

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/27/2024

General Information

Name: Mr Paul Anthony Donofro Jr

PID 218229

AGENCY INFORMATION

Organization	Suborganization	Title
Jackson County	Elected Constitutional Officer	County Commissioner - District 3

Net Worth

My Net Worth as of December 31, 2023 was \$ 1,413,602.49.

Assets

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 effect is \$ 42,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Residence	\$ 400,000.00
River Lot	\$ 125,000.00
Wells Fargo Personal	\$ 10,153.46
Wells Fargo Business	\$ 300,276.17
First Federal Bank Personal	\$ 107,409.20
First Federal Bank Business	\$ 134,396.37
SEP Account	\$ 381,550.85
Insurance	\$ 2,816.44

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

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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 2023 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 2023 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
Donofro Architects	2910 Caledonia Street Marianna, Florida	\$ 87,642.43
County of Jackson Board of County Comm	P O Drawer 510 Marianna, Florida	\$ 42,799.64
See Attached		

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A			

Interests in Specified Businesses

Business Entity # 1

N/A

Training

This section applies only to a Constitutional or elected municipal officer, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

- ☒ I certify that I have completed the required training under Section 112.3142, F.S.
- ☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

Paul Anthony Donofro Jr

Digitally signed: 05/16/2024

Filed with COE: 06/27/2024

a Employee's SSN		b Employer identification number (EIN)		OMB No. 1545-0008		
c Employer's name, address, and ZIP code DONOFRO ARCHITECTS P O BOX 861 MARIANNA FL 32447		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.				
		1 Wgs, tips, other compn 87642.43	2 Fed inc tax withheld 13421.00	3 Social security wages 87642.43		Form W-2 Wage and Tax Statement 2023 Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee.)
		4 SS tax withheld 5433.83	5 Medicare wages & tips 87642.43	6 Medicare tax withheld 1270.82		
		7 Social security tips	8 Allocated tips	9		
10 Depndt care benefits		11 Nonqualified plans		12a		
d Control No.						
e Employee's name, address, and ZIP code PAUL A DONOFRO, JR P O BOX 861 MARIANNA FL 32447		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐		14 Other 		12b
						12c
						12d
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
REV 12/19/23 QBDT						

a Employee's social security number		OMB No. 1545-0008		This information is being furnished to the Internal Revenue Service. 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.			
b Employer identification number (EIN)				1 Wages, tips, other compensation 42799.64	2 Federal income tax withheld 1729.96		
c Employer's name, address, and ZIP code COUNTY OF JACKSON BOARD OF COUNTY COMM PO DRAWER 510 MARIANNA, FL 32447		3 Social security wages 44153.96		4 Social security tax withheld 2737.57			
		5 Medicare wages and tips 44153.96		6 Medicare tax withheld 640.27			
		7 Social security tips		8 Allocated tips			
		9		10 Dependent care benefits			
d Control number 3124-01				11 Nonqualified plans		12a See instructions for box 12	
e Employee's name, address, and ZIP code PAUL DONOFRO JR 4287 9TH AVE MARIANNA, FL 32446		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐		14 Other FRS 1354.32		12b	
						12c DD 12612.08	
						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	

Form **W-2** Wage and Tax Statement
Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.) or **Copy 2 to be Filed With Employee's State, City or Local Income Tax Return**

2023

Department of the Treasury—Internal Revenue Service

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LW2C/LW22

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