

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
Griffitts Philip Wayne

MAILING ADDRESS:
5422 Hopetown Lane

CITY: Panama City Beach ZIP: 32408 COUNTY: Bay

NAME OF AGENCY :
Bay County Commission

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Bay County Commissioner District 5

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 19 was \$ 505,500.

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 \$ 150,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
See Attached	\$782,500

PART C – LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
See Attached	\$427,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

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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
Griffitts Investments FLP	2585 Huntcliff Lane PC, Fl 32405	\$120,000
Bay County Commission	840 West 11th St PC, Fl 32401	\$66,432.64

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	3 off the Tee		
ADDRESS OF BUSINESS ENTITY	3215 Magnolia Islands Blvd		
PRINCIPAL BUSINESS ACTIVITY	Real Estate/ Development		
POSITION HELD WITH ENTITY	Member		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes		
NATURE OF MY OWNERSHIP INTEREST	33%		

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.

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Bay

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 9th day of

June 2020 by Philip Griff Griffitts

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public - National Notary Assn.)

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

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Form 6 Attachment

Assets

5422 Hopetown Lane	\$590,000
3 off the Tee LLC	\$40,000
23' Key West Boat	\$55,000
2016 Ford F150	\$35,000
2017 BMW X5	\$45,000
Tyndall Federal Checking	\$5000
Tyndall Federal Savings	\$10,000
Innovations Checking	\$2,500
FRS Retirement	\$25,000

Liabilities

5422 Hopetown Lane	\$350,000
Vehicles	\$45,000
Innovations HELOC	\$20,000
Credit Cards	\$12,000