

IN THE CIRCUIT COURT OF THE SIXTH  
JUDICIAL CIRCUIT IN AND FOR  
PINELLAS COUNTY FLORIDA  
FAMILY LAW DIVISION

Case No: 07-DR-013355-FD-14

LINDA MARIE BOLLEA  
Petitioner/Wife,

and

TERRY GENE BOLLEA  
Respondent/Husband.

FAMILY LAW FINANCIAL AFFIDAVIT  
(\$50,000 or more Individual Gross Annual Income)

I, TERRY GENE BOLLEA,  
being sworn, certify that the following information is true:

SECTION I. INCOME

1. Date of Birth: August 11, 1953
2. Social Security Number: \_\_\_\_\_
3. My occupation is: \_\_\_\_\_
4. I am currently  
[check all that apply]
  - a. Unemployed  
Describe your efforts to find employment, how soon you expect to be employed,  
and the pay you expect to receive: \_\_\_\_\_
  - b. Employed by: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Pay rate: \$ \_\_\_\_\_ every week ( ), every other week ( ), twice a month ( ),  
monthly ( ), other: \_\_\_\_\_  
If you are expecting to become unemployed or change jobs soon, describe the  
change you expect and why and how it will affect your income: \_\_\_\_\_
- \_\_\_\_\_ Check here if you currently have more than one job. List the information above for  
the second job(s) on a separate sheet and attach it to this affidavit.
- \_\_\_\_\_ c. Retired. Date of retirement: \_\_\_\_\_  
Employer from whom retired: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

3/6/08  
MAR 11 2008

**LAST YEAR'S GROSS INCOME**

YEAR 2005

Your Income  
\$ 4,697,470

Other Party's Income (if known)  
\$ 550,251

**PRESENT MONTHLY GROSS INCOME:**

All amounts must be MONTHLY. See the instructions with this form to figure out money amounts for anything that is NOT paid monthly. Attach more paper, if needed. Items included under "other" should be listed separately with separate dollar amounts.

- |  |                   |
|--|-------------------|
| 1. Monthly gross salary or wages   | 1. \$ _____       |
| 2. Monthly bonuses, commissions, allowances, overtime, tips, and similar payment   | 2. _____          |
| 3. Monthly business income from sources such as self-employment, partnerships, close corporations, and/or independent contracts (Gross receipts minus ordinary and necessary expenses required to produce income.) (*Attach sheet itemizing such income and expenses.) | 3. <u>83,333</u>  |
| 4. Monthly disability benefits/SSI   | 4. _____          |
| 5. Monthly Workers' Compensation   | 5. _____          |
| 6. Monthly Unemployment Compensation   | 6. _____          |
| 7. Monthly pension, retirement, or annuity payments  | 7. _____          |
| 8. Monthly Social Security benefits  | 8. _____          |
| 9. Monthly alimony actually received   |                   |
| 9a. From this case: \$ _____   |                   |
| 9b. From other case(s): _____  |                   |
| Add 9a and 9b  | 9. _____          |
| 10. Monthly interest and dividends   | 10. _____         |
| 11. Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income)(*Attach sheet itemizing such income and expense items.)  | 11. _____         |
| 12. Monthly income from royalties, trusts, or estates  | 12. _____         |
| 13. Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses (*Attach sheet itemizing each item and amount.  | 13. _____         |
| 14. Monthly gains derived from dealing in property (not including nonrecurring gains;  | 14. _____         |
| Any other income of a recurring nature (identify source)   |                   |
| 15. _____  | 15. _____         |
| 16. _____  | 16. _____         |
| 17. TOTAL PRESENT MONTHLY GROSS INCOME (Add lines 1-16)  | 17. <u>83,333</u> |

**PRESENT MONTHLY DEDUCTIONS**

All amounts must be MONTHLY. See the instructions with this form to figure out money amounts for anything that is NOT paid monthly.

- |  |                      |
|--|----------------------|
| 18. Monthly federal, state, and local income tax (corrected for filing status and allowable dependents and income tax liabilities)     |                      |
| a. Filing status _____   |                      |
| b. Number of dependents claimed _____  | 18. \$ <u>24,913</u> |
| 19. Monthly FICA or self-employment taxes  | 19. <u>504</u>       |
| 20. Monthly Medicare payments  | 20. <u>1,208</u>     |
| 21. Monthly mandatory union dues   | 21. _____            |
| 22. Monthly mandatory retirement payments  | 22. _____            |
| 23. Monthly health insurance payments (including dental insurance), excluding portion paid for any minor children of this relationship | 23. _____            |
| 24. Monthly court-ordered child support actually paid for children from another relationship   | 24. _____            |

25. Monthly court-ordered alimony actually paid			
25a. From this case:	\$	_____	
25b. From other case(s):		_____	Add 25a and 25b 25. _____
<b>26. TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA STATUTES (Add lines 18 through 25)</b>	<b>TOTAL:</b>		<b>26. \$26,625</b>
<b>27. PRESENT NET MONTHLY INCOME (Subtract line 26 from line 17)</b>			<b>27. \$56,708</b>

**SECTION II. AVERAGE MONTHLY EXPENSES**

Proposed/Estimated Expenses. If this is a dissolution of marriage case and your expenses as listed below do not reflect what you actually pay currently, you should write "estimate" next to each amount that is estimated.

**HOUSEHOLD:**

1. Monthly mortgage or rent payments.	1.	_____
2. Monthly property taxes (if not included in mortgage)	2.	13,825
3. Monthly insurance on residence (if not included in mortgage)	3.	6,596
4. Monthly condominium maintenance fees and homeowner's association fees	4.	_____
5. Monthly electricity	5.	2,283
6. Monthly water, garbage and sewer	6.	692
7. Monthly telephone	7.	214
8. Monthly fuel oil or natural gas	8.	_____
9. Monthly repairs and maintenance	9.	1,343
10. Monthly lawn care	10.	_____
11. Monthly pool maintenance	11.	666
12. Monthly pest control	12.	400
13. Monthly misc. household	13.	38
14. Monthly food and home supplies	14.	78
15. Monthly meals outside home	15.	59
16. Monthly cable t.v.	16.	480
17. Monthly alarm service contract	17.	99
18. Monthly service contracts on appliances	18.	_____
19. Monthly household employees	19.	5,514
Other:		
20. Monthly cell phone	20.	90
21. Monthly storage	21.	369
22. _____	22.	_____
23. _____	23.	_____
24. _____	24.	_____
25. <b>SUBTOTAL (add lines 1 through 24)</b>	25.	<b>\$32,746</b>

**AUTOMOBILE:**

26. Monthly gasoline and oil	26.	\$ 9
27. Monthly repairs	27.	141
28. Monthly auto tags and emission testing	28.	28
29. Monthly insurance	29.	967
30. Monthly payments (lease or financing)	30.	_____
31. Monthly rental/replacements	31.	_____
32. Monthly alternative transportation (bus, rail, car pool, etc.)	32.	3,734

33. Monthly tolls and parking	33. <u>2</u>
34. Other: _____	34. _____
35. <b>SUBTOTAL (add lines 26 through 34)</b>	35. <b>\$ 4,881</b>

