

FORM 6 FULL AND PUBLIC DISCLOSURE OF 2007

FINANCIAL INTERESTS

LAST NAME — FIRST NAME — MIDDLE NAME:

Caylor, John Burt

MAILING ADDRESS:

Post Office Box 27633

Physical - 6502 Bridgewater Way Unit 304

CITY :

Panama City Beach

ZIP :

32411

COUNTY :

Bay

NAME OF AGENCY :

Bay County Courts

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Clerk of Court

FOR OFFICE
USE ONLY:

ID Code

ID No.

Conf. Code

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 17, 2008, 20 08 was \$ 861,700.00

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 \$ 55,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
407 Boll Weevil Circle, Enterprise, Alabama 36330, 8,200 sq. ft. home + outbuilding	\$570,000.00
Insider-Magazine.com - Internet Publishing Investigative Reporting -Copyrights+Name ownership	\$250,000.00
Tools, Machinery, supplies, equipment held in State of Alabama for business use	5,000.00

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Harmon L. Whigham - 309 Holly Hill Road. Enterprise, Alabama 36330 Mortgage Loan	10,900.00
Bay Medical Center - Bonita Ave. Panama City, FL. 32401/Judgement without hearing on \$800.00	4,200.00
Rudolph Milby - Unknown address - Judgement without hearing on \$700.00 amount	3,200.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

JUN 17 2008 PM 2:05

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
ACS Government Solutions Group	Portland Maine - See Attached W2	\$14,755.26 net
Social Security Disability Insurance	Maryland - See Attached Statement	\$10,050.00 net
South Erin Street Property Sale -	208 S. Erin Street. Enterprise, Alabama	\$20,000.00 net

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			
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.

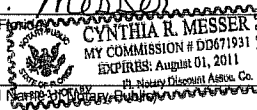
STATE OF FLORIDA
COUNTY OF

Bay

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

June, 2008 by John Caylor

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



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

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known X 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.

JUN 17 2008 PM 2:06

JUN 17 2008 PM 2:05

Durrant, Jolene

From: Property Quotes
Sent: Wednesday, April 30, 2008 2:27 PM
To: Durrant, Jolene
Subject: Insurance Counselors, Inc. Homeowners Quote: 760317

Dear JOHN CAYLOR,

Here is a copy of your Insurance Counselors, Inc. Insurance quote.

Your total premium is **\$5621.00** for a 12 month policy. Your reference number is **760317**.

The details of the coverage and premiums for **407 BOLL WEEVIL CIRCLE ENTERPRISE , AL 36330** are:

Dwelling Coverage - **\$719,839.00**
Other Structures Coverage - \$71,984.00
Personal Property Coverage - \$503,887.00
Loss of Use Coverage - \$215,952.00
Medical Payments Coverage - \$2,000.00
Liability Coverage - \$300,000.00
Deductible - \$5,000.00
Increased Coverage for Jewelry - \$0.00
Increased Coverage for Furs - \$0.00
Identity Theft Fraud Expenses Coverage - NO
Water Sewer Backup Coverage - \$5,000.00

*1405 Down pay
~ 305 monthly*

Call us at 1-800-566-1518 to start this policy!

We are open 7 days a week:

Monday-Friday, 7:30 AM-Midnight EST

Saturday, 8:00 AM-9:00 PM EST

Sunday, 8:00 AM-7:00 PM EST

Thank you,

Insurance Counselors, Inc.
A GEICO Agency
One GEICO Blvd
Fredericksburg, VA 22412

Please do not respond to this email. This mailbox is not monitored and you will not receive a response.
For assistance with your property insurance quote, please call 1-800-566-1518.

The premium amount quoted is only an estimate, based on information you provide, and may be subject to change based on verification of claim and credit history, a property inspection, or other underwriting criteria, as applicable.

