAST TITLE & ABSTRACT, INC.	S		59-2574258	
B					
C					
D					

Passive Income and Loss			Nonpassive Income and Loss		
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1	
A				18,045.	
B					
C					
D					
29a Totals				18,045.	
b Totals					
30 Add columns (g) and (i) of line 29a				30	18,045.
31 Add columns (f), (h), and (i) of line 29b				31	( )
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below				32	18,045.

**Part III Income or Loss From Estates and Trusts**

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss			Nonpassive Income and Loss		
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1		
A					
B					
34a Totals					
b Totals					
35 Add columns (d) and (f) of line 34a				35	
36 Add columns (c) and (e) of line 34b				36	( )
37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below				37	

**Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder**

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

**Part V Summary**

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 28, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18	41	18,045.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code T; and Schedule K-1 (Form 1041), line 14, code F (see page E-7)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see page E-2), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

JUN 17 2008 AM 9:17

Form **4952**Department of the Treasury  
Internal Revenue Service**Investment Interest Expense Deduction**

▶ Attach to your tax return.

OMB No. 1545-0181

**2007**Attachment  
Sequence No. **51**

Name(s) shown on return

Identifying number

**MICHAEL P & TANYA T SHARP****Part I Total Investment Interest Expense**

1	Investment interest expense paid or accrued in 2007 (see instructions) <b>SEE STATEMENT 3</b>	1	8,672.
2	Disallowed investment interest expense from 2006 Form 4952, line 7	2	8,872.
3	Total investment interest expense. Add lines 1 and 2	3	17,544.

**Part II Net Investment Income**

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment) <b>STMT 4</b>	4a	37.
b	Qualified dividends included on line 4a	4b	
c	Subtract line 4b from line 4a	4c	37.
d	Net gain from the disposition of property held for investment	4d	
e	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions)	4e	
f	Subtract line 4e from line 4d	4f	
g	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)	4g	
h	Investment income. Add lines 4c, 4f, and 4g	4h	37.
5	Investment expenses (see instructions)	5	
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-	6	37.

**Part III Investment Interest Expense Deduction**

7	Disallowed investment interest expense to be carried forward to 2008. Subtract line 6 from line 3. If zero or less, enter -0- <b>SEE STATEMENT 5</b>	7	17,507.
8	Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions.	8	37.

MICHAEL P & TANYA T SHI

JUN 17 2009 09:17

SCHEDULE A MORTGAGE INTEREST AND POINTS STATEMENT 1  
REPORTED ON FORM 1098

DESCRIPTION

AMOUNT

COUNTRYWIDE HOME LOANS  
NATIONAL CITY BANK

4,685.  
7,674.

TOTAL TO SCHEDULE A; LINE 10

12,359.

FORM 4952 INVESTMENT INTEREST EXPENSE JUN 17 2000 STATEMENT 3

DESCRIPTION	CURRENT	CARRYOVER
PANHANDLE CREDIT UNION	926.	
BANK OF AMERICA	7,746.	
DISALLOWED INVESTMENT INTEREST PRIOR YEARS		8,872.
TOTALS TO FORM 4952, LINES 1 AND 2	8,672.	8,872.

FORM 4952 INCOME FROM PROPERTY HELD FOR INVESTMENT STATEMENT 4

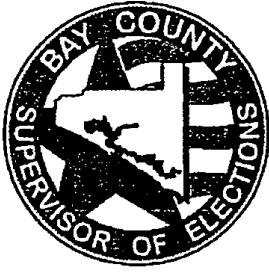
DESCRIPTION	AMOUNT
INTEREST INCOME	37.
TOTAL TO FORM 4952, LINE 4A	37.

FORM 4952 DISALLOWED INVESTMENT INTEREST EXPENSE STATEMENT 5

DESCRIPTION	AMOUNT
SCHEDULE A - C/O	8,872.
SCHEDULE A	8,635.
TOTAL TO FORM 4952, LINE 7	17,507.

FORM 4952AMT INVESTMENT INTEREST EXPENSE STATEMENT 6

DESCRIPTION	CURRENT	CARRYOVER
PANHANDLE CREDIT UNION	926.	
BANK OF AMERICA	7,746.	
AMT INVESTMENT INTEREST CARRYOVER		8,872.
TOTALS TO FORM 4952AMT, LINES 1 AND 2	8,672.	8,872.



**BAY COUNTY  
SUPERVISOR OF ELECTIONS**

**Mark Andersen**

205 Mosley Drive

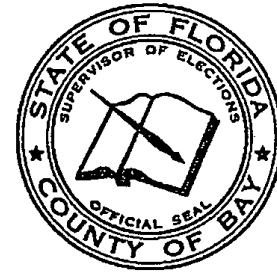
Lynn Haven, FL 32444

Phone (850) 784-6100

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E-mail: [baysuper@bayvotes.org](mailto:baysuper@bayvotes.org)

Website --: [www.bayvotes.org](http://www.bayvotes.org)



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**NOTIFICATION TO CANDIDATE  
CANDIDATE PETITION CERTIFICATION**

**STATE OF FLORIDA  
BAY COUNTY**

**I, Mark Andersen, Supervisor of Elections for Bay County, Florida, do hereby certify that**

**Mike Sharp**

**has obtained the required number of signatures/petitions to have his name placed on the ballot as a candidate for the office of Property Appraiser in Bay County as a Republican in the 2008 election year.**

**A copy of this notice must be submitted to this office at the time of qualifying.**

  
**Mark Andersen**  
**Bay County Supervisor of Elections**

05/16/08  
**Date**