

PROCESSED

*****AUTO**ALL FOR AADC 325 T3 P1 119

Lumon May
County Commissioner, Dist 3
Escambia County
Elected Constitutional Officer
1801 W Jackson St
Pensacola FL 32501-2715



ID Code



ID No. 227832

Conf. Code

16 JUN 23 5:05

May, Lumon

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, 2015 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 15 was \$ 671,176.00

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, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ 20,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Home 1525 N 5th St / 1801 West Jackson	\$ 54,183.00
Investments (mutual funds) Bank Accounts see attachment A	\$ 62,659.00
LAND PROPERTIES see ATTACHMENT 'B'	\$ 240,479.00
S. CORPORATION CT. MAY, CONTRACTOR INC	\$ 231,915.00
	\$ 280,000.00

PART C – LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
American Express (lowes)	\$ 15,000.00
Home Depot	\$ 8,000.00
Regions LOAN	\$ 225,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

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 2015 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 2015 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2015 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

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.

STATE OF FLORIDA
 COUNTY OF

ESCAMBIA

Sworn to (or affirmed) and subscribed before me this 22nd day of

June 2016 by Lumon May
[Signature]
 (Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personal known Arleta G. Green State of Florida produced identification

Type of Identification Produced Notary ID # 218204
 Expiration Date 03/28/19

[Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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

Attachment A

Account	Amount
Wells Fargo /Retirement	\$53,000.00
Wells Fargo Savings	\$51,000.00
Pen Air Money Markets	\$46,000.00
Regions Checking	\$7,000.00
Valic Retirement	\$479.00
ING Retirement/Mutual Fund	\$33,000.00
Nationwide/Mutual Fund	\$26,000.00
FRS Investment Plan	\$29,000.00
Total	\$245,479.00

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Attachment B

Address		Value
1903 W. Strong St.	house	\$43,000.00
900 N. L St.	vacant	\$3,239.00
900 N. 6th Ave	vacant	\$14,108.00
1624 W. Younge St.	vacant	\$10,925.00
609 W. Belmont St.	vacant	\$17,775.00
6200 BLK Ferguson Dr.	vacant	\$6,948.00
900 N. L St.	vacant	\$5,398.00
800 N. C St.	vacant	\$10,327.00
1000 W. Gregory St.	house	\$65,195.00
920 W. Gregory St.	house	\$55,000.00
Total		\$231,915.00

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For the year Jan. 1-Dec. 31, 2015, or other tax year beginning 2015, ending 20

Your first name and initial Last name
LUMON MAY

Your social security number
[REDACTED]

If a joint return, spouse's first name and initial Last name
TAMMIE MAY

Spouse's social security number
[REDACTED]

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
1525 NORTH J STREET

Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
PENSACOLA FL 32501

Foreign country name Foreign province/state/county Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
 You Spouse

Filing Status

1 Single
2 Married filing jointly (even if only one had income)
3 Married filing separately. Enter spouse's SSN above and full name here. ▶
4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 Qualifying widow(er) with dependent child

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a
b Spouse

Boxes checked on 6a and 6b **2**

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)	No. of children on 6c who:
ARMONI MAY		[REDACTED]	DAUGHTER	<input checked="" type="checkbox"/>	lived with you 2
LUMON MAY JR		[REDACTED]	SON	<input checked="" type="checkbox"/>	did not live with you due to divorce or separation (see instructions) 0
					Dependents on 6c not entered above 0

d Total number of exemptions claimed **4**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	118,222.
8a	Taxable interest. Attach Schedule B if required	8a	627.
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	424.
b	Qualified dividends	9b	375.
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input checked="" type="checkbox"/>	13	464.
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	
b	Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	(43,893.)
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount	20b	
21	Other income. List type and amount	21	
22	Combine the amounts in the far right col for lines 7 through 21. This is your total income ▶	22	75,844.

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis gov. officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	75,844.

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-56 for Tax and Credits.

