CANDIDATE OATH -SCHOOL BOARD NONPARTISAN OFFICE

OFFICE USE ONLY
OATH OF CANDIDATE (Sections 99.021 and 105.031, Florida Statutes)
I, Derrick Donnell (PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * - NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * - NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING) am a candidate for the nonpartisan office of (office) (district #)
am a candidate for the nonpartisan office of School Bo Arb , Glistrict #) (circuit #) (prease PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT - NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING) (office) (district #) (circuit #) (group or seat #)
I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.
Section 876.05, Florida Statutes, oath (only applicable if elected and when term of office begins): I, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the school board and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.
X (239) 677-5257 Vote fordadonnelle yahi). Com Signature of Candidate Telephone Number Email Address
Signature of Candidate Telephone Number Email Address
1820 NE VAN LOON TEMACE CAPE COROL FU 33909 Address City State ZIP Code
Candidate's Florida Voter Registration Number (located on your voter information card): 111650494
* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):
STATE OF FLORIDA
COUNTY OF LEE
Sworn to (or affirmed) and subscribed before me this 23^{R} day of 3^{R} day of 3^{R} .
Personally Known: or Signature of Notary Public
Produced Identification: Print Type of Stamp Commissioned Name of Notary Public
Type of Identification Produced: CHERYL FUTCH Notary Public - State of Florida My Comm. Expires Feb 22, 2018
DS-DE 25A (Rev. 5/11) Bonded Through National Notary Assn.

FORM 6	2015		
Please print or type your name, mailing address, agency name, and position below:	R OFFICE USE ONLY:		
LAST NAME - FIRST NAME - MIDD Donnell - Derrich MAILING ADDRESS: 1820 NE VAN LO	- Lamont		~? 5J\$\$ C≱n
NAME OF AGENCY: NAME OF OFFICE OR POSITION HEL School Dot	120 District 7 Lee Courty		TOJUNGSHIZSA SUE Lee Colisi
CHECK IF THIS IS A FILING BY A CAN	IDIDATE 🛂		
culated by subtracting your repo	PART A – NET WORTH et worth as of December 31, 2015 or a more rted liabilities from your reported assets, so p	lease see the instruc	
following, if not held for investment p furnishings; clothing; other household	PART B — ASSETS LEFFECTS: Is may be reported in a lump sum if their aggregate value ourposes: jewelry; collections of stamps, guns, and nun items; and vehicles for personal use, whether owned or goods and personal effects (described above) is \$	nismatic items; art object leased.	
ASSETS INDIVIDUALLY VALUED AT O			VALUE OF ASSET
REAL Property	1	110 (2.4)	# 212,000
House hold Goods	and Personal Effects		4 40,000
HARTford ANNU			F 34,000
,			·
LIABILITIES IN EXCESS OF \$1,000 (Se			AMOUNT OF LIABILITY
Wells FANGO	3041 NE Pipe Ishad	Rond	A 186,000
	CAPE CORAL	F4	
JOINT AND SEVERAL LIABILITIES NO NAME AND ADDRESS			AMOUNT OF LIABILITY
NIA			
			1

