FORM 6 | FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS | 2016

FOR OFFICE USE ONLY:

FLORIDA
COMMISSION ON ETHICS

AUG 15 2017

RECEIVED

PROCESSED

********AUTO**ALL FOR AADC 325 T4 P1 121 596
Hon 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
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, 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 DECEMBER 31, 2016 was $ 695,324.00

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
CASH (SCHEDULE A ATTACHED)	157,622.00
RETIREMENT FUNDS (SCHEDULE B ATTACHED)	138,288.00
RESIDENT AND PROPERTIES (SCHEDULE C ATTACHED)	262,336.00
INVESTMENTS AND BUSINESS INTERESTS (SCHEDULE D ATTACHED)	342,078.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
REGIONS BANK – MORTGAGE	225,000.00

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 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

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	N/A		
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.

Lumon May
Aretta G. Green

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Escambia

Sworn to (or affirmed) and subscribed before me this 7th day of August, 2017 by ~~Lumon~~ May Aretta Green

(Signature of Notary Public--State of Florida)

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

Aretta G. Green
Notary Public
State of Florida
Commission # FF 199655
Notary ID # 218204
Expiration Date 03/28/19

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, STEVEN J. ERICKSON, CPA, 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

7/21/2017
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 ☒

ATTACHMENTS
FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS
2016 CE FORM 6

HON LUMON MAY
COUNTY COMMISSIONER, DIST 3
ESCAMBIA COUNTY
ELECTED CONSTITUTIONAL OFFICER
1801 W. JACKSON ST.
PENSACOLA, FL 32501-5715

PART B -- ASSETS

SCHEDULE A - CASH	**AMOUNT**
REGIONS CHECKING	$ 7,000.00
WELLS FARGO CHECKING	$ 77,228.00
WELLS FARGO SAVINGS	$ 25,009.00
PEN AIR CHECKING	$ 25.00
PEN AIR SAVINGS	$ 11,181.00
PEN AIR MONEY MARKET	$ 37,179.00
TOTAL CASH	**$ 157,622.00**

SCHEDULE B - RETIREMENT FUNDS	
WELLS FARGO - REIREMENT FUNDS	$ 57,000.00
PRUDENTIAL - RETIREMENT FUNDS	$ 40,809.00
VALIC - RETIREMENT FUNDS	$ 479.00
FRS - RETIREMENT PLAN	$ 14,000.00
NATIONWIDE MUTUAL FUNDS	$ 26,000.00
TOTAL RETIREMENT FUNDS	**$ 138,288.00**

SCHEDULE C - RESIDENTS &PROPERTIES	
RESIDENT - 1525 N. J. ST, PENSACOLA	$ 54,125.00
RESIDENT - 1801 WEST JACKSON ST., PENSACOLA	$ 62,659.00
1903 W. STRONG ST., PENSACOLA	$ 33,000.00
900 NORTH L ST., PENSACOLA	$ 3,239.00
1000 NORTH L ST., PENSACOLA	$ 4,076.00
900 NORTH 6TH ST., PENSACOLA	$ 14,108.00
1624 WEST YOUNGE ST. PENSACOLA	$ 10,925.00
609 WEST BELMONT ST., PENSACOLA	$ 17,775.00
6200 BLK FERGUSON, PENSACOLA	$ 6,948.00
800 NORTH C ST., PENSACOLA	$ 10,327.00
920 WEST GREGORY ST., PENSACOLA	$ 45,154.00
TOTAL PROPERTIES	**$ 262,336.00**

SCHEDULE D - INVESTMENTS / BUS. INTERESTS	
COLUMBIA THREADNEEDLE INVESTMENTS	$ 5,957.00
INVESTMENT - MORRIS COURT DEVELOPMENT LLC	$ 25,000.00
49% S CORP. - T. MAY CONTRACTOR INC.	$ 311,121.00
TOTAL INVESTMENTS / BUS. INTERESTS	**$ 342,078.00**

Form 1040 Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return 2016

OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning , ending | See separate instructions.

Your first name	M.I.	Last name	Suffix	Your social security number
LUMON		MAY		[redacted]
If a joint return, spouse's first name	M.I.	Last name	Suffix	Spouse's social security number
TAMMIE		MAY		[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

Check only one box.