Standard Deduction for-

People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. All others: Single or Married filing separately, \$6,300. Married filing jointly or Qualifying widow(er), \$12,600. Head of household, \$9,250.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 57-63 for Other Taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 64-74 for Payments.

Refund

Table with 3 columns: Line number, Description, and Amount. Includes lines 75-77 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 78-79 for Amount You Owe.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. No

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Paid Preparer Use Only

Print/Type preparer's name: STEVEN J ERICKSON CPA. Preparer's signature, Date: 06/23/2016, Check self-employed, PTIN: P00106969.

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security no.

LUMON & TAMMIE MAY

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note: If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? Yes No
If you answered "Yes," see instructions before completing this section.

28	(a) Name	(b) Enter P for partnership; S for S corp.	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	MAY CONTRACTOR INC	S		77-0606765	
B					
C					
D					

Passive Income and Loss		Nonpassive Income and Loss		
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A		43,893.		
B				
C				
D				
29a Totals				
b Totals		43,893.		
30	Add columns (g) and (j) of line 29a			30
31	Add columns (f), (h), and (i) of line 29b			31 (43,893.)
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below			32 (43,893.)

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a Totals			
b Totals			
35	Add columns (d) and (f) of line 34a		35
36	Add columns (c) and (e) of line 34b		36 ()
37	Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below		37

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

38	(a) Name	(b) Employer identification no.	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below		40
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18		41 (43,893.)
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions)		42
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules		43

US Schedule D

Schedule D Tax Worksheet

2015

Name: LUMON & TAMMIE MAY

SSN: [REDACTED]

1	Taxable income from Form 1040, line 43, Form 1040NR, line 41, Form 1040A, line 27, or from the Foreign Earned Income Tax Worksheet				47,244.
2	Qualified dividends from Form 1040, line 9b, Form 1040A, line 9b, or Form 1040NR, line 10b	375.			
3	Line 4g of Form 4952				
4	Line 4e of Form 4952				
5	Subtract line 4 from line 3				
6	Subtract line 5 from line 2. If -0- or less, enter -0-		375.		
7	Smaller of line 15 or line 16 of Schedule D	464.			
8	Smaller of line 3 or line 4				
9	Subtract line 8 from line 7. If -0- or less, enter -0-		464.		
10	Add lines 6 and 9			839.	
11	Add lines 18 and 19 of Schedule D				
12	Smaller of line 9 or line 11				
13	Subtract line 12 from line 10. If -0- or less, -0-				839.
14	Subtract line 13 from line 1. If -0- or less, -0-				46,405.
15	\$74,900 if married filing jointly or qualifying widow(er); \$37,450, if single or married filing separately; \$50,200 if head of household		74,900.		
16	Smaller of line 1 or line 15			47,244.	
17	Smaller of line 14 or line 16			46,405.	
18	Subtract line 10 from line 1. If -0- or less, -0-		46,405.		
19	Larger of line 17 or line 18			46,405.	
20	Subtract line 17 from line 16. This line is taxed at 0%			839.	

If lines 1 and 16 are the same, skip lines 21 through 41 and go to line 42. Otherwise, go to line 21.

21	Smaller of line 1 or line 13				
22	Amount from line 20				
23	Subtract line 22 from line 21				
24	\$413,200 if single; \$232,425 if married filing separately; \$464,850 if married filing jointly or qualifying widow(er); or \$439,000 if head of household				
25	Smaller of line 1 or line 24				
26	Add lines 19 and 20				
27	Subtract line 26 from line 25				
28	Smaller of line 23 or line 27				
29	Multiply line 28 by 15%				
30	Add lines 22 and 28				

If lines 1 and 30 are the same, skip lines 31 through 41 and go to line 42. Otherwise, go to line 31.

31	Subtract line 30 from line 21				
32	Multiply line 31 by 20%				

If Schedule D, line 19, is zero, skip lines 33 through 38 and go to line 39. Otherwise, go to line 33.

