

FORM 6 FULL AND PUBLIC DISCLOSURE OF 2007

FINANCIAL INTERESTS

LAST NAME — FIRST NAME — MIDDLE NAME:
ESTES DANNY ALBERT

MAILING ADDRESS:
2015 Pattria LN

CITY: LYNN HAVEN ZIP: 32444 COUNTY: BAY

NAME OF AGENCY:
BAY County

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
COMMISSIONER

CHECK IF THIS IS A FILING BY A CANDIDATE ☒

FOR OFFICE
USE ONLY:

JUN 16 2008 PM 12:42

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 \$ 400,000

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 \$ 12,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

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

VALUE OF ASSET

Furnishings

6,000

CARS

35,000

GUNS

800

1

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

Chase Mortgage

70,000

Tyndall Federal Credit Union

10,000

Wells Fargo Home Mortgage

176,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

Wells Fargo Home Mortgage

125,000

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
ICS MERRILL	3050 Regency Blvd IRVING TX	20,000
DA Estes & Ass	P.O. Box 689 Lynn Haven	15,000
Rental Property	1802 Illinois Ave	10,000
Rental Property	5120 KATHLIN Trail Chipley	10,000

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	D.A. Estes & Assoc.	VETTED SERVICES	BCI
ADDRESS OF BUSINESS ENTITY	P.O. Box 689 Lynn Haven	606 S Tyndall Hwy	689 P.O. Box 689
PRINCIPAL BUSINESS ACTIVITY	INVESTIGATIVE	Pre Employment Background and Rental Property	
POSITION HELD WITH ENTITY	OWNER	INVESTIGATIVE	Partner V.P.
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	50%	50%	25%
NATURE OF MY OWNERSHIP INTEREST	owner	Part owner	Partner

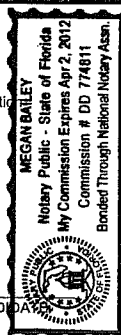
IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

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]

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE



STATE OF FLORIDA
COUNTY OF *Bay*

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

June, 2008 by Danestes

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

Megan Bailey
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ☒ OR Produced Identification ☐

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.