**MONTHLY EXPENSES FOR CHILDREN COMMON TO BOTH PARTIES**

Nanny	_____
36. Monthly nursery, babysitting, or day care	36. _____
37. Monthly school tuition	37. _____
38. Monthly school supplies, books and fees	38. _____
39. Monthly after school activities	39. _____
40. Monthly lunch money	40. _____
41. Monthly private lessons or tutoring	41. _____
42. Monthly allowances	42. _____
43. Monthly clothing and uniforms	43. _____
44. Monthly entertainment (movies, parties, etc.)	44. _____
45. Monthly health insurance	45. _____
46. Monthly medical, dental, prescriptions (nonreimbursed only)	46. _____
47. Monthly psychiatric/psychological/counselor	47. _____
48. Monthly orthodontic	48. _____
49. Monthly vitamins	49. _____
50. Monthly beauty parlor/barber shop	50. _____
51. Monthly nonprescription medication	51. _____
52. Monthly cosmetics, toiletries, and sundries	52. _____
53. Monthly gifts from child(ren) to others (other children, relatives, teachers, etc.)	53. _____
54. Monthly camp or summer activities	54. _____
55. Monthly clubs (Boy/Girl Scouts, etc.)	55. _____
56. Monthly access expenses (for nonresidential parent)	56. _____
57. Monthly miscellaneous	57. _____
58. <b>SUBTOTAL (add lines 36 through 57)</b>	58. <b>\$ -</b>

**MONTHLY EXPENSES FOR CHILD(REN) FROM ANOTHER RELATIONSHIP (other than court-ordered child support)**

59. _____	59. \$ _____
60. _____	60. _____
61. _____	61. _____
62. _____	62. _____
63. <b>SUBTOTAL (add lines 59 through 62)</b>	63. <b>\$ -</b>

**MONTHLY INSURANCE**

64. Health insurance, excluding portion paid for any minor child(ren) of this relationship	64. \$ 25
65. Life insurance	65. _____
66. Dental insurance	66. _____
Other:	
67. Boat insurance _____	67. 114
68. Various insurances _____	68. 179
69. <b>SUBTOTAL (add lines 64 through 68)</b>	69. <b>\$ 318</b>

**OTHER MONTHLY EXPENSES NOT LISTED ABOVE:**

70. Monthly dry cleaning and laundry	70.	
71. Monthly clothing	71.	102
72. Monthly medical, dental, and prescription (unreimbursed only)	72.	199
73. Monthly psychiatric, psychological, or counselor (unreimbursed only)	73.	
74. Monthly non-prescription medications, cosmetics, toiletries, and sundries	74.	
75. Monthly grooming	75.	282
76. Monthly gifts	76.	474
77. Monthly pet expenses	77.	
78. Monthly club dues and membership	78.	
79. Monthly sports and hobbies	79.	
80. Monthly entertainment, boat expenses	80.	556
81. Monthly periodicals/books/tapes/CD's	81.	
82. Monthly vacations	82.	1,824
83. Monthly religious organizations	83.	11
84. Monthly bank charges/credit card fees	84.	30
85. Monthly education expenses	85.	
Other: (include any usual and customary expenses not otherwise mentioned in the items listed above)		
86. Monthly cash expenditures	86.	1,329
87. Monthly legal and accounting	87.	38,616
88. Monthly business expenses	88.	9,160
88a Monthly personal assistant		2,334
89. Monthly care for mother	89.	6,589
90. SUBTOTAL (add lines 70 through 89)	90.	\$ 61,506

**MONTHLY PAYMENTS TO CREDITORS: (only when payments are currently made by you on outstanding balances)**

NAME OF CREDITOR(s):		
91. Various Credit Cards	91.	**
92.	92.	
93. Payment to Graziano	93.	5,000
94.	94.	
95.	95.	
96.	96.	
97.	97.	
98.	98.	
99.	99.	
100.	100.	
101.	101.	
102.	102.	
103.	103.	
104. SUBTOTAL (add lines 91 through 103)	104.	\$ 5,000

**105. TOTAL MONTHLY EXPENSES:**  
(add lines 25, 35, 58, 63, 69, 90 & 104 of Section II, Expenses) **105. \$ 104,451 \*\***

**\*\* TOTAL MONTHLY EXPENSES DOES NOT INCLUDE ANY CREDIT CARD CHARGES OR PAYMENTS AT THIS TIME. CREDIT CARDS ARE BEING ANALYZED.**

**SUMMARY**

106. TOTAL PRESENT MONTHLY NET INCOME (from line 27 of SECTION I. INCOME)	106. \$ 56,708
107. TOTAL MONTHLY EXPENSES (from line 105 above)	107. \$ 104,451
108. SURPLUS (if line 106 is more than line 107, subtract line 107 from line 106. This is the amount of your surplus. Enter that amount here.)	108. _____
109. DEFICIT (if line 107 is more than line 106, subtract line 106 from line 107. This is the amount of your deficit. Enter that amount here.)	109. \$ (47,743)

**SECTION III: ASSETS AND LIABILITIES**

**A. ASSETS (This is where you list what you OWN.)**

**INSTRUCTIONS**

**STEP 1:** In column A, list a description of each separate item owned by you (and/or your spouse, if this is a petition for dissolution of marriage). Blank spaces are provided if you need to list more than one item.

**STEP 2:** If this is a petition for dissolution of marriage, check the box in Column A next to any item that you are requesting the judge award to you.

**STEP 3:** In column B, write what you believe to be the current fair market value of all items listed.

**STEP 4:** Use column C only if this is a petition for dissolution of marriage and you believe an item is "nonmarital," meaning it belongs to only one of you and should not be divided. You should indicate to whom you believe the item belongs.

(Typically, you will only use column C if property was owned by one spouse before the marriage. See the "general information for pro se filers" found at the beginning of these forms and section 61.075(1), Florida Statutes, for definitions of "marital" and "nonmarital" assets and liabilities.)

A ASSETS: DESCRIPTION OF ITEM(S)  As of November 30, 2007	B Current Fair Market Value	C Nonmarital	
		(check correct column)	
Check the box next to any asset(s) that you are requesting the judge award to you.		husband	wife
<input type="checkbox"/> Cash			
<input type="checkbox"/> SunTrust (Joint)	113,399		
<input type="checkbox"/> SunTrust # (Joint)	1,810		
<input type="checkbox"/> Brokerage Accounts			
<input type="checkbox"/> Morgan Stanley # (Husband Trust)	8,060,234		
<input type="checkbox"/> Morgan Stanley # (Husband Trust)	903,917		
<input type="checkbox"/> Morgan Stanley # (Husband Trust)	2,213,333		
<input type="checkbox"/> Morgan Stanley # (Wife Trust)	1,576,001		
<input type="checkbox"/> Morgan Stanley # (Husband)	36,101		
<input type="checkbox"/> Morgan Stanley # (Wife)	40,585		
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Real estate:			
<input type="checkbox"/> Willadel Drive Home (per personal financial statement)	7,252,800		
<input type="checkbox"/> El Dorado Home (per personal financial statement)	1,903,800		
<input type="checkbox"/> Las Vegas Condo (deposit)	840,000		
<input type="checkbox"/>			

