

FOR OFFICE USE ONLY:
FLORIDA
COMMISSION ON ETHICS

MAY 31 2019

RECEIVED



*****AUTO**ALL FOR AADC 320 T1 P1 38 38

Mary Sue Adams
Tax Collector
Hamilton County
Elected Constitutional Officer
Rm 104
207 1st St NE
Jasper, FL 32052-6669

PROCESSED



ID Code

ID No. 223923

Conf. Code

Adams, Mary Sue

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, 2018 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 18 was \$ 239,921.00.

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 \$ 37,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| DESCRIPTION OF ASSET (specific description is required - see instructions p.4) | VALUE OF ASSET |
|--|----------------|
| Real Property - duplex - Lot 1 Block B, Lynn Lakes Estates Un3 | 48,295 |
| AmerisBank - Savings Acct | 477 |
| AmerisBank - Certificate of Deposit | 31,092 |
| Bank of America - Home Equity Line of Credit | 25,000 |
| DROP Acct | 98,057 |

PART C -- LIABILITIES

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

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|------------------------------|---------------------|
| | |
| | |
| | |
| | |

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 2018 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 2018 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2018 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

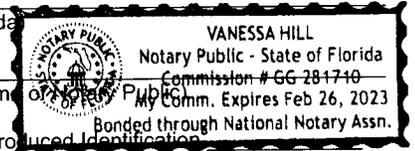
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
 COUNTY OF Hamilton

Sworn to (or affirmed) and subscribed before me this 29 day of

May, 2019 by Mary Sue Adams

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



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

Personally Known OR Produced Identification

Type of Identification Produced _____

Mary Sue Adams
 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

Filing status: Single Married filing jointly Married filing separately Head of household Qualifying widow(er)

Your first name and initial: **MARY S** Last name: **ADAMS** Your social security number: XXXXXXXXXX

Your standard deduction: Someone can claim you as a dependent You were born before January 2, 1954 You are blind

If joint return, spouse's first name and initial: _____ Last name: _____ Spouse's social security number: _____

Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954 Full-year health care coverage or exempt (see inst.)
 Spouse is blind Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. **1540 HATLEY ST NW** Apt. no. _____ Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **JASPER FL 32052** If more than four dependents, see inst. and here

| Dependents (see instructions): | | (2) Social security number | (3) Relationship to you | (4) <input checked="" type="checkbox"/> if qualifies for (see inst.): | |
|--------------------------------|-----------|----------------------------|-------------------------|---|-----------------------------|
| (1) First name | Last name | | | Child tax credit | Credit for other dependents |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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.

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

| | | | |
|--|-------------|--|--|
| Your signature: _____ Spouse's signature. If a joint return, both must sign. | Date: _____ | Your occupation: COUNTY TAX COLLECTOR Spouse's occupation: _____ | If the IRS sent you an Identity Protection PIN, enter it here (see inst.): _____ If the IRS sent you an Identity Protection PIN, enter it here (see inst.): _____ |
|--|-------------|--|--|

Paid Preparer Use Only

| | | | | |
|--|---|--------------------------------|-------------------|--|
| Preparer's name: KENNETH J LEE JR CPA | Preparer's signature: <i>[Signature]</i> | PTIN: P01216267 | Firm's EIN: _____ | Check if: <input type="checkbox"/> 3rd Party Designee |
| Firm's name: KENNETH J LEE JR CPA | Firm's address: 116 HELVENSTON ST SE LIVE OAK FL 32064 | Phone no.: 386-364-7005 | | <input checked="" type="checkbox"/> Self-employed |

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

Standard Deduction for—
 • Single or married filing separately, \$12,000
 • Married filing jointly or Qualifying widow(er), \$24,000
 • Head of household, \$18,000
 • If you checked any box under Standard deduction, see instructions.

1 Wages, salaries, tips, etc. Attach Form(s) W-2

2a Tax-exempt interest **2a**

3a Qualified dividends **3a**

4a IRAs, pensions, and annuities **4a**

5a Social security benefits **5a**

6 Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22

7 Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6

8 **Standard deduction or itemized deductions** (from Schedule A)

9 Qualified business income deduction (see instructions)

10 Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-

11 **a** Tax (see inst) 15,440 (check if any from: **1** Form(s) 8814 **2** Form 4972 **3**)
b Add any amount from Schedule 2 and check here

12 **a** Child tax credit/credit for other dependents **b** Add any amount from Schedule 3 and check here

13 Subtract line 12 from line 11. If zero or less, enter -0-

14 Other taxes. Attach Schedule 4

15 Total tax. Add lines 13 and 14

16 Federal income tax withheld from Forms W-2 and 1099

17 Refundable credits: **a** EIC (see inst.) **b** Sch 8812 **c** Form 8863
 Add any amount from Schedule 5

18 Add lines 16 and 17. These are your total payments

19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you **overpaid**

20a Amount of line 19 you want **refunded to you**. If Form 8888 is attached, check here

b Routing number **c** Type: Checking Savings

d Account number

21 Amount of line 19 you want **applied to your 2019 estimated tax** **21**

22 **Amount you owe**. Subtract line 18 from line 15. For details on how to pay, see instructions **22**

23 Estimated tax penalty (see instructions) **23**

| | |
|------------|---------|
| 1 | 100,020 |
| 2b | 94 |
| 3b | |
| 4b | |
| 5b | |
| 6 | 100,114 |
| 7 | 100,114 |
| 8 | 12,000 |
| 9 | 0 |
| 10 | 88,114 |
| 11 | 15,440 |
| 12 | |
| 13 | 15,440 |
| 14 | |
| 15 | 15,440 |
| 16 | 17,406 |
| 17 | |
| 18 | 17,406 |
| 19 | 1,966 |
| 20a | 1,966 |
| 21 | |
| 22 | |
| 23 | |