

*****AUTO**ALL FOR AADC 325 T4 P1 26 480

Dennis Jones
County Commissioner, District 4
Calhoun County
Elected Constitutional Officer
16064 SE Houston St
Blountstown, FL 32424-2563

PROCESSED



FOR OFFICE USE ONLY:

FLORIDA
COMMISSION ON ETHICS

JUN 22 2018

RECEIVED



ID Code

ID No. 254793

Conf. Code

Jones, Dennis

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, 2017 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 _____, 20 ____ was \$ _____.

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 \$ 10,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Single wide mobile home 16x80 1999 Dynasty	8000.00
2008 Ford Focus	6000.00
2005 Ford Ranger	2400.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Ditech P.O. Box 94710 Palatine, IL 60094	26,561.00
Calhoun Liberty Credit Union 17394 NW Charlie Hwy St. Blountstown, FL	12,436.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Exter Finance P.O. Box 204480 Dallas, TX 75320	6322.00
Capital one Auto Finance P.O. Box 269027 Plano, TX 73026	20,184.00

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 2017 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 2017 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2017 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
Calhoun County Board of Commissioners	20859 Central Ave E. Blount, FL	27,500.00
US. Postal Service	17641 Main St. W. Blount, FL	32,618.39

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
XXXXXXXXXX			

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

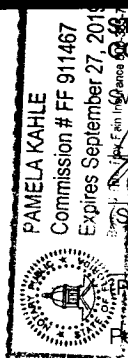
For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

☒ 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.


SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE



STATE OF FLORIDA
COUNTY OF Calhoun
I, Pamela Kahle, sworn to (or affirmed) and subscribed before me this 13th day of June, 2018 by Dennis Jones
Pamela Kahle
(Signature of Notary Public--State of Florida)
Pamela Kahle
(Print, Type, or Stamp Commissioned Name of Notary Public)
Personally Known _____ OR Produced Identification ☒
Type of Identification Produced Fl. Dr. License

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 ☐

For the year Jan. 1-Dec. 31, 2016, or other tax year beginning , 2016, ending , 20

DENNIS L JONES
DEBRA ABNER JONES
PO BOX 125
BLOUNTSTOWN FL 32424

See separate instructions.

Your social security number

Spouse's social security no.

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

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	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. ▶
2 ☒ Married filing jointly (even if only one had income)	
3 ☐ Married filing separately. Enter spouse's SSN above and full 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**

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 inst.)
BRITTANY	JONES		DAUGHTER	
JHERICO	JONES		DAUGHTER	☒
BENJAMIN	JONES		SON	☒

d Total number of exemptions claimed **5**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **75,112**

8a Taxable interest. Attach Schedule B if required

b Tax-exempt interest. Do not include on line 8a **8b**

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends **9b**

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 **-9,158**

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐

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

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** **65,954**

Adjusted Gross Income

23 Educator expenses

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

25 Health savings account deduction. Attach Form 8889

26 Moving expenses. Attach Form 3903

27 Deductible part of self-employment tax. Attach Schedule SE

28 Self-employed SEP, SIMPLE, and qualified plans

29 Self-employed health insurance deduction

30 Penalty on early withdrawal of savings

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 **0**

37 Subtract line 36 from line 22. This is your **adjusted gross income** **65,954**

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

Form **1040** (2016)

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, \$9,300

38	Amount from line 37 (adjusted gross income)	38	65,954
39a	Check ☐ You were born before January 2, 1952, ☐ Blind. ☐ Total boxes checked ☐ 39a		
	if: ☐ Spouse was born before January 2, 1952, ☐ Blind.		
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	19,275
41	Subtract line 40 from line 38	41	46,679
42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	20,250
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	26,429
44	Tax (see instructions). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐	44	3,036
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	3,036
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child & 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	1,036

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	1,036

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	1,599
65	2016 estimated tax payments & amt. applied from 2015 return	65	
66a	Earned income credit (EIC)	66a	
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	1,599

Refund

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	563
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ☐	76a	563
b	Routing no. ☐ Type: ☒ Checking ☐ Savings		
d	Account no. ☐		
77	Amt. 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	

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 ☐ HRB TAX GROUP INC Phone no. ☐ 850-674-5799 Personal identification number (PIN) ☐

Sign Here

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

Your signature	Date	Your occupation	Daytime phone number
☐		CLERK	
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.)
☐		LIBRARIAN	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
STAR PICKRON		03-31-2017		P01239972
Firm's name ☐ HRB TAX GROUP INC	Firm's EIN ☐ 431871840			
Firm's address ☐ 20729 E CENTRAL AVE	Phone no.			
BLOUNTSTOWN FL 32424	850-674-5799			