A ASSETS: DESCRIPTION OF ITEMS(S)	B Current Fair Market Value	C Nominal (check correct column)	
Check the box next to any asset(s) that you are requesting the judge award to you.		husband	wife
<input type="checkbox"/> Business interests:			
<input type="checkbox"/> I-4 Entertainment (100%)	to be determined		
<input type="checkbox"/> Terry Boles Inc (100%)	to be determined		
<input type="checkbox"/> TGB Family Limited Partnership (1%)	to be determined		
<input type="checkbox"/> Brokestar Productions LLC (1%)	to be determined		
<input type="checkbox"/> Holy Shift LLC (1%)	to be determined		
<input type="checkbox"/> TGB Production Inc (100%)	created after filing		
<input type="checkbox"/> TGB Management LLC (99%)	created after filing		
<input type="checkbox"/> TGB Family L.P. II (99%)	created after filing		
<input type="checkbox"/> TGB Transportation LLC (100%)	created after filing		
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Automobiles, motorcycles, watercraft (per personal financial statement)	404,800		
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Retirement plans (Profit Sharing, Pension, IRA, 401(k)'s, etc.)			
<input type="checkbox"/> Morgan Stanley (Husband Money Pur Pension)	131,886		
<input type="checkbox"/> Morgan Stanley (Husband Def Benefit Pen)	1,823,433		
<input type="checkbox"/> Morgan Stanley (Husband Money Pur Pension)	535,301		
<input type="checkbox"/> Morgan Stanley (Husband IRA) (1/23/06)	33,173		
<input type="checkbox"/> Morgan Stanley (Wife IRA) (9/30/07)	41,723		
<input type="checkbox"/>			
<input type="checkbox"/> Furniture & furnishings in home & elsewhere (per insurance policies)	6,225,000		
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Jewelry (per insurance policy)	218,685		
<input type="checkbox"/>			
<input type="checkbox"/> Life insurance (cash surrender value)			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Sporting & entertainment (T.V., stereo, etc) equipment			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Other assets			
<input type="checkbox"/>			
<input type="checkbox"/>			

A ASSETS: DESCRIPTION OF ITEMS(S)	B Current Fair Market Value	C Nonmarital (check correct column)	
		husband	wife
Check the box next to any asset(s) that you are requesting the judge award to you.			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
Total Assets (add column B)	32,355,961		

**B. LIABILITIES/DEBTS (This is where you list what you OWE.)**

**Instructions**

**STEP 1:** In column A, list a description of each separate debt owed by you (and/or your spouse, if this is a petition for dissolution of marriage). Blank spaces are provided if you need to list more than one of an item.

**STEP 2:** If this is a petition for dissolution of marriage, check the box in Column A next to any debt(s) for which you believe you should be responsible.

**STEP 3:** In column B, write what you believe to be the current amount owed for all items listed.

**STEP 4:** Use column C only in this is a petition for dissolution of marriage and you believe an item is "nonmarital", meaning the debt belongs to only one of you and should not be divided. You should indicate to whom you believe the debt belongs. (Typically, you will only use Column C if the debt was owed by one spouse before the marriage. See the "general information for pro se filers" found at the beginning of these forms and section 61.075(1), Florida Statutes, for definitions of "marital" and "nonmarital" assets and liabilities).

A LIABILITIES: DESCRIPTION OF ITEMS(S)	B Current Fair Market Value	C Nonmarital (check correct column)	
		husband	wife
Check the box next to any debt(s) that you are requesting the judge award to you.			
<input type="checkbox"/> Mortgages on real estate: (Home)	\$		
<input type="checkbox"/> (Other)			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Charge/credit card accounts			
<input type="checkbox"/> Credit Cards	to be determined		
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Auto loan			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Money you owe (not evidenced by a note)			
<input type="checkbox"/>			
<input type="checkbox"/> Judgments			

A LIABILITIES: DESCRIPTION OF ITEM(S)	B Current Fair Amount Owed	C Nonmarital (check correct column)	
		husband	wife
		Check the box next to any debt(s) that you are requesting the judge award to you.	
<input type="checkbox"/>			
<input type="checkbox"/> Other			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<b>Total Debts (add column B)</b>	-		

**C. NET WORTH (excluding contingent assets and liabilities)**

Total Assets (enter total of Column B in Asset Table; Section A) \$32,355,961

Total Liabilities (enter total of Column B in Liabilities Table; Section B) \$ -

**TOTAL NET WORTH (Total Assets minus Total Liabilities)**  
(excluding contingent assets and liabilities)

\$ 32,355,961  
plus to be determined

**D. CONTINGENT ASSETS AND LIABILITIES**

**INSTRUCTION:** If you have any POSSIBLE assets (income potential, accrued vacation or sick leave, bonus, inheritance, etc.) or POSSIBLE liabilities (possible lawsuits, future unpaid taxes, contingent tax liabilities, debts assumed by another), you must list them here.

A Contingent Assets	B Possible Value	C Nonmarital (check correct column)	
		husband	wife
		Check the box next to any contingent asset(s) that you are requesting the judge award to you.	
<input type="checkbox"/>	\$		
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<b>Total Contingent Assets</b>	\$		

A Contingent Liabilities	B Possible Value	C Nonmarital (check correct column)	
		husband	wife
		Check the box next to any contingent debt(s) that you are requesting the judge award to you.	
<input type="checkbox"/>	\$		
<input type="checkbox"/> Potential Lawsuit	undetermined		
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> <b>Total Contingent Liabilities</b>	undetermined		

E. Has there been any agreement between you and the other party that one of you will take responsibility for a debt and will hold the other party harmless from that debt? ( )yes ( )no If yes, explain: \_\_\_\_\_

F. CHILD SUPPORT GUIDELINES WORKSHEET \*Florida Family Law Form 12.901(g), Child Support Guidelines Worksheet, MUST be filed with the court at or prior to a hearing to establish or modify child support. This requirement cannot be waived by the parties.

(Check one only)

\_\_\_\_\_ A Child Support Guidelines Worksheet IS or WILL BE filed in this case. This case involves the establishment or modifications of child support.

\_\_\_\_\_ A Child Support Guidelines Worksheet IS NOT being filed in this case. The establishment or modification of child support is not an issue in this case.

I certify that a copy of this financial affidavit was: ( ) mailed, ( ) faxed and mailed, or ( ) hand delivered to the person(s) listed below on (date) \_\_\_\_\_.

Other party or his/hor attorney:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: 3/10/08

Signature of Party: Terry G. Bollea

Printed Name: Terry G. Bollea

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF Pinellas

Sworn to or affirmed and signed before me on March 6, 2008 by Terry G. Bollea



Diana T. Verdery  
NOTARY PUBLIC STATE OF FLORIDA

(Print, type, or stamp commissioned name of notary.)

- Personally known  
 Produced identification  
 Type of identification produced \_\_\_\_\_

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW  
(fill in ALL blanks)

I, (full legal name and trade name of nonlawyer) \_\_\_\_\_  
a nonlawyer, located at (street) \_\_\_\_\_, (city) \_\_\_\_\_  
(state) \_\_\_\_\_, (phone) \_\_\_\_\_, helped (name) \_\_\_\_\_  
who is the (check one only) \_\_\_petitioner or \_\_\_respondent, fill out this form.

