

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

**FINANCIAL INTERESTS**

LAST NAME — FIRST NAME — MIDDLE NAME:  
**BROWN DIANE CARNES**

MAILING ADDRESS:  
**241 TWIN LAKES DRIVE**

CITY: ZIP: COUNTY:  
**LAGUNA BEACH 32413 BAY**

NAME OF AGENCY:  
**BAY COUNTY**

NAME OF OFFICE OR POSITION HELD OR SOUGHT:  
**COUNTY COMMISSIONER**

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 DEC, 2007 was \$ 185,000.

**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 \$ 35,000

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

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

VALUE OF ASSET

| DESCRIPTION OF ASSET (specific description is required - see instructions p.4) | VALUE OF ASSET |
|--|----------------|
| Residence, 241 TWIN LAKES DR, LAGUNA BEACH                                     | 150,000        |
|  |                |
|  |                |
|  |                |

**PART C -- LIABILITIES**

**LIABILITIES IN EXCESS OF \$1,000:**

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|------------------------------|---------------------|
| NATIONAL CITY MORTGAGE       | 54,000              |
| TYNDALL FEDERAL CREDIT UNION | 9,000               |
|                              |                     |
|                              |                     |

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

| 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:<br>NAME OF SOURCE OF INCOME EXCEEDING \$1,000 | ADDRESS OF SOURCE OF INCOME | AMOUNT    |
|--|-----------------------------|-----------|
| U.S. Office of Personnel Mgt   | Box 45, BOYERS, PA 16017    | 27,924.00 |
|  |                             |           |
|  |                             |           |
|  |                             |           |

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 |
|-------------------------|---|-------------------|---------------------------------------|
| NA                      |   |                   |                                       |
|                         |   |                   |                                       |
|                         |   |                   |                                       |

PART E -- INTERESTS IN SPECIFIED BUSINESSES

|   | BUSINESS ENTITY # 1 | BUSINESS ENTITY # 2 | BUSINESS ENTITY # 3 |
|---|---------------------|---------------------|---------------------|
| NAME OF BUSINESS ENTITY                       | NA                  |                     |                     |
| 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

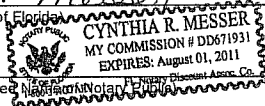
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA  
COUNTY OF Bay

Sworn to (or affirmed) and subscribed before me this 18th day of

June, 2008 by Diane C. Barnes

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



(Print, Type, or Stamp Commissioner's Name and Title)

Diane C. Barnes  
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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.