FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2019

FLORIDA COMMISSION ON ETHICS

FOR OFFICE USE ONLY:

JUL 01 2020

RECEIVED

Tampa Bay Area Regional Transit Authority-Board Members

**********AUTO**MIXED AADC 323 T6 P1 132 1261

REGGIE BELLAMY, COMMISSIONER
MANATEE COUNTY
1112 MANATEE AVE W STE 902
BRADENTON FL 34205-7804

PROCESSED

ID CODE

ID NO. 276855

CONF. CODE

Bellamy, Reggie

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, 2019 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 29th, 20 20 was $ 77,248.39.

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 $ 1,500

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Living Room Furniture	1,500

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Ford Credit Company P.O Box 650574 Dallas TX	25,133.20
PHEAA P.O. Box 9048 Pleasanton California 94566	12,904.
Department of Education P.O Box 790336 St Louis Mo	38,272.26
Capital One P.O Box 60599 City of Industry, Cali 91716	2,438.93

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

(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 2019 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 2019 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2019 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
Manatee County Board of Commissioners	1115 Manatee Ave W Bradenton FL 34205	77,806.28
Palmetto Youth Center	P.O Box 608 Palmetto FL 34220	58,200.22

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.

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Manatee

Sworn to (or affirmed) and subscribed before me by means of ☑ physical presence or ☐ online notarization, this 29 day of June, 2020 by Olga B. Burney.

Olga B. Burney
(Signature of Notary Public--State of Florida)

Notary Public State of Florida
Olga B Burney
My Commission GG 237134
Expires 07/11/2022

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

Personally Known _____ *OR* Produced Identification ✓

Type of Identification Produced ID

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 ☐

Employee Reference Copy

W-2 Wage and Tax Statement **2019**

OMB No. 1545-0008

ay C for employee's records.

Control number	Dept.	Corp.	Employer use only
0038 RE/YAL			A

Employer's name, address, and ZIP code

PALMETTO YOUTH CENTER
INC
P O BOX 608
PALMETTO, FL 34220

Batch #93745

Employee's name, address, and ZIP code

EGINALD J BELLAMY
2 29TH STREET EAST
ALMETTO, FL 34221

Employer's FED ID number 59-1090377	a Employee's SSA number [redacted]
Wages, tips, other comp. 58200.22	2 Federal income tax withheld 7826.52
Social security wages 60000.20	4 Social security tax withheld 3720.01
Medicare wages and tips 60000.20	6 Medicare tax withheld 870.00
Social security tips	8 Allocated tips
	10 Dependent care benefits
Nonqualified plans	12a See instructions for box 12 S 1799.98
Other	12b
	12c
	12d
	13 Stat emp: Ret. plan: X; 3rd party sick pay
State / Employer's state ID no.	16 State wages, tips, etc.
State income tax	18 Local wages, tips, etc.
Local income tax	20 Locality name

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement and W-4 profile. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2
Gross Pay	60,000.20	60,000.20	60,000.20
Less 408(p) (S-Box 12)	1,799.98	N/A	N/A
Reported W-2 Wages	58,200.22	60,000.20	60,000.20

2. Employee Current W-4 Profile. To make changes, file a new W-4 with your payroll department.

REGINALD J BELLAMY
702 29TH STREET EAST
PALMETTO, FL 34221

Social Security Number: [redacted]
Taxable Marital Status: SINGLE
Exemptions/Allowances:
FEDERAL: 0

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Wages, tips, other comp. 58200.22	2 Federal income tax withheld 7826.52
Social security wages 60000.20	4 Social security tax withheld 3720.01
Medicare wages and tips 60000.20	6 Medicare tax withheld 870.00
Control number 0038 RE/YAL / Dept. / Corp.	Employer use only A

Employer's name, address, and ZIP code

PALMETTO YOUTH CENTER
INC
P O BOX 608
PALMETTO, FL 34220

Employer's FED ID number 59-1090377	a Employee's SSA number [redacted]
Social security tips	8 Allocated tips
	10 Dependent care benefits
Nonqualified plans	12a See instructions for box 12 S 1799.98
Other	12b
	12c
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Employee's name, address and ZIP code

EGINALD J BELLAMY
2 29TH STREET EAST
ALMETTO, FL 34221

State / Employer's state ID no.	16 State wages, tips, etc.
State income tax	18 Local wages, tips, etc.
Local income tax	20 Locality name

