

FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2007

JUN 16 2008 PM 12:09

LAST NAME — FIRST NAME — MIDDLE NAME:
Porter, Jeffrey Glenn

MAILING ADDRESS:
4601 Baywood Drive

CITY : ZIP : COUNTY :
Lynn Haven 32444 Bay

NAME OF AGENCY :
Bay County Property Appraiser's Office

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Bay County Property Appraiser

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 December 31, 20 07 was \$ 28,700.00.

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 \$ 46,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
1615 8th Street E, Panama City Fl 32401	48,000.00

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Sunshine Savings Bank, 1400 E Park Ave, Tallahassee Fl 32301	7000.00
Tyndall Federal Credit Union, P.O. Box 59760, Panama City Fl 32412	8300.00
Sallie Mae, Inc., P.O. Box 9555, Wilkes-Barre PA 18773-9555	38,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

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			
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 16th day of

June, 2008 by Jeff Porter

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

CYNTHIA R. MESSER
MY COMMISSION # DD671931
(Print, Type, or Stamp the Name and Commission Number of Notary Public)

Personally Known Produced Identification

Type of Identification Produced

[Signature]
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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.

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Form 1040 U.S. Individual Income Tax Return 2007

Department of the Treasury - Internal Revenue Service

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

CMB No. 1545-0074

Header section containing personal information: Name (Jeffrey G Porter), address (4601 Baywood Drive, Lynn Haven, FL 32444), and filing status (Single).

Filing Status section with options for Single, Married filing jointly, Married filing separately, and Qualifying widow(er).

Exemptions section including dependent information table with columns for name, social security number, relationship, and child tax credit eligibility.

Income section listing various income sources (Wages, interest, dividends, etc.) and their corresponding amounts, totaling 297.

Adjusted Gross Income section listing deductions (educator expenses, business expenses, etc.) and the final adjusted gross income of 297.

Tax and Credits

Standard Deduction for
 • People who checked any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

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

Married filing jointly or Qualifying widow(er), \$10,700

Head of household, \$7,850

38 Amount from line 37 (adjusted gross income) **38** 297.

39a Check You were born before January 2, 1943, Blind. Total boxes checked **> 39a**

if: Spouse was born before January 2, 1943, Blind. **checked > 39b**

b If your spouse itemizes on a separate return, or you were a dual-status alien, see Instrs and ck here **> 39b**

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) **40** 5,350.

41 Subtract line 40 from line 38 **41** -5,053.

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 instructions **42** 3,400.

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- **43** 0.

44 Tax (see instrs). Check if any tax is from: a Form(s) 8814 b Form 4972 c Form(s) 8889 **44** 0.

45 Alternative minimum tax (see instructions). Attach Form 6251 **45**

46 Add lines 44 and 45 **46** 0.

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 instructions). Attach Form 8901 if required **52**

53 Retirement savings contributions credit. Attach Form 8880 **53**

54 Credits from: a Form 8396 b Form 8859 c Form 8839 **54**

55 Other credits: a Form 3800 b Form 8801 c Form **55**

56 Add lines 47 through 55. These are your total credits **56**

57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- **57** 0.

Other Taxes

58 Self-employment tax. Attach Schedule SE **58**

59 Unreported social security and Medicare tax from: a Form 4137 b 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 57-62. This is your total tax **63** 0.

Payments

If you have a qualifying child, attach Schedule EIC.

64 Federal income tax withheld from Forms W-2 and 1099 **64**

65 2007 estimated tax payments and amount applied from 2006 return **65**

66a Earned income credit (EIC) **66a** 110.

b Nontaxable combat pay election **> 66b**

67 Excess social security and tier 1 RRTA tax withheld (see instructions) **67**

68 Additional child tax credit. Attach Form 8812 **68**

69 Amount paid with request for extension to file (see instructions) **69**

70 Payments from: a Form 2439 b Form 4136 c 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** 110.

Refund

Direct deposit? See instructions 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** 110.

