

FINANCIAL INTERESTS

JUN 8 2008 PM 1:41

Please print or type your name, mailing address, agency name, and position below:

LAST NAME -- FIRST NAME -- MIDDLE NAME:  
**EASTER TOMMY DAN**

MAILING ADDRESS:  
**253 S. GLADES TR.**

CITY: **PANAMA CITY BEACH 32407** ZIP: COUNTY: **BAY**

NAME OF AGENCY:  
**BEACH MOSQUITO CONTROL**

NAME OF OFFICE OR POSITION HELD OR SOUGHT:  
**COMMISSIONER SEAT #2**

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY:

ID Code \_\_\_\_\_

ID No. **JUN 16 2008 PM 12:20**

Conf. Code \_\_\_\_\_

P. Req. Code \_\_\_\_\_

**\*\*BOTH PARTS OF THIS SECTION MUST BE COMPLETED\*\***

DISCLOSURE PERIOD:  
 THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one):

DECEMBER 31, 2007 OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

MANNER OF CALCULATING REPORTABLE INTERESTS:  
 THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR  DOLLAR VALUE THRESHOLDS

**PART A -- PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
ATLANTIC STEEL CO	16 <sup>TH</sup> + MEADOWS LN ATL GA.	RETIREMENT
SS INCOME	U.S. GOV.	RETIREMENT
BEACH MOSQUITO DIST	1016 102 GRADE RD PCB, FL 32407	MOSQUITO COMMISSIONER

**PART B -- SECONDARY SOURCES OF INCOME** [Major customers, clients, and other sources of income to businesses owned by the reporting person]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person]

**253 S. GLADES TR. PCB, FL 32407**

**FILING INSTRUCTIONS** for when and where to file this form are located at the bottom of page 2.

**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.