		PART D -	INCOME			
Identify each separate source a copy of your 2015 federal incor attaching your returns, as the la	ne tax return, including all W2:	s, schedules, an	d attachments. Please redac	condary sources of ct any social securit	income. Or attach a cor ty or account numbers	mplete before
I elect to file a copy of r [If you check this box as	ny 2015 federal income tax reand attach a copy of your 2015	turn and all W2's tax return, you r	s, schedules, and attachmen need not complete the remai	its. nder of Part D.]		
PRIMARY SOURCES OF INCO	OME (See instructions on pa	ge 5):			_	
NAME OF SOURCE OF INC	OME EXCEEDING \$1,000	<u> </u>	ADDRESS OF SOURCE OF	INCOME	AMOUN	IT
			<u></u>			
SECONDARY SOURCES OF I	NCOME [Major customers, cli	ents, etc., of bus	sinesses owned by reporting	person-see instru	ctions on page 5]:	
NAME OF	NAME OF MAJOR OF BUSINESS'	SOURCES ,	ADDRESS OF SOURCE	ı	PRINCIPAL BUSINE ACTIVITY OF SOUR	
BUSINESS ENTITY	OF BUSINESS	HACOME	Or GOORGE		NOTIVITY OF GOO!	···
						F
		CORCUEINE	DATE DESCRIPTION OF THE PROPERTY OF THE PROPER	· · · · · · · · · · · · · · · · · · ·		
]	PART E - INTERESTS II		BUSINESSES [Instruct BUSINESS ENTITY # 2		SINESS ENTITY # 3	たなこの生
NAME OF	BUSINESS ENTITY	# 1	BUSINESS ENTITY # 2	T	SINESS ENTIT # 5	
BUSINESS ENTITY ADDRESS OF						<u> </u>
BUSINESS ENTITY			· · · · · · · · · · · · · · · · · · ·			- F
PRINCIPAL BUSINESS ACTIVITY						Ţģ.
POSITION HELD WITH ENTITY						STE COL
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS						
NATURE OF MY OWNERSHIP INTEREST						
OWNERSHIF INTEREST		DADTE T	PD A INITAIC			
For office	ers required to complete	PART F - T		section 112 314	12. F.S.	
	I CERTIFY THAT I H					
		STATE	OF FLORIDA , F.F.			
_	ATH	COUNT	Y OF		23 Rd	
I, the person whose name app		Sworn to	o (or affirmed) and subscribe	ed before me this _	day of	
beginning of this form, do dep			<u>une</u> , 20/6	by DerRIU	4 DONNEIL	·
and say that the information d and any attachments hereto is			120	A CONTRACTOR OF THE PARTY OF TH	CHERYL FUTCH	
and complete.	s ilue, acculate,	(Signatu	re of Notary Public-State o	4 5 X 2 1/6/65 1	lotary Public - State of Fi	lorida 🌡
and complete.		(D46) T	ype, or Stamp Commissions		y Comm. Expires Feb 22, Publichission # FF 660	2018
		•		Bo	onded Through National Notar	y Assn.
Let y	-		illy KnownO	R Produced leen	Rilloano	-0
SIGNATURE OF REPORTING	G OFFICIAL OR CANDIDATE	Type of	Identification Produced	14)		
If a certified public accountar		73, or attorney	n good standing with the I	Florida Bar prepar	ed this form for you, h	he or
she must complete the follow	ving statement:		OF F 0'		. O Florido Cometitudi	i.a.n
I,Section 112.3144, Florida Sta	atutes, and the instructions t	, prepared to to the form. Up	ne CE Form 6 in accordan on my reasonable knowled	ce with Art. 11, Sec Ige and belief, the	c. 8, Florida Constituti disclosure herein is f	true
and correct.						
Signatu	ıro			Dat	e.	
Preparation of this form		loes not reliev	o the filer of the respe		-	ath.
A I Charamon or mis in m			ve the like on the resim	MOINTHE IN SINGL	i me ioim anaci o	
	A THROUGH E ARE CO					