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2007 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name JOHN B CAYLOR		Box 2. Beneficiary's Social Security Number [REDACTED]
Box 3. Benefits Paid in 2007 \$10,050.00	Box 4. Benefits Repaid to SSA in 2007 NONE	Box 5. Net Benefits for 2007 (Box 3 minus Box 4) \$10,050.00
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or direct deposit \$8,928.00 Medicare Part B premiums deducted from your benefits \$1,122.00 Total Additions \$10,050.00 Benefits for 2007 \$10,050.00		DESCRIPTION OF AMOUNT IN BOX 4 NONE
		Box 6. Voluntary Federal Income Tax Withheld NONE
		Box 7. Address JOHN B CAYLOR PO BOX 27633 PANAMA CITY FL 32411-7633
		Box 8. Claim Number (Use this number if you need to contact SSA.) [REDACTED]

03234327-1181824391

03234327-1181824391

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Copy B-To Be Filed With Employee's FEDERAL Tax Return.		Tax Year 2007 OMB No. 1545-0006	
a. Employee's social security number 0099046370	1 Wages, tips, other comp. \$14,755.26	2 Federal income tax withheld	
b. Employer ID number 04-3376070	3 Social security wages	4 Social security tax withheld	
c. Control number 0099046370	5 Medicare wages and tips	6 Medicare tax withheld	
7 Social security tips	8 Allocated tips	9 Advance EIC payment	
e. EMPLOYER'S name, address, and ZIP code UNUM LIFE INSURANCE COMPANY OF AMERICA THIRD PARTY PLANS 2211 CONGRESS ST PORTLAND, ME 04122 800-845-2280 REISSUED STATEMENT			
e. EMPLOYEE'S name, address, and ZIP code JOHN B. CAYLOR PO BOX 27833 PANAMA CITY BEACH, FL 32411			
10 Dependent care benefits	11 Nonqualified plans	See instructions for box 12	
13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input checked="" type="checkbox"/>	14 Other	12a 12b 12c 12d 12e	
15 State/Employee's state ID FL/	16 State wages, tips, etc. \$0.00	17 State income tax	\$0.00
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service
This information is being furnished to the Internal Revenue Service.

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return.		Tax Year 2007 OMB No. 1545-0006	
a. Employee's social security number 0099046370	1 Wages, tips, other comp. \$14,755.26	2 Federal income tax withheld	
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13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input checked="" type="checkbox"/>	14 Other	12a 12b 12c 12d 12e	
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18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service

Copy C-For EMPLOYEE'S RECORDS. (see Notice to Employee on back of Copy B.)		Tax Year 2007 OMB No. 1545-0006	
a. Employee's social security number 0099046370	1 Wages, tips, other comp. \$14,755.26	2 Federal income tax withheld	
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15 State/Employee's state ID FL/	16 State wages, tips, etc. \$0.00	17 State income tax	\$0.00
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return.		Tax Year 2007 OMB No. 1545-0006	
a. Employee's social security number 0099046370	1 Wages, tips, other comp. \$14,755.26	2 Federal income tax withheld	
b. Employer ID number 04-3376070	3 Social security wages	4 Social security tax withheld	
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18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service

INSURED'S NAME: JOHN B. CAYLOR
INSURED'S ID: ***-**-4240

LOCATION NUMBER: 126349-0001-0008
CLAIM NUMBER: 99046370
ISSUE DATE: APRIL 21, 2008

ACS GOVERNMENT SOLUTIONS GROUP DISABILITY BENEFITS
ACS GOVERNMENT SOLUTIONS GROUP, INC.

FOR THE PERIOD	BENEFIT	INC TAX	RR/SS	MEDC	OTHER	SEE NOTE BELOW	PAYMENT AMOUNT
04/01/2008-04/30/2008	1,135.02						1,135.02
CHECK PAYMENT	\$1,135.02 TO JOHN B. CAYLOR						

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PLEASE KEEP THIS EXPLANATION OF BENEFITS STATEMENT FOR YOUR RECORDS.
IF YOU HAVE ANY QUESTIONS REGARDING THIS CLAIM, PLEASE INCLUDE THE ABOVE CLAIM
NUMBER ON INQUIRIES. QUESTIONS SHOULD BE DIRECTED TO THE ADDRESS BELOW

P.O. BOX 12030, CHATTANOOGA, TN 37401
F-1249-03 TOLL FREE NUMBER: 1-800-633-7479 EXT.5176 FAX NUMBER: (423)755-1269

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