74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here **74a** 110.

b Routing number **> c** Type: Checking Savings

d Account number **> d**

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 instructions **76**

77 Estimated tax penalty (see instructions) **77**

Third Party Designee

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

Designee's name **>** Phone no. **>** Personal identification number (PIN) **>**

Sign Here

Joint return? See instructions. 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
Real Estate			
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

Paid Preparer's Use Only

Preparer's signature **>** Date **>** Check if self-employed Preparer's SSN or PTIN **>**

Firm's name (or yours if self-employed), address, and ZIP code **>** Self-Prepared **>** EIN **>** Phone no. **>**

SCHEDULE C
(Form 1040)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2007

Department of the Treasury
Internal Revenue Service (99)

► Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.
► Attach to Form 1040, 1040NR, or 1041. ► See Instructions for Schedule C (Form 1040).

Attachment
Sequence No. **09**

Name of proprietor
Jeffrey G Porter

A Principal business or profession, including product or service (see instructions)
Real Estate

C Business name. If no separate business name, leave blank.

E Business address (including suite or room no.)
City, town or post office, state, and ZIP code
► **4601 Baywood Drive**
Lynn Haven, FL 32444

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) ►

G Did you 'materially participate' in the operation of this business during 2007? If 'No,' see instructions for limit on losses Yes No

H If you started or acquired this business during 2007, check here

Social security number (SSN)
[REDACTED]

B Enter code from instructions
► **531210**

D Employer ID number (EIN), if any

Part I Income	
1 Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, see the instructions and check here <input type="checkbox"/>	25,695.
2 Returns and allowances	
3 Subtract line 2 from line 1	25,695.
4 Cost of goods sold (from line 42 on page 2)	
5 Gross profit. Subtract line 4 from line 3	25,695.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	
7 Gross income. Add lines 5 and 6	25,695.

Part II Expenses. Enter expenses for business use of your home only on line 30.			
8 Advertising	4,995.	18 Office expense	2,796.
9 Car and truck expenses (see instructions)	9,717.	19 Pension and profit-sharing plans	
10 Commissions and fees		20 Rent or lease (see instructions):	
11 Contract labor (see instructions)		a Vehicles, machinery, and equipment	20a
12 Depletion		b Other business property	20b
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)		21 Repairs and maintenance	21
14 Employee benefit programs (other than on line 19)		22 Supplies (not included in Part III)	2,074.
15 Insurance (other than health)	1,839.	23 Taxes and licenses	23
16 Interest:		24 Travel, meals, and entertainment:	
a Mortgage (paid to banks, etc)	16a	a Travel	269.
b Other	16b	b Deductible meals and entertainment (see instructions)	644.
17 Legal & professional services	17	25 Utilities	3,064.
28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns.		26 Wages (less employment credits)	26
		27 Other expenses (from line 48 on page 2)	27
		29 Tentative profit (loss). Subtract line 28 from line 7	297.
		30 Expenses for business use of your home. Attach Form 8829	
		31 Net profit or (loss). Subtract line 30 from line 29.	297.

• If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2 or on Form 1040NR, line 13 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.

• If a loss, you must go to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

• If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.

• If you checked 32b, you must attach Form 6198. Your loss may be limited.

32a All investment is at risk.

32b Some investment is not at risk.

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule C (Form 1040) 2007

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If 'Yes,' attach explanation Yes No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation 35

36 Purchases less cost of items withdrawn for personal use 36

37 Cost of labor. Do not include any amounts paid to yourself 37

38 Materials and supplies 38

39 Other costs 39

40 Add lines 35 through 39 40

41 Inventory at end of year 41

42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4 42

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ 07/01/2005

44 Of the total number of miles you drove your vehicle during 2007, enter the number of miles you used your vehicle for: a Business 18,968 b Commuting (see instructions) 0 c Other 0

45 Do you (or your spouse) have another vehicle available for personal use? Yes No

46 Was your vehicle available for personal use during off-duty hours? Yes No

47 a Do you have evidence to support your deduction? Yes No

b If 'Yes,' is the evidence written? Yes No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

Table with multiple rows for listing other business expenses. Each row has a dashed line for the description and a vertical line for the amount.

