


FORM 6 FULL AND PUBLIC DISCLOSURE OF 2007
FINANCIAL INTERESTS

William T Dozier
 County Commissioner District III
 Bay County
 PO Box 1818
 Panama City, FL 32402-1818



FOR OFFICE USE ONLY: JUN 16 2008 PM 12:17

ID Code

 ID No. 96251
 Conf. Code
 P. Req. Code

Dozier, William T

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 \$ 96,741.⁰⁰

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 \$ 5000.⁰⁰

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| DESCRIPTION OF ASSET (specific description is required - see instructions p.4) | VALUE OF ASSET |
|--|------------------------|
| NATIONWIDE RETIREMENT SOLUTIONS | 23,000. ⁰⁰ |
| RESIDENCE - 1604 CALHOUN AVE. PANAMA CITY FL. 32405 | 147,000. ⁰⁰ |
| CASH ON HAND - TYNDALL FED. CREDIT UNION | 250. ⁰⁰ |
| | |
| | |

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|--|-----------------------|
| TYNDALL FED. CREDIT UNION 909 E. 23 RD ST. P.C.F. 32405 | 18,328. ⁰⁰ |
| CITI FINANCIAL 672 W. 23 RD ST. PANAMA CITY FL. 32405 | 4840. ⁰⁰ |
| CHASE MORTGAGE P.O. BOX 9001871, LOUISVILLE, KY | 51,000. ⁰⁰ |
| SUNTRUST BANK 638 HARRISON AVE. PANAMA CITY FL. | 4341. 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 | | | |
| DO 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

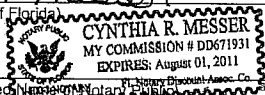
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
COUNTY OF Bay

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

June, 2008 by William T. Dozier

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



(Print, Type, or Stamp Commissioned Notary Public, State of Florida)

William T. Dozier
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known OR Produced Identification

Type of Identification Produced _____

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.

040A

OMB No. 1545-0074

Your social security number
[REDACTED]

Spouse's social security number
[REDACTED]

You must enter your SSN(s) above.

Checking a box below will not change your tax or refund.

You Spouse

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 15):

- 1 Single
- 2 Married filing jointly (even if only one had income)
- 3 Married filing separately. Enter spouse's SSN above and full name here.
- 4 Head of household (with qualifying person). (See page 16). If the qualifying person is a child but not your dependent, enter this child's name here.
- 5 Qualifying widow(er) with dependent child. (see page 17)

6a Yourself. If someone can claim you as a dependent, do not check box 6a.

b Spouse

c Dependents:

| (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 18) |
|----------------|-----------|--|-------------------------------------|--|
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

Boxes checked on 6a and 6b: 2

No. of children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see page 19)

Dependents on 6c not entered above: 0

Add numbers on lines above: 2

d Total number of exemptions claimed. 2

| | | | |
|-----|--|-----|---------|
| 7 | Wages, salaries, tips, etc. Attach Form(s) W-2. | 7 | 5466015 |
| 8a | Taxable interest. Attach Schedule 1, if required. | 8a | — |
| 8b | Tax-exempt interest. Do not include on line 8a. | 8b | — |
| 9a | Ordinary dividends. Attach Schedule 1, if required. | 9a | — |
| 9b | Qualified dividends (see page 22). | 9b | — |
| 10 | Capital gain distributions (see page 22). | 10 | — |
| 11a | IRA distributions. | 11a | — |
| 11b | Taxable amount (see page 22). | 11b | — |
| 12a | Pensions and annuities. | 12a | — |
| 12b | Taxable amount (see page 23). | 12b | — |
| 13 | Unemployment compensation and Alaska Permanent Fund dividends. | 13 | — |
| 14a | Social security benefits. | 14a | 496200 |
| 14b | Taxable amount (see page 25). | 14b | 42177 |
| 15 | Add lines 7 through 14b (far right column). This is your total income. | 15 | 5887785 |

| | | | |
|----|--|----|-----|
| 16 | Educator expenses (see page 25). | 16 | — |
| 17 | IRA deduction (see page 27). | 17 | — |
| 18 | Student loan interest deduction (see page 29). | 18 | — |
| 19 | Tuition and fees deduction. Attach Form 8917. | 19 | — |
| 20 | Add lines 16 through 19. These are your total adjustments. | 20 | —0— |

21 Subtract line 20 from line 15. This is your adjusted gross income. 21 5887785

22 Enter the amount from line 21 (adjusted gross income). 22 58877 85

23a Check [] You were born before January 2, 1943, [] Blind } Total boxes if [] Spouse was born before January 2, 1943, [] Blind } checked ▶ 23a 10

b If you are married filing separately and your spouse itemizes deductions, see page 30 and check here ▶ 23b []

24 Enter your standard deduction (see left margin). 24 10,700 00

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-. 25 48177 85

26 If line 22 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 22 is over \$117,300, see the worksheet on page 32. 26 6800 00

27 Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your taxable income. ▶ 27 41377 85

28 Tax, including any alternative minimum tax (see page 30). 28 5424 00

29 Credit for child and dependent care expenses. Attach Schedule 2. 29 -

30 Credit for the elderly or the disabled. Attach Schedule 3. 30 -

31 Education credits. Attach Form 8863. 31 -

32 Child tax credit (see page 35). Attach Form 8901 if required. 32 -

33 Retirement savings contributions credit. Attach Form 8880. 33 -

34 Add lines 29 through 33. These are your total credits. 34 -0-

35 Subtract line 34 from line 28. If line 34 is more than line 28, enter -0-. 35 5424 00

36 Advance earned income credit payments from Form(s) W-2, box 9. 36 -0-

37 Add lines 35 and 36. This is your total tax. ▶ 37 5424

38 Federal income tax withheld from Forms W-2 and 1099. 38 5720 32

39 2007 estimated tax payments and amount applied from 2006 return. 39 -0-

40a Earned income credit (EIC). 40a -0-

b Nontaxable combat pay election. 40b -0-

41 Additional child tax credit. Attach Form 8812. 41 -0-

42 Add lines 38, 39, 40a, and 41. These are your total payments. ▶ 42 5720 00

43 If line 42 is more than line 37, subtract line 37 from line 42. This is the amount you overpaid. 43 296 00

44a Amount of line 43 you want refunded to you, if Form 8888 is attached, check here ▶ [] 44a 296 00

b Routing number [] ▶ c Type: [] Checking [] Savings

d Account number []

45 Amount of line 43 you want applied to your 2008 estimated tax. 45

46 Amount you owe. Subtract line 42 from line 37. For details on how to pay, see page 53. ▶ 46

47 Estimated tax penalty (see page 53). 47

Do you want to allow another person to discuss this return with the IRS (see page 54)? [] Yes. Complete the following. [] No

Designee's name [] Phone no. [] Personal identification number (PIN) []

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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature: William T. Dwyer Date: 4-13-08 Your occupation: COUNTY COMMISSIONER (RSA 596-7502) Daytime phone number: [] Spouse's signature: Kelly D. Dwyer Date: 4-13-08 Spouse's occupation: []

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 [] EIN [] Phone no. () []