Federal Filing Copy

W-2 Wage and Tax Statement **2019**

OMB No. 1545-0008

ay B to be filed with employee's Federal Income Tax Return

1 Wages, tips, other comp. 58200.22	2 Federal income tax withheld 7826.52
3 Social security wages 60000.20	4 Social security tax withheld 3720.01
5 Medicare wages and tips 60000.20	6 Medicare tax withheld 870.00
d Control number 000038 RE/YAL / Dept. / Corp.	Employer use only A

c Employer's name, address, and ZIP code

PALMETTO YOUTH CENTER
INC
P O BOX 608
PALMETTO, FL 34220

b Employer's FED ID number 59-1090377	a Employee's SSA number [redacted]
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a S 1799.98
14 Other	12b
	12c
	12d
	13 Stat emp: Ret. plan: X; 3rd party sick pay

e/f Employee's name, address and ZIP code

REGINALD J BELLAMY
702 29TH STREET EAST
PALMETTO, FL 34221

15 State / Employer's state ID no.	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

State Reference Copy

W-2 Wage and Tax Statement **2019**

OMB No. 1545-0008

Copy 2 to be filed with employee's State Income Tax Return

1 Wages, tips, other comp. 58200.22	2 Federal income tax withheld 7826.52
3 Social security wages 60000.20	4 Social security tax withheld 3720.01
5 Medicare wages and tips 60000.20	6 Medicare tax withheld 870.00
d Control number 000038 RE/YAL / Dept. / Corp.	Employer use only A

c Employer's name, address, and ZIP code

PALMETTO YOUTH CENTER
INC
P O BOX 608
PALMETTO, FL 34220

b Employer's FED ID number 59-1090377	a Employee's SSA number [redacted]
7 Social security tips	8 Allocated tips
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11 Nonqualified plans	12a S 1799.98
14 Other	12b
	12c
	12d
	13 Stat emp: Ret. plan: X; 3rd party sick

e/f Employee's name, address and ZIP code

REGINALD J BELLAMY
702 29TH STREET EAST
PALMETTO, FL 34221

15 State / Employer's state ID no.	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

City or Local Reference Copy

W-2 Wage and Tax Statement **2019**

OMB No. 1545-0008

Copy 2 to be filed with employee's City or Local Income Tax Return

Form **W-2** Wage and Tax Statement **2019**

a Employee's social security number	1 Wages, tips other compensation	2 Federal income tax withheld
[redacted]	77806.28	12113.75
b Employer identification number (EIN)	3 Social security wages	4 Social security tax withheld
59-6000727	80359.33	4982.25
	5 Medicare wages and tips	6 Medicare tax withheld
	80359.33	1165.21

c Employer's name, address and ZIP code

MANATEE COUNTY BOARD OF COUNTY
COMMISSIONERS
1115 MANATEE AWE W
BRADENTON FL 34205

e Employee's name, address, and ZIP code

REGINALD J BELLAMY
702 29TH ST E
PALMETTO FL 34221

7 Social security tips	8 Allocated tips	
0.00	0.00	
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
0.00	0.00	C 118.80
13 Statutory emp	14 Other	12b DD 12738.44
Retirement plan X		12c
Third-party sick pay		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 B - To Be Filed With Employee's FEDERAL

Form **W-2** Wage and Tax Statement **2019**

a Employee's social security number [redacted]
1 Wages, tips other compensation 77806.28
2 Federal income tax withheld 12113.75
b Employer identification number (EIN) 59-6000727
3 Social security wages 80359.33
4 Social security tax withheld 4982.25
5 Medicare wages and tips 80359.33
6 Medicare tax withheld 1165.21

c Employer's name, address and ZIP code
MANATEE COUNTY BOARD OF COUNTY
COMMISSIONERS
1115 MANATEE AWE W
BRADENTON FL 34205

e Employee's name, address, and ZIP code
REGINALD J BELLAMY
702 29TH ST E
PALMETTO FL 34221

7 Social security tips 0.00
8 Allocated tips 0.00
10 Dependent care benefits 0.00
11 Nonqualified plans 0.00
12a See instructions for box 12 C 118.80
13 Statutory emp
14 Other
12b DD 12738.44
Retirement plan X
12c
Third-party sick pay
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
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Copy C - For EMPLOYEE'S RECORDS

Form **W-2** Wage and Tax Statement **2019**

a Employee's social security number [redacted]
1 Wages, tips other compensation 77806.28
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6 Medicare tax withheld 1165.21

c Employer's name, address and ZIP code
MANATEE COUNTY BOARD OF COUNTY
COMMISSIONERS
1115 MANATEE AWE W
BRADENTON FL 34205

e Employee's name, address, and ZIP code
REGINALD J BELLAMY
702 29TH ST E
PALMETTO FL 34221

7 Social security tips 0.00
8 Allocated tips 0.00
10 Dependent care benefits 0.00
11 Nonqualified plans 0.00
12a See instructions for box 12 C 118.80
13 Statutory emp
14 Other
12b DD 12738.44
Retirement plan X
12c
Third-party sick pay
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

Form **W-2** Wage and Tax Statement **2019**

a Employee's social security number [redacted]
1 Wages, tips other compensation 77806.28
2 Federal income tax withheld 12113.75
b Employer identification number (EIN) 59-6000727
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4 Social security tax withheld 4982.25
5 Medicare wages and tips 80359.33
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MANATEE COUNTY BOARD OF COUNTY
COMMISSIONERS
1115 MANATEE AWE W
BRADENTON FL 34205

e Employee's name, address, and ZIP code
REGINALD J BELLAMY
702 29TH ST E
PALMETTO FL 34221

7 Social security tips 0.00
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Third-party sick pay
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Copy 2 - To Be FILED With Employee's State, City or Local Income Tax Return