		the Treasury - Internal Revenue Service (99) dividual Income Tax Return	2015	OMB No. 1	545-0074	IRS Use Only	- Dor	ot write	or staple	in this spa	ace.
For the year Jan, 1-	Dec. 31	2015, or other tax year beginning	, 2015, ending	, 20		See s	epa	rate ins	structions	3.	
						Your	soc	al sec	uribi mu	nber	
DERRICK	L	OONNELL								<u> </u>	
SHERRI	D D	NNELL				Spou	86.6	SOCIA	l securit	numb	er
1820 NE	VA	I LOON TERRACE				-	_	laka su	122 a dha	/s\shave	
		FL 33909					<u> </u>	and on	re the SSN line 6c are	correct.	
						Pre	side	ntial E	Election or your spo	Campai	gn
Foreign country nan	ne .	Foreign	province/state/cou	inty Foreig	gn postal code	jointly,	want	l \$3 to g	o to this fu	nd. Chec	cking
, , , , , , , , , , , , , , , , , , , ,			,	,	g p	refund.	elow	WILLIAM	change yo		
	4 1	lo:t-							You		ouse
Filing Status	3	Single	, 4 L		of household					· ·	
0 1. 1		Maπied filing jointly (even if only one had incom	e)		ialifying persoi		not y	our dep	endent, er	iter this	
Check only one box.	3 [Married filing separatelyEnter spouse's SSN above		_	s name here. 🕨						
	_ 1		5		ifying widow	(er) with de	eno	ent chi	ild Boxes c	hecked	
Exemptions	6a	 	endent, do not ch	eck box 6	3a			ļ	on 6a an	d 6b	2
Exemplions							1		No. of cl – on 6c wh		_
		ependents:	(2) Depend		(3) Depo		(4)\ CDI	/if qual. d<17 fo d tax cr.	r •lived w	ith you_	2
וו וווטופ	(1) Firs		social securit			ship to you	(800	e inst)	· ●did not – due to d	live with	you
		EA DONNELL		2	DAUGHT		L	Ш	or separ (see inst)	etion	
dependents, see inst and	ASH:	EY DONNELL			DAUGHT	ER		X	Depend	ents	
check									on 6c not entered	above <u>—</u>	
here ▶									Add num	bers	
	d	Total number of exemptions claimed							on lines above	>	4
	7	Wages, salaries, tips, etc. Attach Form(s) W-2						<i>7</i>			
Income		•					1		12	1,14	13.
	8a	Taxable interest. Attach Schedule B if required						а		•	
Attach Form(s)		Tax-exempt interest. Do not include on line 8a		8ь	1			<u> </u>			
W-2 here, Also		Ordinary dividends, Attach Schedule B if require	ad.		<u> </u>	•	1 %	a			
attach Forms		Qualified dividends	, u	9b	1		77	<u>"</u>			—
W-2G and 1099-R if tax	10	Taxable refunds, credits, or offsets of state and lo	cal income tayes		·		1/1	//			
was withheld.	11	Alimony received	Carintonie taxes				\vdash				 .
	12	Business income or (loss). Attach Schedule C	or C E7				1	_		53	13 🖟
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check	JI C-EZ			, \Box	-				
If you did not	14		here			▶ 📋	1				<u></u> -∱
get a W-2,		Other gains or (losses). Attach Form 4797	جاء ا		-4		1	_			
see instructions.		IRA distributions 15a		axable an			15	-			<u>_</u>
		Pensions and annuities 16a		axable an			16	_		••	—- ₁
	17	Rental real estate, royalties, partnerships, Scorpe	orations, trusts, e	ic. Attach	Schedule E		1	-	·····		<u>-</u> -
	18	Farm income or (loss). Attach Schedule F					1		·····		¦r̈
	19	Unemployment compensation	1				1				
		Social security benefits 20a	b la	xable an	nount		20	777 			(
	21	Other income. List type and amount									
		•					2		10	1 67	_
	22	Combine the amounts in the far right column for li	nes / through 21.		our total ince		2 ///	}	12	1,67	<u>o.</u>
Adjusted	23	Educator expenses		23		500.					
Gross	24	Certain business expenses of reservists, perform	•								
Income		fee-basis government officials. Attach Form 210		24			<i>\\\\</i>				
	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		38.	<i>\$///</i>				
	28	Self-employed SEP, SIMPLE, and qualified plan	s	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	RA deduction		32							
	33	Student loan interest deduction		33		765.					
	34	Tuition and fees. Attach Form 8917		34							
	35	Domestic production activities deduction. Attach	Form 8903	35							
	36	Add lines 23 through 35					36	اً ذ		1,30	3.
	37	Subtract line 36 from line 22. This is your adjusted	gross income			•	37),37	<u>3.</u>
KBA For Disclo		rivacy Act, and Paperwork Reduction Act Notic		instructi	ons.					1040 (20	015)