33	Smaller of line 9 above or Schedule D, line 19				
34	Add lines 10 and 19				
35	Amount from line 1				
36	Subtract line 35 from line 34. If -0- or less, -0-				
37	Subtract line 36 from line 33. If -0- or less, -0-				
38	Multiply line 37 by 25%				

If Schedule D, line 18, is zero, skip lines 39 through 41 and go to line 42. Otherwise, go to line 39.

39	Add lines 19, 20, 28, 31 and 37				
40	Subtract line 39 from line 1				
41	Multiply line 40 by 28%				
42	Tax on line 19 amount				6,041.
43	Add lines 29, 32, 38, 41, and 42				6,041.
44	Tax on line 1 amount				6,161.
45	Tax on all taxable income. Smaller of lines 43 or 44				6,041.

2015 K-1 DETAIL REPORT

Entity	P/S	Current Gain/Loss	Loss Carry Forward	Allowed Gain/Loss	Sch. B Interest	Short Term Capital Gains	Long Term Capital Gains	Sect. 1231 Gain	Sect. 179	Rental Carryover	Passive Carryover	PTP Carryover
T MAY CONTRACTO S		-43893		-43893	314					Sch E 4797	Sch E 4797	Sch E 4797
		-43893		-43893	314							

a Employee's SSN [REDACTED]		b Employer identification number (EIN) 77-0606765						OMB No. 1545-0008				
c Employer's name, address, and ZIP code T. MAY CONTRACTOR, INC. 6325 FERGUSON DRIVE PENSACOLA FL 32503		1 Wgs, tips, other compn 3600.00	2 Fed inc tax withheld 1249.00	3 Social security wages 3600.00		Form W-2 Wage and Tax Statement 2015 Copy B To Be Filed with Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service.						
		4 SS tax withheld 223.20	5 Medicare wages & tips 3600.00	6 Medicare tax withheld 52.20								
		7 Social security tips	8 Allocated tips	9 [REDACTED]								
d Control number		10 Depdnt care benefits	11 Nonqualified plans	12a								
e Employee's name, address, and ZIP code LUMON MAY 1801 W. JACKSON STREET PENSACOLA FL 32501		13 Statutory employee <input type="checkbox"/>		14 Other						12b		
		Retirement plan <input type="checkbox"/>								12c		
		Third-party sick pay <input type="checkbox"/>								12d		
15 State	Employer's state ID number	16 State wages, tips, etc	17 State income tax	18 Local wages, tips, etc	19 Local income tax					20 Locality name		

QBMW2B2C 11/03/15 FW2 Department of the Treasury - IRS

a Employee's SSN [REDACTED]		b Employer identification number (EIN) 77-0606765						OMB No. 1545-0008				
c Employer's name, address, and ZIP code T. MAY CONTRACTOR, INC. 6325 FERGUSON DRIVE PENSACOLA FL 32503		1 Wgs, tips, other compn 3600.00	2 Fed inc tax withheld 1249.00	3 Social security wages 3600.00		Form W-2 Wage and Tax Statement 2015 Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.						
		4 SS tax withheld 223.20	5 Medicare wages & tips 3600.00	6 Medicare tax withheld 52.20								
		7 Social security tips	8 Allocated tips	9 [REDACTED]								
d Control number		10 Depdnt care benefits	11 Nonqualified plans	12a								
e Employee's name, address, and ZIP code LUMON MAY 1801 W. JACKSON STREET PENSACOLA FL 32501		13 Statutory employee <input type="checkbox"/>		14 Other						12b		
		Retirement plan <input type="checkbox"/>								12c		
		Third-party sick pay <input type="checkbox"/>								12d		
15 State	Employer's state ID No.	16 State wages, tips, etc	17 State income tax	18 Local wages, tips, etc	19 Local income tax					20 Locality name		