TMZ

IN THE CIRCUIT COURT OF SIXTH JUDICIAL CIRCUIT,  
IN AND FOR PINELLAS COUNTY, FLORIDA

LINDA M. BOLLEA  
and Petitioner,  
TERRY G. BOLLEA  
Respondent.

Case No.: 07-DR-013355FD14  
Division: F

WIFE'S AMENDED FAMILY LAW FINANCIAL AFFIDAVIT  
(\$50,000 or more Individual Gross Annual Income)

I, (full legal name) LINDA M. BOLLEA  
being sworn, certify that the following information is true:

**SECTION I. INCOME**

1. Date of Birth: 8/24/1959  
2. My occupation is: HOUSEWIFE

3. I am currently  
 all that apply  
a. Unemployed

Describe your efforts to find employment, how soon you expect to be employed, and the pay you expect to receive:

b. Employed by: VH-1 - Temporarity  
Address: \_\_\_\_\_  
City, State, Zip code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Pay rate: \$ \_\_\_\_\_ ( ) every week ( ) every other week ( ) twice a month  
( ) monthly ( ) other: \$650 EVERY EPISODE UNDETERMINED IF NEXT SEASON WILL BE PROD

If you are expecting to become unemployed or change jobs soon, describe the change you expect and why and how it will affect your income: \_\_\_\_\_

Check here if you currently have more than one job. List the information above for the second job(s) on a separate sheet and attach it to this affidavit.

c. Retired. Date of retirement: \_\_\_\_\_

Employer from whom retired: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**LAST YEAR'S GROSS INCOME:** Your Income                      Other Party's Income (if known)  
 YEAR 2007                      \$ 188,158                      \$ 1,422,596

**PRESENT MONTHLY GROSS INCOME:**

All amounts must be MONTHLY. See the instructions with this form to figure out money amounts for anything that is NOT paid monthly. Attach more paper, if needed. Items included under "other" should be listed separately with separate dollar amounts.

- |  |                                 |
|--|---------------------------------|
| 1. Monthly gross salary or wages   | 1. \$ <u>0</u>                  |
| 2. Monthly bonuses, commissions, allowances, overtime, tips, and similar payments  | 2. <u>0</u>                     |
| 3. Monthly business income from sources such as self-employment, partnerships, close corporations, and/or independent contracts (Gross receipts minus ordinary and necessary expenses required to produce income).<br>( <input type="checkbox"/> Attach sheet itemizing such income and expenses.) | 3. <u>0</u>                     |
| 4. Monthly disability benefits/SSI   | 4. <u>0</u>                     |
| 5. Monthly Workers' Compensation   | 5. <u>0</u>                     |
| 6. Monthly Unemployment Compensation   | 6. <u>0</u>                     |
| 7. Monthly pension, retirement, or annuity payments  | 7. <u>0</u>                     |
| 8. Monthly Social Security benefits  | 8. <u>0</u>                     |
| 9. Monthly alimony actually received   |                                 |
| 9a. From this case:            \$ <u>0</u>   |                                 |
| 9b. From other case(s): <u>0</u>   | Add 9a and 9b                   |
| 10. Monthly interest and dividends   | 9. <u>0</u>                     |
|  | 10. <u>3,447</u> <sup>(1)</sup> |
| 11. Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) ( <input type="checkbox"/> Attach sheet itemizing such income and expense items.)  | 11. <u>0</u>                    |
| 12. Monthly income from royalties, trusts, or estates  | 12. <u>0</u>                    |
| 13. Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses ( <input type="checkbox"/> Attach sheet itemizing each item and amount.)  | 13. <u>0</u>                    |
| 14. Monthly gains derived from dealing in property (not including nonrecurring gains)  | 14. <u>0</u>                    |
| Any other income of a recurring nature (identify source)   |                                 |
| 15. _____  | 15. _____                       |
| 16. _____  | 16. _____                       |
| <b>17. PRESENT MONTHLY GROSS INCOME (Add lines 1-16) TOTAL:</b>  | <b>17. \$ <u>3,447</u></b>      |

**PRESENT MONTHLY DEDUCTIONS:**

All amounts must be MONTHLY. See the instructions with this form to figure out money amounts for anything that is NOT paid monthly.

18. Monthly federal, state, and local income tax (corrected for filing status and allowable dependents and income tax liabilities)

a. Filing Status Single <sup>0</sup>

b. Number of dependents claimed \_\_\_\_\_

18. \$ 0

19. Monthly FICA or self-employment taxes 0

20. Monthly Medicare payments 0

21a. Monthly mandatory union dues 0

21b. Monthly mandatory retirement payments 0

22. Other court-allowed monthly deductions 0

23. Monthly health insurance payments (including dental insurance), excluding portion paid for any minor children of this relationship 0

24. Monthly court-ordered child support actually paid for children from another relationship 0

25. Monthly court-ordered alimony actually paid 0

25a. from this case: \$ 0

25b. from other case(s): 0 Add 25a and 25b 0

25. 0

26. TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 6130, FLORIDA STATUTES (Add lines 18 through 25) TOTAL: 26. \$ 0

27. PRESENT NET MONTHLY INCOME (Subtract line 26 from line 17) 1417

**SECTIONAL AVERAGE MONTHLY EXPENSES**

**Proposed/Estimated Expenses.** If this is a dissolution of marriage case and your expenses as listed below do not reflect what you actually pay currently, you should write "estimate" next to each amount that is estimated. PER 2007 STANDARD OF LIVING SCHEDULE

**HOUSEHOLD:**

1. Monthly mortgage or rent payments	1. \$ <u>0</u>
2. Monthly property taxes (if not included in mortgage)	2. <u>28,645<sup>(M)</sup></u>
3. Monthly insurance on residence (if not included in mortgage)	3. <u>0</u>
4. Monthly condominium maintenance fees and homeowner's association fees	4. <u>479</u>
5. Monthly electricity	5. <u>2,283</u>
6. Monthly water, garbage, and sewer	6. <u>1,306</u>
7. Monthly telephone	7. <u>218</u>
8. Monthly fuel oil or natural gas	8. <u>0</u>
9. Monthly repairs and maintenance	9. <u>3,289</u>
10. Monthly lawn care	10. <u>2,464<sup>(M)</sup></u>
11. Monthly pool maintenance	11. <u>0</u>
12. Monthly pest control	12. <u>499</u>
13. Monthly misc. household	13. <u>448</u>
14. Monthly food and home supplies	14. <u>409</u>
15. Monthly meals outside home	15. <u>1,247</u>
16. Monthly cable t.v.	16. <u>487</u>
17. Monthly alarm service contract	17. <u>99</u>

18. Monthly service contracts on appliances	18.	<u>0</u>
19. Monthly maid service	19.	<u>7,502</u>
Other:		
20. _____	20.	_____
21. _____	21.	_____
22. _____	22.	_____
23. _____	23.	_____
24. _____	24.	_____
<b>25. SUBTOTAL (add lines 1 through 24)</b>	<b>25. \$</b>	<b><u>49,375</u></b>