48 Total other expenses. Enter here and on page 1, line 27 48

SCHEDULE EIC
(Form 1040A or 1040)

Earned Income Credit
Qualifying Child Information

Department of the Treasury
Internal Revenue Service

Complete and attach to Form 1040A or 1040
only if you have a qualifying child.

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OMB No. 1545-0074

2007

Attachment
Sequence No. **43**

Name(s) shown on return

Jeffrey G Porter

Your social security number

Before you begin:

See the instructions for Form 1040A, lines 40a and 40b, or Form 1040, lines 66a and 66b, to make sure that (a) you can take the EIC and (b) you have a qualifying child.

- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- CAUTION** • It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

Qualifying Child Information

Child 1

Child 2

1 Child's name	First name	Last name	First name	Last name
	If you have more than two qualifying children, you only have to list two to get the maximum credit	Rebecca	L Porter	Gregrey
2 Child's SSN The child must have an SSN as defined in the Form 1040A or Form 1040 instructions unless the child was born and died in 2007. If your child was born and died in 2007 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate.				
3 Child's year of birth	Year <u>1988</u>		Year <u>1985</u>	
	If born after 1988, skip lines 4a and 4b; go to line 5.		If born after 1988 skip lines 4a and 4b; go to line 5.	
4 If the child was born before 1989 – a Was the child under age 24 at the end of 2007 and a student?	<input checked="" type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input checked="" type="checkbox"/> Yes.	<input type="checkbox"/> No.
	Go to line 5.	Continue.	Go to line 5.	Continue.
b Was the child permanently and totally disabled during any part of 2007?	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.
	Continue.	The child is not a qualifying child.	Continue.	The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc)	Daughter		Son	
6 Number of months child lived with you in the United States during 2007 • If the child lived with you for more than half of 2007 but less than 7 months, enter '7'. • If the child was born or died in 2007 and your home was the child's home for the entire time he or she was alive during 2007, enter '12'	<u>12</u> months Do not enter more than 12 months.		<u>12</u> months Do not enter more than 12 months.	

TIP You may also be able to take the additional child tax credit if your child (a) was under age 17 at the end of 2007, and (b) is a U.S. citizen or resident alien. For more details, see the instructions for line 41 of Form 1040A or line 68 of Form 1040.

BAA For Paperwork Reduction Act Notice, see Form 1040A or 1040 instructions.

Schedule EIC (Form 1040A or 1040) 2007

Federal Carryover Worksheet

2007

► Keep for your records

Name(s) Shown on Return Jeffrey G Porter	Social Security Number [REDACTED]
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2006 State and Local Income Tax Information (See Tax Help)

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
Totals . .						

Other Tax and Income Information		2006	2007
1	Filing status	1	1 <u>Single</u>
2	Number of exemptions for blind or over 65 (0-4)	2	
3	Itemized deductions after limitation	3	678.
4	Check box if required to itemize deductions	4	<input type="checkbox"/> <input type="checkbox"/>
5	Adjusted gross income	5	297.
6	Tax liability for Form 2210 or Form 2210-F	6	0.
7	Alternative minimum tax	7	
8	Federal overpayment applied to next year estimated tax	8	

QuickZoom to the IRA Information Worksheet for IRA information (see Tax Help) ►

Excess Contributions		2006	2007
9 a	Taxpayer's excess Archer MSA contributions as of 12/31	9 a	
b	Spouse's excess Archer MSA contributions as of 12/31	b	
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31	10 a	
b	Spouse's excess Coverdell ESA contributions as of 12/31	b	
11 a	Taxpayer's excess HSA contributions as of 12/31	11 a	
b	Spouse's excess HSA contributions as of 12/31	b	