QBMW2B2C 11/03/15 FW2

a Employee's SSN [REDACTED]		b Employer identification number (EIN) 77-0606765						QBMW2B2C 11/03/15 FW2 OMB No. 1545-0008				
c Employer's name, address, and ZIP code T. MAY CONTRACTOR, INC. 6325 FERGUSON DRIVE PENSACOLA FL 32503		This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.										
		1 Wgs, tips, other compn 3600.00	2 Fed inc tax withheld 1249.00	3 Social security wages 3600.00		Form W-2 Wage and Tax Statement 2015 Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee.)						
		4 SS tax withheld 223.20	5 Medicare wages & tips 3600.00	6 Medicare tax withheld 52.20								
7 Social security tips	8 Allocated tips	9 [REDACTED]										
d Control No.		10 Depdnt care benefits	11 Nonqualified plans	12a								
e Employee's name, address, and ZIP code LUMON MAY 1801 W. JACKSON STREET PENSACOLA FL 32501		13 Statutory employee <input type="checkbox"/>		14 Other						12b		
		Retirement plan <input type="checkbox"/>								12c		
		Third-party sick pay <input type="checkbox"/>								12d		
15 State	Employer's state ID No.	16 State wages, tips, etc	17 State income tax	18 Local wages, tips, etc	19 Local income tax					20 Locality name		

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. PEN AIR FEDERAL CREDIT UNION 1495 EAST NINE MILE ROAD PENSACOLA, FL 32514 (850) 505-3200		Payer's RTN (optional)	OMB No. 1545-0112 2015 Form 1099-INT		Interest Income	
PAYER'S federal identification number 59-0642991		RECIPIENT'S identification number [REDACTED]		Copy To be filed with recipient's state income tax return, where required		
RECIPIENT'S name, Street address (including apt. no.), City or town, state or province, country, and ZIP or foreign postal code LUMON J MAY 6325 FERGUSON DR PENSACOLA, FL 32503-7709		1 Interest income \$309.30	2 Early withdrawal penalty \$0.00			3 Interest on U.S. Savings Bonds and Treas. obligations \$0.00
Account number (see instructions) [REDACTED] 50		4 Federal income tax withheld \$0.00	5 Investment expenses \$0.00			6 Foreign tax paid \$0.00
<input type="checkbox"/> FATCA filing requirement		7 Foreign country or U.S. possession	8 Tax-exempt interest \$0.00			9 Specified private activity bond interest \$0.00
		10 Market discount \$0.00	11 Bond premium \$0.00			12
		13 Bond premium on tax-exempt bond \$0.00	14 Tax-exempt and tax credit bond CUSIP no.			15 State
		16 State identification no.	17 State tax withheld \$ \$			

Form 1099-INT

www.irs.gov/form1099int

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. PEN AIR FEDERAL CREDIT UNION 1495 EAST NINE MILE ROAD PENSACOLA, FL 32514 (850) 505-3200		Payer's RTN (optional)	OMB No. 1545-0112 2015 Form 1099-INT		Interest Income	
PAYER'S federal identification number 59-0642991		RECIPIENT'S identification number [REDACTED]		Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.		
RECIPIENT'S name, Street address (including apt. no.), City or town, state or province, country, and ZIP or foreign postal code LUMON J MAY 6325 FERGUSON DR PENSACOLA, FL 32503-7709		1 Interest income \$309.30	2 Early withdrawal penalty \$0.00			3 Interest on U.S. Savings Bonds and Treas. obligations \$0.00
Account number (see instructions) [REDACTED] 50		4 Federal income tax withheld \$0.00	5 Investment expenses \$0.00			6 Foreign tax paid \$0.00
<input type="checkbox"/> FATCA filing requirement		7 Foreign country or U.S. possession	8 Tax-exempt interest \$0.00			9 Specified private activity bond interest \$0.00
		10 Market discount \$0.00	11 Bond premium \$0.00			12
		13 Bond premium on tax-exempt bond \$0.00	14 Tax-exempt and tax credit bond CUSIP no.			15 State
		16 State identification no.	17 State tax withheld \$ \$			

1099-INT

(keep for your records)

www.irs.gov/form1099int

Department of the Treasury - Internal Revenue Service



Columbia Management Investment Services Corp
P O Box 8081, Boston, MA 02266-8081

1099-DIV

Copy B
For Recipient
OMB NO. 1545-0046

2015 Dividends & Distributions

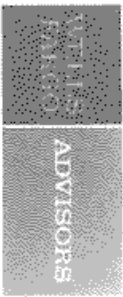
This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the dividend income is taxable and the IRS determines that it has not been reported.