Form 1040 (2015)

Form 1040 (20	15) DI	ERRICK L & SI	HERRI D DONNE	ELL						Page 2
	38	Amount from line 37 (a	djusted gross income)			_			38	120,373.
Tax and	39a	Check [You were	e born before January 2, 1	951,	∐ Bli	nd. Total	boxe	s		
Credits		if:] Spouse	was bom before January 2	2, 1951,	Bli	nd. s check	ked I	> 39a 🔔		
	b	If your spouse itemizes	on a separate return or you	u were a d	ual- stat	us alien, checl	k here	•▶ 39b 📙		
Standard Deduction	40	Itemized deductions (i	from Schedule A) or your s	standard o	ieducti	on (see left ma	argin)		40	13,228.
for -									ĺ	
People who	41	Subtract line 40 from lin	ne 38						41	107,145.
check any	42	Exemptions. If line 38 is	\$154,950 or loss, multiply \$4,0	000 by the n	umberon	line 6d. Otherwi	ise, se	e instructións	42	16,000.
box on line 39a or 39b	43		tract line 4 <u>2 fr</u> om line 41. If						43	91,145.
or who can	44	Tax (see inst.) Check if any	from: a Form(s) 8814 b	Form 49	72 C				44	14,369.
be claimed a a dependent,	1 45	Alternative minimum t	tax (see instructions). Atta	ch Form 6	251				45	
see	46	Excess advance premiu	ım tax credit repayment. A	ttach Form	n 8962				46	
instructions.	47	Add lines 44, 45, and 4	6					•	47	14,369.
• All others:	48	Foreign tax credit. Atta	ch Form 1116 if required			48				
Single or Married filing	49		endent care expenses. At	ttach Form	2441	49			V////	
separately, \$6,300	50	Education credits from	·			50		1,500.		
Married filing	51		ntributions credit. Attach F	000 8880		51			/////	
jointly or Qualifying	52	_	Schedule 8812, if require			52		450.	\ ////	
widow(er),	53	Residential energy cred				53				
\$12,600 Head of	54	Other credits	0 в 8801 с			54				
household,	55	13011 1 OHL	nese are your total credit s			<u> </u>			/////	1,950.
\$9,250	56		e 47. If line 55 is more than						55 50	12,419.
	57	Self-employment tax, A		ııne 47, en	iter - U-				56	75.
Other	57 58	• •		<u></u> .: ()	┌,,,,	7 b	40		57	75.
Taxes			rity and Medicare tax from						58	
	59 60a		other qualified retirement p	olans, etc. /	Attach F	orm 5329 if red	quirec	1	59	
		Household employment							60a	
		•	redit repayment. Attach Fo		•		1		60b	
	61	F-1	responsibility (see instruct			coverage X	J		61	
	62		m 8959 b Form 8960	O C in	struction	ns; enter code(s)			62	10 404
