FORM 6 — FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS — 2019

PROCESSED

FOR OFFICE USE ONLY:
FLORIDA COMMISSION ON ETHICS
JUL 09 2020
RECEIVED

Liberty County School Board-Elected Constitutional Officer

********AUTO**ALL FOR AADC 323 T2 P1 41 352

DARREL DOOBIE HAYES, SCHOOL BOARD MEMBER DISTRICT III
10405 NW H H LOOP
BRISTOL FL 32321-4205

ID CODE
ID NO. 15266
CONF. CODE
Hayes, Darrel Doobie

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, 2019 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, 20 20 was $ 215,250.00.

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, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is $ 55,000.00

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
2008 Ford F250 86 chevy truck 1990 chevy truck	17,150.00
Harvest Queen 2	214,000.00
2006 John Deere Tractor - 2 John Deere lawn mower	24,000.00
1 Bobcat	

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
In a mortgage SPS PO Box 65250 Salt Lake City, UT 84165-0250	58,100.00
CLECU Bristol, FL 32321	33,000.00
Envision Credit Union 2009 Tahoe	5,300.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

(Continued on reverse side)

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 2019 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 2019 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2019 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
LCSB & Road & Bridge Dept	Bristol FL	45,101.00
H & H Lawn Care	Bristol FL	21,800.00

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
H & H Lawn	Lawn Care	Bristol, FL. 32321	Lawn Care

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	H & H Lawn Care		
ADDRESS OF BUSINESS ENTITY	10405 NW US HWY 90		
PRINCIPAL BUSINESS ACTIVITY	Lawn Care		
POSITION HELD WITH ENTITY	Owner / Operator		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100%		
NATURE OF MY OWNERSHIP INTEREST	Owner - 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.

Darrel Lee Hayes
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Liberty

Sworn to (or affirmed) and subscribed before me by means of ☑ physical presence or ☐ online notarization, this 25th day of June, 2020 by Darrel Doobie Hayes.

(Signature of Notary Public--State of Florida)

Mary R Strickland
(Print, Type, or Stamp Commissioned Name of Notary Public)

Notary Public State of Florida
Mary R Strickland
My Commission GG 941115
Expires 12/18/2023

Personally Known ✓ *OR* Produced Identification _____

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 ☐