

**FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2007**

Larry Luckey  
 Property Appraiser  
 Glades County  
 PO Box 1106  
 Moore Haven, FL 33471-1106



FOR OFFICE USE ONLY:

ID Code



ID No.

13536

Conf. Code

P. Req. Code

\*\*\*\*\*

Luckey, Larry

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, 2007, 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 June 12, 2008 was \$ 1,210,304

**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 \$ 40,000.  
Small Boat & Motor + 2005 Van Included  
7 Cows + 1 Bull.....4,600.  
2 Four Wheelers.....5,000.

DESCRIPTION OF ASSET (specific description is required - see Instructions p.4)	VALUE OF ASSET
Army's Knob Lot, Lotla, NC.....	\$ 40,000.
Coast School Credit Union-Neva's (wife) Savings Account.....	1,078
Coast School Credit Union-(myself&wife) Checking Account.....	2,084.
Coast School Credit Union (myself&wife) Savings Account.....	15.
USCO Deferred Compensation.....	16,475.
42-29-A00-0080-0000: Home & Acreage on Marshall Field Rd.....	530,354.
42-28-A00-001B-0000: Acreage in Muse, off Secretariat.....	672,000.

3 Acre Undivided Interest-Matagorda Island, Texas.....	4,000.
Florida Community Bank.....	503.

**PART C -- LIABILITIES**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
05 - Free Style Ford Mini Van Ford - Financing	17,324.
1a. Suncoast School Federal Credit Union	28,856.
1e Green, Inc. Vacation Time Share	10,025.

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

**PART D -- INCOME**

you may **EITHER** (1) file a complete copy of your 2007 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 2007 federal income tax return. [If you check this box and attach a copy of your 2007 tax return, you need not complete the remainder of Part D.]

**PRIMARY SOURCES OF INCOME:**

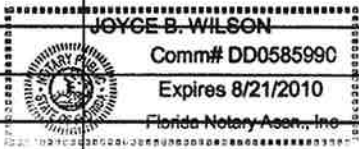
NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Glades County Property Appraiser	P O Box 1106, Moore Haven, Fl. 33471	92,339
Hendry County School Board (wife's employer), LaBelle, Fl. 33975		

**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
I sell about 5 or 6 Calves per year - belongs to my wife			

**PART E -- INTERESTS IN SPECIFIED BUSINESSES**

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD IN BUSINESS ENTITY			
OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			


 JOYCE B. WILSON  
 Comm# DD0585990  
 Expires 8/21/2010  
 Florida Notary Assn., Inc.

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

**OATH**

STATE OF FLORIDA  
 COUNTY OF Glades

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

Sworn to (or affirmed) and subscribed before me this 16th day of June

\_\_\_\_\_, 2008 by \_\_\_\_\_

*Joyce B. Wilson*  
 (Signature of Notary Public--State of Florida)

Joyce B. Wilson  
 (Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known  OR Produced Identification

Type of Identification Produced \_\_\_\_\_


 JOYCE B. WILSON  
 Comm# DD0585990  
 Expires 8/21/2010  
 Florida Notary Assn., Inc.

*[Handwritten Signature]*  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

FOR FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3. FOR FILING 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.