FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2020

FOR OFFICE USE ONLY:

PROCESSED

********AUTO**ALL FOR AADC 323 T3 P1 44 369

DARREL DOOBIE HAYES
SCHOOL BOARD MEMBER DISTRICT III
Liberty County School Board
Elected Constitutional Officer
10405 NW H H LOOP
BRISTOL FL 32321-4205

FLORIDA
COMMISSION ON ETHICS
JUL 01 2021
RECEIVED

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, 2020 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. 31, 20 19 was 235,500.00.

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 $ 56,000.00

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
2008 Ford 250 96 chevy Truck 1990 chev. Truck	15,500.00
House & 12 acres	218,000.00
2 John Deere 1 Bobcat mowers	19,000.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
1 & 2 mortgage SPS PO. Box 65250 Salt Lake City Utah	38,000.00
CFECU Bristol, FL. 32321	33,000.00
Envision Credit Union (Tires)	2000.00

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 2020 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 2020 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2020 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
JCSB & Road & Bridge	Bristol, Fl. 32321	47,058.00
H & H Lawn Care	Bristol, Fl. 32321	23,000.00

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 H-H loop		
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

This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S. [See instructions p. 6]

☑ **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 Rookie Hall
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 28th day of June, 2021 by _____.

Dorothy Renea O'Bryan
(Signature of Notary Public--State of Florida)

DOROTHY RENEA O'BRYAN
MY COMMISSION # GG 238627
EXPIRES: November 15, 2022
Bonded Thru Notary Public Underwriters

_____
(Print, Type, or Stamp Commissioned Name of Notary Public)

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 ☐