-	63	Add lines 56 through 62.				1		7 (1 (63	12,494.
Payments	64		nheld from Forms W-2 and			64		7,616.	<i>\\\\\\</i>	ار). ليف.
If you have a	65		nents and amount applied	from 2014	4 return	65			<i>\\\\\\</i>	<u>.</u>
qualifying		Earned income credit (66a	,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<i>D</i> .
child, attach Schedule EIC		Nontaxable combat pay								<u> </u>
Ochedule Eld	J 01		lit. Attach Schedule 8812			67		4 000		ليا. پيور
	68		edit from Form 8863, line 8	В		68		1,000.		11
	69	Net premium tax credit.				69				तः गः
	70	Amount paid with reque	st for extension to file			70				<u></u>
	71	•	nd tier 1 RRTA tax withheld			71				T
	72	Credit for federal tax on f				72				
	73	Credits from Form: 8 2		385 d	······································	73				
	74		d 67 through 73. These are					<u> </u>	74	8,616.
Refund	75		e 63, subtract line 63 from l			•	•	id	75	
	76a		ant refunded to you. If Fo					▶ ∐	76a	
Direct deposit?	► b	Routing number	⊳ с Тур	e: C	hecking	Saving	js			
See instructions.		Account number								
			ant applied to your 2016			77				
Amount	78	Amount you owe. Subtr	ract line 74 from line 63. Fo	or details o	n how to	pay, see instr	ructio		78	3,933.
You Owe	79	Estimated tax penalty (s				79		55.		
Third Party	Do you	want to allow another pe	erson to discuss this return	with the IF	RS (see i	nstructions)?	\sqcup	Yes. Comple	ete bek	w. X No
Designee	Design	iee's name				Phone no	o.			Personal ID number
	<u> </u>					<u> </u>				(PIN)▶
Sign	Under p	enalties of perjury, I declare t ney are true, correct, and com	hat I have examined this return oplete. Declaration of preparer	n and accom (other than	panying : taxpayer	schedules and si) is based on all i	tateme informa	nts, and to the	best of	my knowledge and has any knowledge.
Here		r signature	·	Date		Your occupa				ime phone number
Joint return? See instructions	b _					EDUCAT	ION			
Keep a copy for		ouse's signature. If a joint i	return, both must sign.	Date		Spouse's oc	•	tion	If the IF PIN, ent	RS sent you an ID Protection er it here (see inst.)
your records.	7					EDUCAT	ION			•
Paid	Print/Ty	pe preparer's name	Preparer's signature		Date		Che		PTIN	1
Preparer ·							self-	employed		
Use Only	Firm's n	ame ►						Firm's EIN	·	
	Firm's a	ddress ▶						Phone no.		