**AUTOMOBILE:**

26. Monthly gasoline and oil	26. \$	<u>1,126</u>
27. Monthly repairs	27.	<u>426</u>
28. Monthly auto tags and emission testing	28.	<u>22</u>
29. Monthly insurance	29.	<u>621</u>
30. Monthly payments (lease or financing)	30.	<u>0</u>
31. Monthly rental/replacements	31.	<u>171</u>
32. Monthly alternative transportation (bus, rail, car pool, etc.)	32.	<u>2,757</u>
33. Monthly tolls and parking	33.	<u>3</u>
34. Other: <u>Other transportation expenses total (see attached page)</u>	34.	<u>919<sup>(*)</sup></u>
<b>35. SUBTOTAL (add lines 26 through 34)</b>	<b>35. \$</b>	<b><u>6,045</u></b>

**MONTHLY EXPENSES FOR CHILDREN COMMON TO BOTH PARTIES**

(CHILDREN ARE ADULTS)

36. Monthly nursery, babysitting, or day care	36. \$	<u>0</u>
37. Monthly school tuition	37.	<u>0</u>
38. Monthly school supplies, books, and fees	38.	<u>0</u>
39. Monthly after school activities	39.	<u>0</u>
40. Monthly lunch money	40.	<u>0</u>
41. Monthly private lessons or tutoring	41.	<u>0</u>
42. Monthly allowances	42.	<u>0</u>
43. Monthly clothing and uniforms	43.	<u>0</u>
44. Monthly entertainment (movies, parties, etc.)	44.	<u>0</u>
45. Monthly health insurance	45.	<u>0</u>
46. Monthly medical, dental, prescriptions (nonreimbursed only)	46.	<u>0</u>
47. Monthly psychiatric/psychological/counselor	47.	<u>0</u>
48. Monthly orthodontic	48.	<u>0</u>
49. Monthly vitamins	49.	<u>0</u>
50. Monthly beauty parlor/barber shop	50.	<u>0</u>
51. Monthly nonprescription medication	51.	<u>0</u>
52. Monthly cosmetics, toiletries, and sundries	52.	<u>0</u>
53. Monthly gifts from child(ren) to others (other children, relatives, teachers, etc.)	53.	<u>0</u>

54. Monthly camp or summer activities	54. _____	0
55. Monthly clubs (Boy/Girl Scouts, etc.)	55. _____	0
56. Monthly access expenses (for nonresidential parent)	56. _____	0
57. Monthly miscellaneous	57. _____	
<b>58. SUBTOTAL (add lines 36 through 57)</b>	<b>58. \$ _____</b>	<b>0</b>

**MONTHLY EXPENSES FOR CHILD(REN) FROM ANOTHER RELATIONSHIP (other than court-ordered child support)**

59. _____	59. \$ _____
60. _____	60. _____
61. _____	61. _____
62. _____	62. _____
<b>63. SUBTOTAL (add lines 59 through 62)</b>	<b>63. \$ _____</b>

**MONTHLY INSURANCE:**

64. Health insurance, excluding portion paid for any minor child(ren) of this relationship	64. \$ _____	500
65. Life insurance	65. _____	26
66. Dental insurance	66. _____	0
Other:		
67. _____	67. _____	
68. _____	68. _____	
<b>69. SUBTOTAL (add lines 64 through 68)</b>	<b>69. \$ _____</b>	<b>526</b>

**OTHER MONTHLY EXPENSES NOT LISTED ABOVE:**

70. Monthly dry cleaning and laundry	70. \$ _____	60
71. Monthly clothing	71. _____	7,258
72. Monthly medical, dental, and prescription (unreimbursed only)	72. _____	722 (7)
73. Monthly psychiatric, psychological, or counselor (unreimbursed only)	73. _____	0
74. Monthly non-prescription medications, cosmetics, toiletries, and sundries	74. _____	122 (8)
75. Monthly grooming	75. _____	801
76. Monthly gifts	76. _____	1,318
77. Monthly pet expenses	77. _____	1,374
78. Monthly club dues and membership	78. _____	0
79. Monthly sports and hobbies	79. _____	2
80. Monthly entertainment	80. _____	681
81. Monthly periodicals/books/tapes/CD's	81. _____	30
82. Monthly vacations	82. _____	6,100
83. Monthly religious organizations	83. _____	0
84. Monthly bank charges/credit card fees	84. _____	82
85. Monthly education expenses	85. _____	0
Other: (include any usual and customary expenses not otherwise mentioned in the items listed above)		
86. <u>LEGAL/ACCOUNTING - LINDA</u>	86. _____	17,840

87. CHECKS TO CASH/ATM/CASH W/D 1,469 87. \$ 1,469  
 88. POSTAGE & STATIONARY 102 88. \$ 102  
 89. Other miscellaneous expenses total (see attached page) 4,082.00 89. \$ 4,082.00

90. SUBTOTAL (add lines 70 through 89) 90. \$ 42,843

MONTHLY PAYMENTS TO CREDITORS: (only when payments are currently made by you on outstanding balances)

NAME OF CREDITOR(s):

91. AMEXA (Linda/HolyShift) 7/16/08 91. \$ 0  
 92. BOAN (1-4) 5/26/08 92. \$ 0  
 93. BOAN (Linda/HolyShift) 4/8/08 93. \$ 0  
 94. AMEXA (Linda Bollea) 7/16/08 94. \$ 0  
 95. AMEXA (Linda Bollea 1-4 Est.) 6/27/08 95. \$ 0  
 96. Sears (Linda Bollea) 6/12/08 96. \$ 0  
 97. \_\_\_\_\_ 97. \$ \_\_\_\_\_  
 98. \_\_\_\_\_ 98. \$ \_\_\_\_\_  
 99. \_\_\_\_\_ 99. \$ \_\_\_\_\_  
 100. \_\_\_\_\_ 100. \$ \_\_\_\_\_  
 101. \_\_\_\_\_ 101. \$ \_\_\_\_\_  
 102. \_\_\_\_\_ 102. \$ \_\_\_\_\_  
 103. \_\_\_\_\_ 103. \$ \_\_\_\_\_

104. SUBTOTAL (add lines 91 through 103) 104. \$ 0

105. TOTAL MONTHLY EXPENSES 97,989  
 (add lines 23, 35, 53, 65, 67, 90 and 104 of Section II, Expenses) 105. \$ 97,989

**SUMMARY**

106. TOTAL PRESENT MONTHLY NET INCOME (from line 27 of SECTION I, INCOME) 106. \$ 3,447  
 107. TOTAL MONTHLY EXPENSES (from line 105 above) 107. \$ 97,989  
 108. SURPLUS (If line 106 is more than line 107, subtract line 107 from line 106. This is the amount of your surplus. Enter that amount here.) 108. \$ \_\_\_\_\_  
 109. (DEFICIT) (If line 107 is more than line 106, subtract line 106 from line 107. This is the amount of your deficit. Enter that amount here.) 109. (\$ 94,542)

**SECTION III ASSETS AND LIABILITIES**

**A. ASSETS (This is where you list what you OWN.)**

**INSTRUCTIONS:**

**STEP 1:** In column A, list a description of each separate item owned by you (and/or your spouse, if this is a petition for dissolution of marriage). Blank spaces are provided if you need to list more than one of an item.

