FINANCIAL INTERE  LAST NAME — FIRST NAME — MIDDLE NAME: Thomas George Michael	FOR OFFICE JUN 19 2008 PH 3:34
MAILING ADDRESS: 17554 Front Beach Road	ID Code
	ID Code
CITY: ZIP: COUNTY: Panama City Beach 32413 Bay	ID No.
NAME OF AGENCY : Bay County Board of County Commissioners	Conf. Code
NAME OF OFFICE OR POSITION HELD OR SOUGHT : County Commissioner	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: liabilities from your reported assets, so please see the instructions on page 3.]	Net worth is not calculated by subtracting your reported
My net worth as of <u>December 31</u> , 20 <u>07</u> was	\$_1,985,000.00
PART B – ASSETS	
HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate value exc if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; are other household items; and vehicles for personal use.  The aggregate value of my household goods and personal effects (described above) is \$	rt objects; household equipment and furnishings; clothing;
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:  DESCRIPTION OF ASSET (specific description is required - see instructions	p.4)   VALUE OF ASSET
Mike's Diner, 17554 Front Beach Rd, Panama City Beach, FL 32413	1,800,000.00
Thomas Donut & Snack Shop, 19210 Front Beach Rd, Panama City Beach, FL	32413 200,000.00
Residence, 148 Heather Drive, Panama City Beach, FL 32413	350,000.00
Lots & House, 345 Moss Ave., Ebro, Florida	60,000.00
Lots & Trailer, 201 Steelfield Road, Ebro, Florida	25,000.00
PART C LIABILITIES	
LIABILITIES IN EXCESS OF \$1,000:	
NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Bay Bank & Trust, 509 Harrison Avenue, Panama City, FL 32401	400,000.00
Citi Corp Mortgage, P.O. Box 9438, Gaithersburg, MD 20848-9438	35,000.00
Wells Fargo Mortgage, P.O. Box 1411, Des Moines Iowa 50304-3411	135,000.00
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

(Continued on reverse side)

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		PART I	D INCOME	ANN T	3 ZVVB PH 3:34		
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				
Mike's Diner		17554 Front Beach Rd, Panama City Bcl		ı, FL	43,000.00		
Thomas Donut & Snack Shop		19210 Front Beach Rd, Panama City Bo		ı, FL	44,000.00		
Bay County Board of County Commissioners		810 W. 11th Street, Panama City, FL			61,118.00		
SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person-see instructions]:  NAME OF NAME OF MAJOR SOURCES ADDRESS PRINCIPAL BUSINES							
BUSINESS ENTITY OF BUSINESS' INCOME		NCOME	OF SOURCE	ACTIVITY OF SOURCE			
				-			
SEASTER SOUTH THE THE TREE STATE OF THE SEASTER SOUTH							
PART E INTERESTS IN SPECIFIED BUSINESSES							
	BUSINESS ENTITY # 1		BUSINESS ENTITY # 2	BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY	SS ENTITY		Thomas Donut & Snack Shop		***************************************		
ADDRESS OF BUSINESS ENTITY			_ 19210 Front Bch Rd, PCB				
PRINCIPAL BUSINESS ACTIVITY			Restaurant				
POSITION HELD WITH ENTITY	Owner		Owner				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes		100% of Business/Lease-				
NATURE OF MY OWNERSHIP INTEREST	100% Owner/Operato	г	Purchase Property				
IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
OATH STATE OF FLORIDA COUNTY OF BOY							
1, the person whose name appears at the		s	Sworn to (or affirmed) and subscribed before me this $19^4$ day of				
beginning of this form, do depose on oath or affirmation							
and say that the information disclosed on this form			Jenu , 2008 by George Michael Thomas.				
and any attachments hereto is true, accurate, and complete.			Allain Simo				
(Signature of Notary PublicState of Florida)							
100	<i>n</i>	,					
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE		<u> </u>	Felicsa Sims (Print, Type, or Stamp Commissioned Wagne of NOTH SANDTHYS				
			MY COMMISSION # DD 385838 Personally Known Personally Known				
Personally Mowill Post Hall Hospital Ho							
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.

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