SCHEDULE C (Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec. ► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Attachment Sequence No. 09

	me of proprietor ERRICK L DONNELL					Journal Sect	araty ilu	ilipei (33N)
_	Principal business or profession, inclu	ıdina n	roductor service (see inc	truction	ne)	B Enter co	de fron	n instructions
A	SOUTH GULF BASKETE			الالالالالا	,		9999	
c	Business name. If no separate business							mber (EIN), (see instr.)
•	DERRICK L DONNELL							32330
E	Business address (including suite or	room :	no ▶ 1820 NE V	AN :	LOON TERRACE			
L	City, town or post office, state, and 2	IP cod	e CAPE CORA	L , 1	FL 33909			
F		Cash	(2) Accrual	(3)	Other (specify)▶			
G	Did you "materially participate" in the		—			on losses		X Yes No
Н	If you started or acquired this busines			,				→ □
1	Did you make any payments in 20151		=	m(s) 10	99? (see instructions)			Yes X No
J	If "Yes," did you or will you file required							Yes No
P	art II Income							
1	Gross receipts or sales. See instruction	onsfor	line 1 and check the box i	f this in	come was reported to you on Fo	m W- 2_		
	and the "Statutory employee" box on		_		CHMENT	▶ 🗌	1	1,052.
2	Returns and allowances						2	
3	Subtract line 2 from line 1						3	1,052.
4	Cost of goods sold (from line 42)						4	
5	Gross profit. Subtract line 4 from line	3					5	1,052.
6	Other income, including federal and s	state ga	asoline or fuel tax credit or	refund	(see instructions)		6	····
7_	Gross income. Add lines 5 and 6					<u> </u>	7	1,052.
P	arthi Expenses. Enter	exper	nses for business u	ise of	your home only on lin	ne 30.		
8	Advertising	8		18	Office expense (see instruction	ons)	18	g
9	Car and truck expenses (see			19	Pension and profit-sharing plant		19	1\(\frac{1}{2}\)
	instructions)	9	248.	20	Rent or lease (see instruction	s):		ي
10	Commissions and fees	10		а	Vehicles, machinery, and equ	ipment	20a	
11	Contract labor (see instructions)	11		b	Other business property		20b	
12	Depletion	12		21	Repairs and maintenance		21	
13	Depreciation and section 179			22	Supplies (not included in Part	t III)	22	285.
	expense deduction (not			23	Taxes and licenses		23	
	included in Part III) (see inst)	13		24	Travel, meals, and entertainn	nent:		
14	Employee benefit programs			а	Travel		24a	
	(other than on line 19)	14		Ь	Deductible meals and			•
15	Insurance (other than health)	15			entertainment (see instruction	ns)	24b	
16	Interest:			25	Utilities		25	
a	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment cre		26	
b	Other	16b		27a	Other expenses (from line 48)	27a	
<u>17</u>	Legal and professional services	17			Reserved for future use		27b	Faa
	Total expenses before expenses for			s 8 thro	ugh 27a	•	28	533. 519.
	Tentative profit or (loss). Subtract line			•	han Attack E 0000		29	<u> </u>
30	Expenses for business use of your ho			es else	wnere. Attach Form 8829			
	unless using the simplified method (s		•					
	Simplified method filers only: enter			your n			1 1	
	and (b) the part of your home used for			Ľ	Use the Simplified		امما	
	Method Worksheet in the instructions			ine 30			30	
31	Net profit or (loss). Subtract line 30			49)	on Cahadula CE lina 0	7		
	• If a profit, enter on both Form 1040,		•	•		Į	24	519.
	(If you checked the box on line 1, see	insuuc	uons). Estates and trusts,	, enter c	on rorm 1041, line 3.	ſ	31	J13.
20	• If a loss, you must go to line 32.	daca=!*		عاد شده م	//aga in atm (ation a)	Ţ		
32	 If you have a loss, check the box that o If you checked 32a, enter the loss o 		•		• •] .	322	All investment is at risk.
	on Schedule SE, line 2. (If you check				•	l l	32a	
	and trusts, enter on Form 1041, line 3					1	32b	Some investment is not at risk.
	 If you checked 32b, you must attac 		6198. Your loss may be	limited.		J		

Sche	edule C (Form 1040) 2015DERRICK L DONNELL			Page 2
Pā	Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (atta	ch exp	lanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation		Yes	No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	-,	
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Pai	Information on Your Vehicle. Complete this part only if you are claiming car or triline 9 and are not required to file Form 4562 for this business. See the instruction to find out if you must file Form 4562.	uck ons fo	expenses of line 13	n
43	When did you place your vehicle in service for business purposes? (month, day, year) ▶ 1/8/2007			Ģ
44	Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used your vehicle for:			
а	Business 380 b Commuting (see instructions) 1960 c Other		9660	
45	Was your vehicle available for personal use during off-duty hours?		X Yes	☐ No
46	Do you (or your spouse) have another vehicle available for personal use?		XYes	No
47a	Do you have evidence to support your deduction?		Yes	X No
b	If "Yes," is the evidence written?		Yes	XNo
Pa	Other Expenses. List below business expenses not included on lines 8-26 or lines	e 30		
		_		
			•	
		_		
		_		
	Tabahar and a line 27a	48		
48	Total other expenses. Enter here and on line 27a	40	L	

Schedule C (Form 1040) 2015

SCHEDULE C (Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074 2015

Attachment Sequence No. 09

▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec. Department of the Treasury Internal Revenue Service (9 Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