**STEP 2:** If this is a petition for dissolution of marriage, check the box in Column A next to any item that you are requesting the judge award to you.

**STEP 3:** In column B, write what you believe to be the current fair market value of all items listed.

**STEP 4:** Use column C only if this is a petition for dissolution of marriage and you believe an item is "nonmarital", meaning it belongs to only one of you and should not be divided. You should indicate to whom you believe the item belongs. (Typically, you will only use Column C if property was owned by one spouse before the marriage. See the "General Information for Self-Represented Litigants" found at the beginning of these forms and section 61.075(1), Florida Statutes, for definitions of "marital" and "nonmarital" assets and liabilities.)

A ASSETS - DESCRIPTION OF ITEMS DO NOT LIST ACCOUNT NUMBERS <small>(Check box next to any item of which you are requesting the judge award to you)</small>	B Current Fair Market Value	C Nonmarital (Check box if nonmarital) Spouse's Initials
<input type="checkbox"/> Cash (on hand)	0	
<input type="checkbox"/> Cash (in banks or credit unions) (see attached page)	1,632,467	(H)
<input type="checkbox"/>		
<input type="checkbox"/> Stocks total (see attached page)	11,319,561	
<input type="checkbox"/> Bonds total		
<input type="checkbox"/> Mutual funds total		
<input type="checkbox"/> Notes (money owed to you in writing)		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/> Money owed to you (not evidenced by a note)		
<input type="checkbox"/> Money owed without notes total (see attached page)	0	
<input type="checkbox"/>		
<input type="checkbox"/> Real estate: (Home) WILLADEL - PER H'S F/A	7,252,800	(H)
<input type="checkbox"/> (Other) ELDORADO - PER H'S F/A	1,903,800	(H)
<input type="checkbox"/> LAS VEGAS - DEPOSIT	840,000	(H)
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/> Business interests		
<input type="checkbox"/> TERRY BOLLEA TRUST - TBD	0	(H)
<input type="checkbox"/> TERRY GENE BOLLEA TRUST UAD 10/21/98 - TBD	0	(H)
<input type="checkbox"/> TERRY GENE BOLLEA REVOCABLE TRUST - TBD	0	(H)
<input type="checkbox"/> Other business interest assets total (see attached page)	0	(H)
<input type="checkbox"/> Automobiles		

A ASSETS, DESCRIPTION OF ITEM, DO NOT LIST ACCOUNT NUMBERS (Do not include cash) (Do not include for later 1990-1994)	B Current Fair Market Value	C Financial Interest (Income)	
		Dividend	Other
<input type="checkbox"/> 1960 Chevrolet Corvette - TBD			
<input type="checkbox"/> 2001 Mercedes - TBD			X
<input type="checkbox"/> Other automobile assets (see attached page)			
<input type="checkbox"/> Boats			
<input type="checkbox"/> 1999 Donzi - TBD			
<input type="checkbox"/> Scarab 1-4 - TBD			
<input type="checkbox"/> Other vehicles			
<input type="checkbox"/> 2006 Seadoo #1 - TBD			
<input type="checkbox"/> Other vehicle assets total (see attached page)		(00)	
<input type="checkbox"/> Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)		(00)	
<input type="checkbox"/> MS #057266(Linda IRA) 3/31/08			
<input type="checkbox"/> MS #057265(Terry IRA) 3/31/08	36,604		
<input type="checkbox"/> Other retirement assets total (see attached page)	32,579		
<input type="checkbox"/> Furniture & furnishings in home	2,130,780		
<input type="checkbox"/> TBD			
<input type="checkbox"/> Furniture & furnishings elsewhere			
<input type="checkbox"/> TBD			
<input type="checkbox"/> Collectibles			
<input type="checkbox"/> TBD			
<input type="checkbox"/> Jewelry			
<input type="checkbox"/> TBD			
<input type="checkbox"/> Life insurance (cash surrender value)			
<input type="checkbox"/> Northwestern Mutual Life Insurance			
<input type="checkbox"/> Other life insurance assets total (see attached page)	0	(00)	
<input type="checkbox"/> Sporting and entertainment (T.V., stereo, etc.) equipment	1,580,003	(00)	
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Other assets			
<input type="checkbox"/> TRADEMARKS - TBD			
<input type="checkbox"/> DUE FROM BLISS BEVERAGE - TBD		(00)	
<input type="checkbox"/> 2007 TAX REFUND/DUE - TBD			
<input type="checkbox"/>			

A ASSETS - DESCRIPTION OF ITEMS DO NOT LIST ACCOUNT NUMBERS <small>Do not list 529/529A plans you are responsible for, approved to you.</small>	B Current Fair Market Value	C Nonmarital (✓/initial column)	
		Initial	Yes
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
Total Assets (add column B)	\$76,728,594		

**B. LIABILITIES/DEBTS (This is where you list what you OWE.)**

**INSTRUCTIONS:**

**STEP 1:** In column A, list a description of each separate debt owed by you (and/or your spouse, if this is a petition for dissolution of marriage). Blank spaces are provided if you need to list more than one of an item.

**STEP 2:** If this is a petition for dissolution of marriage, check the box in Column A next to any debt(s) for which you believe you should be responsible.

**STEP 3:** In column B, write what you believe to be the current amount owed for all items listed.

**STEP 4:** Use column C only if this is a petition for dissolution of marriage and you believe an item is "nonmarital," meaning the debt belongs to only one of you and should not be divided. You should indicate to whom you believe the debt belongs. (Typically, you will only use Column C if the debt was owed by one spouse before the marriage. See the "General Information for Self-Represented Litigants" found at the beginning of these forms and section 61.075(1), Florida Statutes, for definitions of "marital" and "nonmarital" assets and liabilities.)

A LIABILITIES - DESCRIPTION OF ITEMS DO NOT LIST ACCOUNT NUMBERS <small>Do not list 529/529A plans you believe you should be responsible for.</small>	B Current Amount Owed	C Nonmarital (✓/initial column)	
		Initial	Yes
<input type="checkbox"/> Mortgages on real estate: First mortgage on home		(12)	
<input type="checkbox"/> Second mortgage on home			
<input type="checkbox"/> Other mortgages			
<input type="checkbox"/> BLDORADO - PER IT'S F/A		(13)	
<input type="checkbox"/> LAS VEGAS - DEPOSIT		(14)	
<input type="checkbox"/> Charge/credit card accounts			
<input type="checkbox"/> AMEX (Linda/HolyShift)7/16/08	0	(15)	
<input type="checkbox"/> BOAM (1-4) 5/26/08	0	(16)	
<input type="checkbox"/> BOAM (Linda/HolyShift)4/8/08		(17)	
<input type="checkbox"/> Other credit card liabilities total (see attached page)			
<input type="checkbox"/> Total loans on automobiles	0		X
<input type="checkbox"/> Total loans on other vehicles and boats	0	(18)	
<input type="checkbox"/> Bank/Credit Union loans			
<input type="checkbox"/>			
<input type="checkbox"/>			