Loss and Expense Carryovers		2006	2007
12 a	Short-term capital loss	12 a	
b	AMT Short-term capital loss	b	
13 a	Long-term capital loss	13 a	
b	AMT Long-term capital loss	b	
14 a	Net operating loss available to carry forward	14 a	
b	AMT Net operating loss available to carry forward	b	
15 a	Investment interest expense disallowed	15 a	
b	AMT Investment interest expense disallowed	b	
16	Nonrecaptured net Section 1231 losses from:	16 a	
	a 2007	a	
	b 2006	b	
	c 2005	c	
	d 2004	d	
	e 2003	e	
	f 2002	f	

Form 4562

Depreciation and Amortization Report

2007

Jeffrey G Porter

Tax Year 2007

Sch C - Real Estate

▶ Keep for your records

Asset Description	Code	Date in Service	Cost (net of land)	Land	Business Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/Convention	Prior Depreciation	Current Depreciation
DEPRECIATION												
Ford F-350	L	07/01/05			100.00							
SUBTOTAL PRIOR YEAR			0	0		0	0	0			0	0
TOTALS			0	0		0	0	0			0	0

Code: S = Sold, A = Auto, L = Listed, H = Home Office

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SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet	
A Tax	0.
Check if from:	
1 Tax table	<input checked="" type="checkbox"/>
2 Tax Computation Worksheet (see instructions)	<input type="checkbox"/>
3 Schedule D Tax Worksheet	<input type="checkbox"/>
4 Qualified Dividends and Capital Gain Tax Worksheet	<input type="checkbox"/>
5 Schedule J	<input type="checkbox"/>
6 Form 8615	<input type="checkbox"/>
7 Foreign Earned Income Tax Worksheet	<input type="checkbox"/>
B Additional tax from Form 8814	_____
C Additional tax from Form 4972	_____
D Tax from additional Form(s) 4972	_____
E Recapture tax from Form 8863	_____
F IRC Section 197(f)(9)(B)(ii) election for an additional tax	_____
G Tax. Add lines A through F. Enter the result here and on line 44	0.

KEEP FOR YOUR RECORDS

SMART WORKSHEET FOR: Schedule C (Real Estate): Profit or Loss from Business

Domestic Production Activities Smart Worksheet

- Amounts have been gathered from the Schedule C as a starting point for the Domestic Production Activities deduction calculation. Make adjustments as necessary, taking care not to duplicate amounts on lines B, C and D. Be sure the amount on line E is also included on line(s) B, C and D, as appropriate.
- If you qualify for the deduction, complete the Domestic Production column. For the small business simplified overall method, enter gross receipts. For the simplified deduction method, enter gross receipts and cost of goods sold. For the Section 861 method, enter all amounts.

	Total	Domestic Production
A Gross receipts	25,695.	
B Cost of goods sold		
C Directly allocable deductions, expenses, or losses		
D Indirectly allocable deductions, expenses, or losses	25,398.	
E W-2 wages (adjust for wages from COGS, if necessary)		

QuickZoom to Form 8903, Domestic Production Activities Deduction . . . ▶

SMART WORKSHEET FOR: Schedule C (Real Estate): Profit or Loss from Business

Activity Summary Smart Worksheet

Supporting information provided by program. NO ENTRIES ARE NEEDED.

	Regular Tax	Alternative Minimum Tax
A Ownership	Taxpayer	
B At risk status	All	
C Passive status	Nonpassive	
Schedule C		
D Tentative profit (loss)	297.	297.
E Other preferences and adjustments		
F At risk disallowed loss		
G Passive carryover loss		
H Passive disallowed loss		
I Net profit (loss) allowed	297.	297.
Related Dispositions		
J Tentative profit (loss)		
K At risk disallowed loss		
L Passive carryover loss		
M Passive disallowed loss		
N Net profit (loss) allowed		