FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2016

FOR OFFICE USE ONLY:
FLORIDA
COMMISSION ON ETHICS
JUL 03 2017
RECEIVED

********AUTO**ALL FOR AADC 320 T1 P1 54 54
Josh Bryce Smith
County Commissioner District 2
Hamilton County
Elected Constitutional Officer
7060 NW 48th St
Jennings, FL 32053-3166

PROCESSED

ID Code
ID No. 235349
Conf. Code
Smith, Josh Bryce

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, 2016 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 6/29, 20 17 was $ 152,000.

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

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
LAND HAMILTON COUNTY FL 72ND LOOP/SR 6 WEST	25,000
TITAN TRUCK 2004	6,000
VW CAR	4,000
RING	10,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
FIRST FEDERAL VAIDOSTA GA	120,000
KIA FINANCE OF VALDOSTA GA	48,000
FORD F250 (2012) GM CREDIT	29,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

(Continued on reverse side)

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 2016 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 2016 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2016 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
WINDSTREAM	207 WHITE AVE	65,000

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
HAMILTON BOCC		JASPER FL	

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.

/s/ [signature]

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Hamilton

Sworn to (or affirmed) and subscribed before me this 29th day of June, 2017 by Josh Smith.

Vanessa Hill
(Signature of Notary Public--State of Florida)

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

VANESSA HILL
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF203938
Expires 2/26/2019

Personally Known ✓ OR Produced Identification _____

Type of Identification Produced _____

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, JOSH SMITH, 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.

/s/ [signature]
Signature

6/29/2017
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 ☐

Copy C—For EMPLOYEE'S RECORDS (See *Notice to Employee* on the back of Copy B.)

41-0852411
OMB No. 1545-0008

a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
[redacted]	25435.84	1688.49
b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld
596000628	26222.60	1625.80
	5 Medicare wages and tips	6 Medicare tax withheld
	26222.60	380.26

c Employer's name, address, and ZIP code
HAMILTON COUNTY BCC
207 N.E. 1ST STREET
JASPER FL 32052

d Control number
265

e Employee's name, address, and ZIP code — Suff.
JOSHUA B SMITH
7060 NW 48TH ST
JENNINGS FL 32053

7 Social security tips	8 Allocated tips	9
.00	.00	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12
.00	.00	DD 10661.20
13 Statutory employee	14 Other	12b Code
	FRS 786.76	
Retirement plan: X		12c Code
Third-party sick pay		12d Code

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

Form W-2 Wage and Tax Statement **2016** Dept. of the Treasury -- IRS

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.

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return.

41-0852411
OMB No. 1545-0008

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[redacted]	25435.84	1688.49
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Form W-2 Wage and Tax Statement **2016** Dept. of the Treasury -- IRS

L4UP 5205

Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.) OMB No. 1545-0008 Dept. of the Treasury - IRS
Visit the IRS website at www.irs.gov/efile

Form **W-2 Wage and Tax Statement** 2016

c Employer's name, address, and ZIP code
WINDSTREAM FLORIDA, LLC
4001 N RODNEY PARHAM ROAD
LITTLE ROCK AR 72212

e Employee's name, address, and ZIP code
JOSHUA B SMITH
7060 NW 48TH ST
JENNINGS FL 32053

b Employer identification number (EIN): 59-0717786

a Employee's social security number: [redacted]

7 Social security tips		1 Wages, tips, other compensation: 62596.11	2 Federal income tax withheld: 10859.16
8 Allocated tips		3 Social security wages: 65264.27	4 Social security tax withheld: 4046.38
9		5 Medicare wages and tips: 65264.27	6 Medicare tax withheld: 946.33
10 Dependent care benefits		11 Nonqualified plans	12a C 3.99
13 Statutory employee:	Retirement plan: X	14 Other: EMPLID: 0115416	12b D 2668.16
	Third-party sick pay:		12c DD 7409.48
			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

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008 Dept. of the Treasury - IRS

Form W-2 Wage and Tax Statement 2016

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LITTLE ROCK AR 72212

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7060 NW 48TH ST
JENNINGS FL 32053

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a Employee's social security number: [redacted]

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