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. ▶ First name Last name
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. ▶ First name Last name SSN
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) ✓ if child under age 17 qualifying for child tax credit (see instructions)
ARMONI MAY	[redacted]	DAUGHTER	☒
LUMON MAY JR		SON	☒
			☐
			☐

If more than four dependents, see instructions and check here ▶ ☐

No. of children on 6c who:
● lived with you: 2
● 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 — Add numbers on lines above ▶ 4

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

7	Wages, salaries, tips, etc. Attach Form(s) W-2		115,428
8a	**Taxable** interest. Attach Schedule B if required		546
8b	**Tax-exempt** interest. **Do not** include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required		35
9b	Qualified dividends	9b 35	
10	Taxable refunds, credits, or offsets of state and local income taxes		
11	Alimony received		
12	Business income or (loss). Attach Schedule C or C-EZ		
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☒		496
14	Other gains or (losses). Attach Form 4797		
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		-8,659
18	Farm income or (loss). Attach Schedule F		
19	Unemployment compensation		
20a	Social security benefits 20a	b Taxable amount	20b
21	Other income. List type and amount		
22	Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶		107,846

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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	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35		
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶		107,846

Tax and Credits	38	Amount from line 37 (adjusted gross income)			38	107,846
	39a	Check if: ☐ **You** were born before January 2, 1952, ☐ Blind. ☐ **Spouse** was born before January 2, 1952, ☐ Blind. } Total boxes checked ▶ 39a ☐				
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b ☐				
	40	**Itemized deductions** (from Schedule A) **or** your **standard deduction** (see left margin)			40	12,600
	41	Subtract line 40 from line 38			41	95,246
	42	**Exemptions.** If line 38 is $155,650 or less, multiply $4,050 by the number on line 6d. Otherwise, see instructions			42	16,200
	43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-			43	79,046
	44	**Tax** (see instructions). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐			44	11,254
	45	**Alternative minimum tax** (see instructions). Attach Form 6251			45	
	46	Excess advance premium tax credit repayment. Attach Form 8962			46	
	47	Add lines 44, 45, and 46 ▶			47	11,254
	48	Foreign tax credit. Attach Form 1116 if required	48			
	49	Credit for child and dependent care expenses. Attach Form 2441	49			
	50	Education credits from Form 8863, line 19	50			
	51	Retirement savings contributions credit. Attach Form 8880	51			
	52	Child tax credit. Attach Schedule 8812, if required	52	2,000		
	53	Residential energy credits. Attach Form 5695	53			
	54	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐	54			
	55	Add lines 48 through 54. These are your **total credits**			55	2,000
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶			56	9,254
Other Taxes	57	Self-employment tax. Attach Schedule SE			57	
	58	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919			58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required			59	
	60a	Household employment taxes from Schedule H			60a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required			60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage ☒			61	
	62	Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Instructions; enter code(s)			62	
	63	Add lines 56 through 62. This is your **total tax** ▶			63	9,254
Payments	64	Federal income tax withheld from Forms W-2 and 1099	64	15,391		
	65	2016 estimated tax payments and amount applied from 2015 return	65			
	66a	**Earned income credit (EIC)**	66a			NO
	b	Nontaxable combat pay election 66b				
	67	Additional child tax credit. Attach Schedule 8812	67			
	68	American opportunity credit from Form 8863, line 8	68			
	69	Net premium tax credit. Attach Form 8962	69			
	70	Amount paid with request for extension to file	70			
	71	Excess social security and tier 1 RRTA tax withheld	71			
	72	Credit for federal tax on fuels. Attach Form 4136	72			
	73	Credits from Form: a ☐ 2439 b Reserved c ☐ 8885 d ☐	73			
	74	Add lines 64, 65, 66a, and 67 through 73. These are your **total payments** ▶			74	15,391
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you **overpaid**			75	6,137
	76a	Amount of line 75 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐			76a	6,137
	▶ b	Routing number [redacted] ▶ c Type: ☒ Checking ☐ Savings				
	▶ d	Account number [redacted]				
	77	Amount of line 75 you want **applied to your 2017 estimated tax** ▶	77			
Amount You Owe	78	**Amount you owe.** Subtract line 74 from line 63. For details on how to pay, see instructions ▶			78	
	79	Estimated tax penalty (see instructions)	79			

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, $9,300

If you have a qualifying child, attach Schedule EIC.

Direct deposit? See instructions.

Third Party Designee
Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **Yes.** Complete below. ☒ **No**
Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

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

Your signature	Date	Your occupation	Daytime phone number
COPY			
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
STEVEN J ERICKSON CPA		07/07/2017		P01069691

Firm's name ▶ STEVEN J ERICKSON PA CPA — Firm's EIN ▶ 32-0148178
Firm's address ▶ PO BOX 16658 PENSACOLA FL 32507- — Phone no. 850-457-9301

Name(s) shown on return. Do not enter name and social security number if shown on other side.
LUMON & TAMMIE MAY

Your social security number
[redacted]

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? If you answered "Yes," see instructions before completing this section. ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	T MAY CONTRACTOR INC	S	☐	[redacted]	☐
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			8,659.		
B					
C					
D					
29 a Totals					
b Totals			8,659.		

30	Add columns (g) and (j) of line 29a	30	
31	Add columns (f), (h), and (i) of line 29b	31	(8,659.)
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	(8,659.)

Part III Income or Loss From Estates and Trusts

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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				
34 a 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 number	(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	(8,659.)
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	