

FORM 6

FULL AND PUBLIC DISCLOSURE OF

2005

FINANCIAL INTERESTS

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

LAST NAME — FIRST NAME — MIDDLE NAME:
DeLucenay Larry Gilbert

MAILING ADDRESS:
22953 Hale Road

CITY: ZIP: COUNTY:
Land O Lakes 34639 Pasco

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
County Commissioner District 2

CHECK IF THIS IS A FILING BY A CANDIDATE

FOR OFFICE USE ONLY:

ID Code

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Conf. Code

P. Req. Code

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 CLERK OF SUPERIOR COURT
 LAND O LAKES, FLORIDA

PDF 2005

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2005, 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, 2006 was \$ 1,396,113.00

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.

The aggregate value of my household goods and personal effects (described above) is \$ 48,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
SunTrust Bank 21744 State Road 54 Lutz, Fl	\$15,573.97
2002 Toyota	\$9,000.00
Residence 22953 Hale Road, Land O Lakes Fl	\$548,000.00
Linda Lake Groves lots 20,21,22 Land O Lakes Fl	\$31,094.00
See attachment	\$860,592.00

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Suntrust Bank 21744 State Road 54 Lutz, Fl	\$229,000.00
N/A	N/A
N/A	N/A
N/A	N/A

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	N/A
N/A	N/A
N/A	N/A

PART D - INCOME

You may **EITHER** (1) file a complete copy of your 2005 federal income tax return, including all attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2005 federal income tax return. [If you check this box and attach a copy of your 2005 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Salary from Mad Hatter Utility	2348 Raden Dr. Land O Lakes FL 34639	\$100,100.00

SECONDARY SOURCES OF INCOME (Major customers, clients, etc., of businesses owned by reporting person—see instructions)

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Mad Hatter Utility	Paradise Lakes Utility	Scarecrow Utility
ADDRESS OF BUSINESS ENTITY	2348 Raden Dr Land O Lakes FL	2348 Raden Dr Land O Lakes FL	2348 Raden Dr Land O Lakes FL
PRINCIPAL BUSINESS ACTIVITY	Water/Sewer Services	Water/Sewer Services	Water Services
POSITION HELD WITH ENTITY	President	President	President
DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes	Yes	Yes
NATURE OF MY OWNERSHIP INTEREST	50% Stockholder	50% Stockholder	50% Stockholder

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

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 Hillsborough
 Sworn to (or affirmed) and subscribed before me this 14th day of

July, 2006 by _____

 (Signature of Notary Public—State of Florida)

 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

(Print, Type, or Stamp Commissioned Name of Notary Public)
 Personally Known OR Produced Identification _____
 Type of Identification Produced _____



FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
 INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.
 OTHER FORMS you may need to file are described on page 6.

(Handwritten initials)

Attachement Full and Public Disclosure of Financial Interests for Larry Gilbert Delucenay

Assets	
Mad Hatter Utility	* \$453,755.00
Paradise Lakes Utility	* \$244,683.00
Scarecrow Utility	\$49,000.00
Snyder Financial Group, Inc. 401k	\$113,154.00
Total to page 1	\$860,592.00

* Historic book value



LARRY S. JACOBSON
SUPERVISOR OF ELECTIONS
LAND OIL & GAS, FLORIDA

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