A LIABILITIES: DESCRIPTION OF ITEMS (DO NOT LIST ACCOUNT NUMBERS)	B Current Amount (\$)	C Priority (current claims)	
		Insured	Uninsured
<input checked="" type="checkbox"/> See Verdict for any item(s) for which you believe you should be responsible.			
<input type="checkbox"/>			
<input type="checkbox"/> Money you owe (not evidenced by a note)			
<input type="checkbox"/>			
<input type="checkbox"/> Judgments			
<input type="checkbox"/>			
<input type="checkbox"/> Other			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<b>Total Debt (add column B)</b>	<b>\$0</b>		

**C. NET WORTH (excluding contingent assets and liabilities)**

Total Assets (enter total of Column B in Asset Table; Section A) \$ 26,728,594

Total Liabilities (enter total of Column B in Liabilities Table; Section B) \$ 0

<b>TOTAL NET WORTH (Total Assets minus Total Liabilities)</b> (excluding contingent assets and liabilities)	<b>\$ 26,728,594</b>
--	----------------------

**D. CONTINGENT ASSETS AND LIABILITIES**

**INSTRUCTIONS:**

If you have any POSSIBLE assets (income potential, accrued vacation or sick leave, bonus, inheritance, etc.) or POSSIBLE liabilities (possible lawsuits, future unpaid taxes, contingent tax liabilities, debts assumed by another), you must list them here.

A Contingent Assets	B Possible Value	C Priority (if debts/claims)	
		Insured	Uninsured
<input checked="" type="checkbox"/> See Verdict for any item(s) for which you are requesting the judge award to you			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

A Contingent Assets	B Possible Value	C Priority (✓ or not checked)	
✓ Do not add to any contingent assets if which you are submitting the judge asked you		Child	Spouse
<b>Total Contingent Assets</b>	\$0		

A Contingent Liabilities	B Possible Amount Owed	C Priority (✓ or not checked)	
✓ Do not add to any contingent assets if which you believe you could be responsible		Child	Spouse
<input type="checkbox"/> AFFIANT HAS BEEN NAMED AS A DEFENDANT IN	\$ 0		
<input type="checkbox"/> CIVIL LAWSUIT RELATING TO SONS AUTO	0		
<input type="checkbox"/> ACCIDENT.	0		
<input type="checkbox"/>			
<input type="checkbox"/>			
<b>Total Contingent Liabilities</b>	\$0		

**E. CHILD SUPPORT GUIDELINES WORKSHEET.**  Florida Family Law Rules of Procedure Form 12.902(c), Child Support Guidelines Worksheet, MUST be filed with the court at or prior to a hearing to establish or modify child support. This requirement cannot be waived by the parties. [✓ one only]

- A Child Support Guidelines Worksheet IS or WILL BE filed in this case. This case involves the establishment or modification of child support.
- A Child Support Guidelines Worksheet IS NOT being filed in this case. The establishment or modification of child support is not an issue in this case.

I certify that a copy of this financial affidavit was: ( ) mailed, ( ) faxed and mailed, or ( ) hand delivered to the person(s) listed below on (date) \_\_\_\_\_

Other party or his/her attorney:

Name: ANN LOUGHRIDGE KERR, ESQUIRE

Address: \_\_\_\_\_

City, State, Zip: CLEARWATER, FLORIDA 33756

Fax Number: \_\_\_\_\_

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: 8/8/08

*Linda M. Bollea*

Signature of Party LINDA M BOLLEA

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

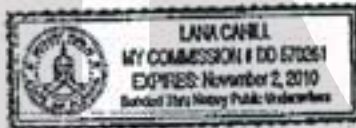
City, State, Zip: BELLEAIR, FLORIDA 33756-1947

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF PINELLAS

Sworn to or affirmed and signed before me on August 8, 2008 by LINDA M. BOLLEA



*Lana Cahill*  
NOTARY PUBLIC or DEPUTY CLERK

[Print, type, or stamp commissioned name of notary or deputy clerk.]

Personally known  
 Produced identification  
Type of identification produced \_\_\_\_\_

Financial Affidavit Prepared by: Pitcher and Company  
8058 N. 56th Street  
Tampa, Florida 33617

## Additional Information

### All submitter's jobs (page 1)

Description	Employer/Telephone/Address	Annual Pay
	VH-1 - Temporarily	0

### Other transportation expenses (page 4)

Description	Monthly	
AUTO OTHER	75	(5) CAR WASH, ONSTAR
BOAT EXPENSES	844	(6) BOAT MAINTENANCE & INSURANCE
	919	

### Other expenses (page 6)

Description	Monthly	
MISCELLANEOUS EXPENSES	402	(7) MISC. EXPENSES PER LBR TRANSACTION JOURNAL PAGE 112 & 115
STORAGE	684	
JEWELRY	1,690	
CELL PHONE	192	
TAXES	1,071	
COMPUTER EXPENSE	43	
	4,082	

### Credit card payment expenses (page 6)

Description	Payment	Period	Balance	Requested	NonMarital
AMEX#21006 (Linda Bollea) 7/16/08	0	monthly	0		
AMEX#64006 (Linda Bollea/4 Ent.) 6/27/	0	monthly	0		
Sears #0681 (Linda Bollea) 6/12/08	0	monthly	0		
	0		0		

### Bank account assets (page 7)

Description	Value	Requested	NonMarital
<b>Checking</b>			
SunTrust #5733 (4 Ent.) 1/31/08	2,188		
SunTrust #3947 (TGB Prod. Inc.) - 7/15/08 (10) Deposit slip dated 7/15/08 for \$245,000.	245,000		

SunTrust#3640(TGBFamLtdPartnerII)-6/08	132,163
SunTrust#3988(TGBFamLtdPartnerIII)-6/08	1,002,806
SunTrust#3632(TGB Mgt. LLC)-6/08	40,000
(11) Account opens 1/08 with a deposit of \$40,000 in 2/08	
Escrow-attorney	37,960
SunTrust #5789 (Terry Bollea) 7/08	73,159
SunTrust #3954 (Terry Bollea Bill Pay)-7/08	30,766
SunTrust #2996 (Terry Bollea MM)6/08	67,909
City National Bank #7452 (Terry Bollea)-6/08	518
	<hr/>
	1,632,467

### Stocks (page 7)

Description	Date of valuation	Value	Requested	NonMarital
MS#024453(JTCOTTEES)6/30/08		799,437		
MS#024473(TGBFamLtd.)6/30/08		9,685		
MS#024474(TGBFamLtd.)6/30/08		231,681		
MS#024475(TGBFamLtd.)6/30/08		419,651		
MS#024488(TGBFamLtd.)6/30/08		844,497		
MS#025016(JTCOTTEES)6/30/08		2,206,020		
MS#026125(Linda)6/30/08		610,809		
MS#026126 (Linda) 6/30/08		19,005		
MS#057259(TerryTTEE)6/30/08		5,878,470		
		<hr/>		
		11,319,561		

### Money owed without note assets (page 7)

Description	Value	Requested	NonMarital
DUE FROM BROOKESTAR - TBD	0		
DUE FROM HOLY SHIFT - TBD	0		
	<hr/>		
	0		

