

FOR OFFICE USE ONLY:  
FLORIDA  
COMMISSION ON ETHICS  
AUG 30 2017

\*\*\*\*\*AUTO\*\*ALL FOR AADC 325 T4 P1 124 599

Hon Steven Barry  
County Commissioner, District 5  
Escambia County  
Elected Constitutional Officer  
221 Palafox PI Ste 400  
Pensacola, FL 32502-5837

PROCESSED



RECEIVED



ID Code  
ID No. 222819

Conf. Code  
Barry, Steven

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, 2016 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, 2016 was \$ 445,000.

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, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ 5000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
<i>Southern Comp. Stock</i>	25,000
<i>AT&amp;T Stock</i>	25,000
House @ 10975 Country Vista Dr Pensacola FL 32534	180,000
House @ 2735 East Kingsfield Road Pensacola FL 32534	90,000
Book of Business - Steven Barry, CFP	225,000
Book of Business - Harvesting Yield	45,000
Stelectronics Stock	15,000

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
BB&T Corporation 200 West Second Street Winston Salem NC 27101	150,000
Regions Mortgage 4 East Avenue Mile Rd Pensacola FL 32514	10,000
Ford Credit PO BOX 790119 St Louis MO 63179	10,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

**PART D -- INCOME**

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2016 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2016 federal income tax return and all W2's, schedules, and attachments.  
 [If you check this box and attach a copy of your 2016 tax return, you need not complete the remainder of Part D.]

**PRIMARY SOURCES OF INCOME (See instructions on page 5):**

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
1) Steven Barry, CFP	1366 West Nine Mile Rd Pensacola FL 32534	70,000
2) Escambia County Bond Commission	221 Pickens St State Gov Pensacola FL 32502	72,500

**SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:**

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
3) Steven Barry, LLC DBA Harvesting Yield	1366 West Nine Mile Road	Pensacola FL 32534	20,000

**PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]**

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Steven Barry, CFP	Steven Barry, LLC DBA Harvesting Yield	
ADDRESS OF BUSINESS ENTITY	1366 West Nine Mile Rd Pensacola FL 32534	1366 West Nine Mile Rd Pensacola FL 32534	
PRINCIPAL BUSINESS ACTIVITY	Financial Planning Firm	Insurance Agency	
POSITION HELD WITH ENTITY	Owner	owner	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes	Yes	
NATURE OF MY OWNERSHIP INTEREST	100%	100%	

**PART F - TRAINING**

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

**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 Escambia

Sworn to (or affirmed) and subscribed before me this 25 day of

August, 2017 by Steven Barry

*Dawn M. Troche*  
 (Signature of Notary Public, State of Florida)  
**Dawn M. Troche**  
 State of Florida-Notary Public  
 Commission # FF 140271  
 Expiration Date 09/17/2018

*[Signature]*  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known  Or  Produced  
 Type of Identification Produced

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, \_\_\_\_\_, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE