

OF FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
SOWELL, JR MAURICE DANIEL

MAILING ADDRESS:
2323 MOUND AVENUE

CITY: **PANAMA CITY, FL** ZIP: **32405** COUNTY: **BAY**

NAME OF AGENCY:
BAY COUNTY PROPERTY APPRAISER

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
PROPERTY APPRAISER

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 MAY 28, 2020 was \$ 582,299

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 \$ 120,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
2323 MOUND AVE PANAMA CITY FL 32405 PID#27077-000-000	290,000
2321 MOUND AVE PANAMA CITY FL 32405 PID#27077-001-000	75,000
15 ACRES ON MUDGE RD BAY COUNTY FL PID#03152-000-000	40,000

PART C – LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
TYNDALL FEDERAL CREDIT UNION (TRUCK LOAN)	19,590

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
FIRST FEDERAL BANK OF FL 415 RICHARD JACKSON BLVD PCB FL 32407	194,131
SBA DISASTER LOAN FOR 2321 MOUND AVE PC FL 32405	60,000

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
BAY COUNTY PROPERTY APPRAISER	860 W 11TH ST PC FL 32401	135,245

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

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	NEW BEGINNINGS Realty		
ADDRESS OF BUSINESS ENTITY	2323 MOUND AVE PC FL		
PRINCIPAL BUSINESS ACTIVITY	BUSINESS INACTIVE		
POSITION HELD WITH ENTITY	OWNER		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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

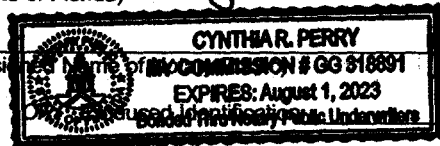
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA

COUNTY OF Bay

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 29th day of

May, 2020 by Daniel Maurice Swartz Jr
Cynthia R. Perry
 (Signature of Notary Public—State of Florida)



(Print, Type, or Stamp Commission)

Personally Known

Type of Identification Produced _____

Daniel Maurice Swartz Jr
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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 .

2020 Addendum to DSDE Form6 for Daniel Maurice Sowell, Jr. as of May 28, 2020

Part B-Assets:

Tyndall Federal Credit Union checking	3485.00
Tyndall FCU Savings	1765.00
Bay Credit Union	25.00
MidSouth Savings	10300.00
MidSouth Checking	1485.00
Treasury Direct savings bonds	50.00
Valic deferred comp	206,802.00
2015 Chevy Silverado	30,000.00
Gun collection	43,000.00
Knife collection	7000.00
2 lots Chipley FL	12,000.00
Coins and bullion	10,000.00
First Federal Bank of FL	5004.00
Ally Bank	104.00