### Misc. Business Interest assets (page 7)

Description	Value	Requested	NonMarital
H4 ENTERTAINMENT, LLC - TBD (18) Value is only per bank information	0		
TGB FAMILY LTD. PARTNERSHIP - TBD (19) Values To Be Determined	0		
TGB FAMILY LTD. PARTNERSHIP II - TBD (20) Values To Be Determined	0		
TGB HOLDINGS, LLC - TBD (21) Values To Be Determined	0		
TGB PRODUCTIONS, INC. - TBD (22) Values To Be Determined	0		
TGB MANAGEMENT, LLC - TBD (23) Values To Be Determined	0		

TGB TRANSPORTATION, LLC. - TBD	0
(24) Values To Be Determined	
LINDA BOLLEA REVOCABLE TRUST - TBD	0
(25) Values To Be Determined	
HOLY SHIFT PRODUCTIONS, LLC - TBD	0
(26) Values To Be Determined	
BROOKESTAR PRODUCTIONS, LLC - TBD	0
(27) Values To Be Determined	
	0

**Automobile assets (page 8)**

Description	Market value	Debt	Equity	Requested	NonMarital
1997 Toyota Supra - Totaled	0	0	0		
1998 Toyota Supra - To Nick	0	0	0		
2003 Dodge Viper - To Nick	0	0	0		
1998 Dodge Charger - TBD	0	0	0		
1994 Dodge Viper - TBD	0	0	0		
1957 Chevy - TBD	0	0	0		
2000 Dodge Viper - To Nick	0	0	0		
2005 Rolls Royce - TBD	0	0	0		
2005 Mercedes - TBD	0	0	0		
2007 Cadillac Escalade - TBD	0	0	0		
2007 Dodge Charger - TBD	0	0	0		
2007 Dodge Truck - TBD	0	0	0		
	0	0	0		

**Other vehicle assets (page 8)**

Description	Market value	Debt	Equity	Requested	NonMarital
2008 Seadoo #2 - TBD (29) Terry alone	0	0	0		
2004 Seadoo - TBD (30) Terry alone	0	0	0		
2004 Seadoo - TBD (31) Linda alone	0	0	0		
Waverunner Bombadire - TBD (32) Terry	0	0	0		
2002 Seadoo - TBD (33) Terry	0	0	0		
2005 Yamaha Scooter - TBD (34) Terry	0	0	0		
2005 Yamaha Scooter - TBD (35) Terry	0	0	0		
2005 Yamaha Scooter - TBD (36) Terry	0	0	0		

2005 Yamaha Scooter - TBD (37) Terry	0	0	0
1987 Harley Davidson - TBD	0	0	0
1998 Stoker - TBD	0	0	0
1986 Harley Davidson - TBD	0	0	0
1999 Harley Davidson - TBD	0	0	0
1987 Harley Davidson - TBD	0	0	0
	<u>0</u>	<u>0</u>	<u>0</u>

**Retirement assets (page 8)**

Description	Value	Requested	NonMarital
MS #057264(Terry)TEEMP Pen.)/6/30/08	485,456		
MS #057263(Terry)TEEDef.Ben.)/6/30/08	1,525,462		
MS #024437(Terry Bollea TTEE)/6/30/08	119,862		
	<u>2,130,780</u>		

**Life Insurance assets (page 8)**

Company	Policy amt	Cash value	Loan amt	Net Value	Requested	NonMarital
Northwestern Mutual Name Insured: (42) Policy #329-773 Linda Bollea	1,089,368	412,610	0	412,610		
Northwestern Mutual Name Insured: (43) Policy #817-259 Linda Bollea	5,000,000	165,617	0	165,617		
Northwestern Mutual Name Insured: (44) Policy #818-645 Terry Bollea	670,407	305,498	0	305,498		
Northwestern Mutual Name Insured: (45) Policy #325-939 Terry Bollea	1,543,991	696,276	0	696,276		
				<u>1,580,003</u>		

**Credit card liabilities (page 8)**

Description	Payment	Period	Balance	Requested	NonMarital
AMEX#21006 (Linda Bollea) 7/16/08	0	monthly	0		
AMEX#64008 (Linda Bollea/1-4 Ent.) 6/27/	0	monthly	0		
Scars #0681 (Linda Bollea) 6/12/08	0	monthly	0		
	<u>0</u>		<u>0</u>		

## Footnotes

- (1) \$3,447 PER MO. IS COMPUTED AS 4.7% ON \$880,312 IN MUNICIPAL BONDS IN W'S MS ACCT AS OF 6/30/08; IF THESE FUNDS ARE DEPLETED FOR SUPPORT PURPOSES, THIS FIGURE WILL DECLINE. UNEARNED INCOME FROM MORGAN STAN. NOT INCLUDED AS ACCTS ARE FROZEN PER STIPULATION.
- (2) INTEREST INCOME ON MUNICIPAL BONDS AS DISCUSSED ON PG 2 LINE 10, IS NOT SUBJECT TO FEDERAL INCOME TAXES.
- (3) INCLUDES HOME INSURANCE
- (4) INCLUDES POOL MAINTENANCE
- (5) CAR WASH, ONSTAR
- (6) BOAT MAINTENANCE & INSURANCE
- (7) INCLUDES DENTAL, PRESCRIPTIONS, PSYCHOLOGICAL
- (8) INCLUDES COSMETICS, TOILETRIES, ETC
- (9) MISC. EXPENSES PER LBR TRANSACTION JOURNAL PAGE 112 & 115
- (10) Deposit slip dated 7/15/08 for \$245,000.
- (11) Account opens 1/08 with a deposit of \$40,000 in 2/08
- (12) SUBJECT TO COMPLETION OF DISCOVERY AND APPRAISAL. NOT ENCUMBERED BY MTG.
- (13) SUBJECT TO COMPLETION OF DISCOVERY AND APPRAISAL. NOT ENCUMBERED BY MTG.
- (14) STATUS OF DEPOSIT AND CONTRACT FOR CONDO. - TBD; NOT ENCUMBERED BY MTG.
- (15) Values To Be Determined
- (16) Values To Be Determined
- (17) Values To Be Determined
- (18) Value is only per bank information
- (19) Values To Be Determined
- (20) Values To Be Determined
- (21) Values To Be Determined
- (22) Values To Be Determined
- (23) Values To Be Determined
- (24) Values To Be Determined
- (25) Values To Be Determined
- (26) Values To Be Determined
- (27) Values To Be Determined
- (28) Terry alone
- (29) Terry alone
- (30) Terry alone
- (31) Linda alone
- (32) Terry
- (33) Terry
- (34) Terry
- (35) Terry
- (36) Terry
- (37) Terry
- (38) Nick has 2 cards on account, card(s) #03021 and #03039
- (39) I-4 Corporate Account with 2 cards Linda #2595 and J. Cruz #0346-combined total
- (40) Holy Shift Corporate Account with D. Jacobs #0195
- (41) Policy #452-710; Insured: Linda; Policy Amt: \$100,000; Cash Value: \$0
- (42) Policy #329-773
- (43) Policy #817-259
- (44) Policy #818-845
- (45) Policy #325-839