Recipient's identification number

XXX-XX-XXXX

AG046016110
Recipient's name, address and ZIP code
JIMON MAY
125 FERGUSON DR
INSAACOLA FL 32503-7709

Investor's Fund Name and Tax ID Account Number	1a. Total ordinary dividends	1b. Qualified dividends	2a. Total capital gain distr.	2b. Unrecap. Sec. 1250 gain	3. Nondividend distributions	4. FEDERAL INCOME TAX WITHHELD	6. Foreign tax paid	10. Exempt- interest dividends	11. Specified private activity bond interest dividends	12. State	13. State identification number	14. State tax withheld
LUMBIA SELIGMAN COMM AND INFO-C 3154449 IS-08689483481	\$66.34	\$27.72	\$360.70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			\$0.00
LUMBIA SELIGMAN GLOBAL TECHNOLOGY-A 7038086 IT-08689483481	\$23.36	\$11.92	\$63.47	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			\$0.00



2015 Consolidated Forms 1099

As of Date: 01/25/16

Payer:
FIRST CLEARING, LLC
2801 MARKET STREET
SAINT LOUIS, MO 63103
Payer ID #: 23-2384840

Your Financial Advisor:
JOSHUA TRAHAN
Phone: (850) 432-0901

Account Number: [REDACTED]
Taxpayer ID number: [REDACTED]
LUMON J MAY
6325 FERGUSON DR
PENSACOLA, FL 32503-7709

Summary of Reportable Tax Information

1099-DIV Dividends and Distributions		OMB No. 1545-0110
IRS Box		Amount
1a.	Total Ordinary Dividends	\$335.38
1b.	Qualified Dividends	\$335.38
2a.	Total Capital Gain Distributions	\$0.00
2b.	Unrecaptured Section 1250 Gain	\$0.00
2c.	Section 1202 Gain	\$0.00
2d.	Collectibles (28%) Gain	\$0.00
3.	Nondividend Distributions	\$0.00
4.	Federal Income Tax Withheld	\$0.00
5.	Investment Expenses	\$0.00
6.	Foreign Tax Paid	\$0.00
7.	Foreign Country or U.S. Possession	See Details
8.	Cash Liquidation Distributions	\$0.00
9.	Noncash Liquidation Distributions	\$0.00
10.	Exempt-Interest Dividends	\$0.00
11.	Specified Private Activity Bond Interest Dividends	\$0.00

1099-INT Interest Income		OMB No. 1545-0112
IRS Box		Amount
1.	Interest Income	\$3.89
3.	Interest on U.S. Savings Bonds and Treasury Obligations	\$0.00
4.	Federal Income Tax Withheld	\$0.00
5.	Investment Expenses	\$0.00
6.	Foreign Tax Paid	\$0.00
7.	Foreign Country or U.S. Possession	See Details
8.	Tax-Exempt Interest	\$0.00
9.	Specified Private Activity Bond Interest	\$0.00
10.	Market Discount	\$0.00
11.	Bond Premium on Tax-Exempt Bond	\$0.00
13.	Bond Premium on Tax-Credit Bond	\$0.00
14.	Tax-Exempt and Tax-Credit Bond CUSIP No.	See Details

THIS IS YOUR FORM 1099 (COPY B FOR RECIPIENT) - PLEASE RETAIN FOR TAX PREPARATION PURPOSES
The above is important tax information and is being furnished to the Internal Revenue Service (except as indicated). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the income is taxable and the IRS determines that it has not been reported.