

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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

PROCESSED

**Date Received
6/24/2016**

215396

LAST NAME — FIRST NAME — MIDDLE NAME:
Reams, Kirk Bradley

MAILING ADDRESS:
11102 South Salt Rd.

CITY: ZIP: COUNTY:
Lamont 32336 Jefferson

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
Jefferson County Clerk of Circuit Court & Comptroller

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 June 24, 20 16 was \$ 143,893.00.

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 \$ 30,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

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

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
see attached	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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 Jefferson

Sworn to (or affirmed) and subscribed before me this 24th day of

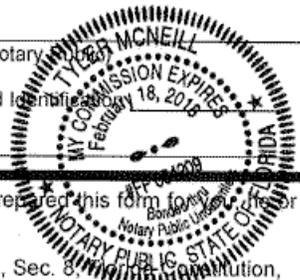
JUNE, 2016 by Kirk Reams

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

J. Tyler McNeill
 (Print, Type, or Stamp Commissioned Name of Notary)

Personally Known OR Produced Identification

Type of Identification Produced _____



[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 of the 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

<u>Description of Asset</u>	<u>Value of Asset</u>
household goods/personal effects	\$30,000.00
Money Market Account/1st Commerce CU	\$8,187.00
Checking Account	\$591.00
FRS Investment Plan	\$194,651.00
State Farm Life Ins Policy	\$17,998.00
NY Life Life Ins Policy	\$7,507.00
Hartford 457	\$7,587.00
Florida Pre-paid College Account	\$19,505.00
21 acres	\$42,000.00
7.5 acres	\$37,500.00
7.5 acres w/ 2001 Doublewide	\$52,500.00
12 Bred Heifers	\$20,000.00
2016 John Deere 5085E & Front End Loader	\$48,000.00
1970 Dodge Charger	\$10,000.00
2016 John Deere Zero Turn Mower	\$12,000.00
2016 Black Honda Rubicon	\$10,000.00
2016 Camo Honda Rubicon	<u>\$10,000.00</u>
TOTAL	\$528,026.00

<u>Creditors</u>	<u>Amount of Liability</u>
FMB secured loan	\$54,000.00
JTCU secured loan	\$18,000.00
State Farm Policy loan	\$15,516.00
Capital City Land Loan-21 acres	\$35,774.00
Capital City Land Loan-7.5 acres	\$31,303.00
Capital City Land Loan-7.5 acres & doublewide	\$40,892.00
Sofi	\$28,815.00
Sallie Mae/Navient Student Loan	\$59,493.00
John Deere	\$49,891.00
Honda	\$14,804.00
Chase	\$7,687.00
Discover	\$14,629.00
Syncrony Bank Card	\$7,981.00
Bank of America	<u>\$5,348.00</u>
total	\$384,133.00

Form **1040** U.S. Individual Income Tax Return **2015**

Department of the Treasury - Internal Revenue Service

(99)

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

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

, 2015, ending

, 20

See separate instructions.

Your first name and initial

Last name

Your social security number

KIRK B

REAMS

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

Last name

Spouse's social security number

Home address (number and street).

Apt. no.

11102 S SALT ROAD

▲ 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).

LAMONT

FL

32336

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

Foreign country name

Foreign province/state/county

Foreign postal code

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.

▶ JILLIAN MCCLELLAN

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

No. of children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ▶ 1

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Chk if child under age 17 qualifying for child tax credit (see instructions)
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

d Total number of exemptions claimed

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	92,775
8a	Taxable interest. Attach Schedule B if required	8a	19
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends	9b	
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 type="checkbox"/>	13	
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	
18	Farm income or (loss). Attach Schedule F	18	(38,469)
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount	20b	
21	Other income	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	54,325

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government 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	1,716
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	1,716
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	52,609

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2015)

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-56 covering tax and credits such as itemized deductions, exemptions, taxable income, and total credits.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 57-63 covering other taxes like self-employment tax, unreported social security, and total tax.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 64-74 covering payments such as federal income tax withheld, earned income credit, and total payments.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 75-77 covering refund information like amount overpaid and routing number.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 78-79 covering amount you owe and estimated tax penalty.

Third Party Designee

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

Sign Here

Joint return? See instructions. Keep a copy for your records.

Signature and occupation information for Douglas E Brodbeck, Clerk of Court, dated 01-25-2016.

Paid Preparer Use Only

Preparer information for Douglas E Brodbeck, CPA, including firm name, address, and phone number.