

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:

CRAWFORD . BILLY-JOE HOOT

MAILING ADDRESS:

748 JENKS AVENUE

PANAMA CITY 32401 BAY

CITY: ZIP: COUNTY:

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

BAY GROUP JUDGE GROUP 1

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 April 21, 2020 was \$ 303,365.

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 \$ _____

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
SEE ATTACHMENT A	

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
SEE ATTACHMENT A	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
SEE ATTACHMENT A	

2019 APR 23 10:40 AM

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
Hoot Crawford P.A.	748 Jenks Ave	50,000.

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			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
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.

[Handwritten Signature]

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 21 day of

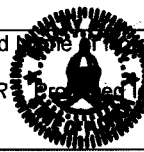
April, 2020 by Hoot Crawford

[Handwritten Signature]
 (Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioned Notary Public)

Personally Known OR Preceded Identification

Type of Identification Produced _____



Madeline L. Humphries
 COMMISSION # GG294057
 EXPIRES: January 24, 2023
 Bonded Thru Aaron [unclear]

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

I, _____, prepared the CE Form 6 in accordance with the Florida Statutes & Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosures are 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

Attachment A

Part B - Assets

Real estate and associated assets located at 19740 Ross Rd., Fountain, FL 32438 Parcel #00656-010-000 (homestead)	\$184,407
Real estate 10 1N 12W-15- Parcel #00637-000-000 (10 acres - vacant)	\$ 30,000
Real estate on Owenwood Road Parcel #00655-080-000 (5 acres - vacant)	\$ 20,000
Real estate located at 11770 Ross Rd., Fountain, FL 32438 Parcel #00655-020-000 (2.5 acres - vacant)	\$ 10,000
Hoot Crawford, P.A.	\$ 64,500

Part C - Liabilities

Discover Card, Post Office Box 6103, Carol Stream, IL 60197	\$ 16,800
---	-----------

Joint and Several Liabilities

Frank Smith, John Atzberger, 8016 Charles Michael, Dr., Panama City, FL 32404	\$ 3,900
Tyndall Federal Credit Union	\$ 1,642

FILED 04/21/2020 10:49