	me of proprietor		10-10; 10-10101; 01-10	, p-ca	dia sinpe gonerany maseme		rity nu	mber (SSN)	
	Principal business or profession, inclu		roduct or service (see ins	structio	ns)		ode from	instructions	
_	BIG DS ENTERTAINME		•						· · · · ·
с —	Business name. If no separate busine DERRICK L DONNELL	ess na				D Employe	er ID nur	nber (EIN), (see	einstr.)
E	Business address (including suite or City, town or post office, state, and 2		,		LOON TERRACE FL 33909				
F	Accounting method: (1) X		(2) Accrual	(3)	Other (specify)▶			_	
G	Did you "materially participate" in the	operati	on of this business during	g 20151	If "No," see instructions for limit	on losses		XYes	∐_ No
н	If you started or acquired this busines							▶ X	_
l	Did you make any payments in 2015		=	m(s) 10	99? (see instructions)			Yes	X No
J	If "Yes," did you or will you file require	d Form	s 1099?					Yes	No.
P	art I Income								
1	Gross receipts or sales. See instruction	ons for				m W- 2			
	and the "Statutory employee" box on	that for	m was checked 💢 🧸	ATTA	CHMENT	▶ ∐	1		<u>700.</u>
2	Returns and allowances						2		
3	Subtract line 2 from line 1						3		700.
4	Cost of goods sold (from line 42)						4		
5	Gross profit. Subtract line 4 from line	3					5		700.
6	Other income, including federal and	state ga	asoline or fuel tax credit o	r refund	(see instructions)		6		
7	Gross income. Add lines 5 and 6					<u> </u>	7		700.
P	artil Expenses. Enter	exper	nses for business u	use of	your home only on lir				
8	Advertising	8		18	Office expense (see instruction		18		
9	Car and truck expenses (see			19	Pension and profit-sharing pla	ans	19		
	instructions)	9	266.	20	Rent or lease (see instruction	s):			<u></u>
10	Commissions and fees	10		a	Vehicles, machinery, and equ	ipment	20a		
11	Contract labor (see instructions)	11		b	Other business property		20b	···	'nx
12	Depletion	12		21	Repairs and maintenance		21		400
13	Depreciation and section 179			22	Supplies (not included in Part	: III)	22		420.3
	expense deduction (not			23	Taxes and licenses		23		<u>i</u>
	included in Part III) (see inst)	13		24	Travel, meals, and entertainment	nent:			1
14	Employee benefit programs			а	Travel		24a		
	(other than on line 19)	14		Ь	Deductible meals and		1 1		ŗ
15	Insurance (other than health)	15			entertainment (see instruction	ıs)	24b		
16	Interest:			25	Utilities		25		<u>'</u>
а	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment cre	dits)	26		·
b	Other	16b		27a)	27a		
<u>17</u>	Legal and professional services	17			Reserved for future use		27b		606
	Total expenses before expenses for			s 8 thro	ugh 27a	•	28		686. 14.
	Tentative profit or (loss). Subtract line						29		<u> </u>
30	Expenses for business use of your ho			ses else	where. Attach Form 8829				
	unless using the simplified method (s		· ·				1		
	Simplified method filers only: enter) your t					
	and (b) the part of your home used fo				Use the Simplified		1 00 1		
	Method Worksheet in the instructions			n line 30			30	-	
31	Net profit or (loss). Subtract line 30			49\ = =	lan Cabadula CE Pas C	٦			
	• If a profit, enter on both Form 1040					Ļ	24		14.
	(If you checked the box on line 1, see	ınstruc	uons). Estates and trusts	, enter) 1 - OTM 1041, IIN9 3.	ſ	31		
	• If a loss, you must go to line 32.				· /on a imatm ration = \	J			
32	If you have a loss, check the box that • If you checked 32a, enter the loss of	oescrit	es your investment in thi	s activit	y (see instructions). MANNE line 13) and	7	32a	All investment	ic at riek
	on Schedule SE, line 2. (If you check	ed the	hox on line 1 see the line	. 31 in≪	tructions). Estates	ļ	32a 32b	Some investme	
	and trusts, enter on Form 1041, line					ſ	JEU [at risk.	13 HUL
	If you checked 32b, you must attack		n 6198. Your loss may be	limited	•	J			

KBA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2015

SCHEDULE A (Form 1040)

Itemized Deductions

▶ Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.

OMB No. 1545-0074 Attachment Sequence No.

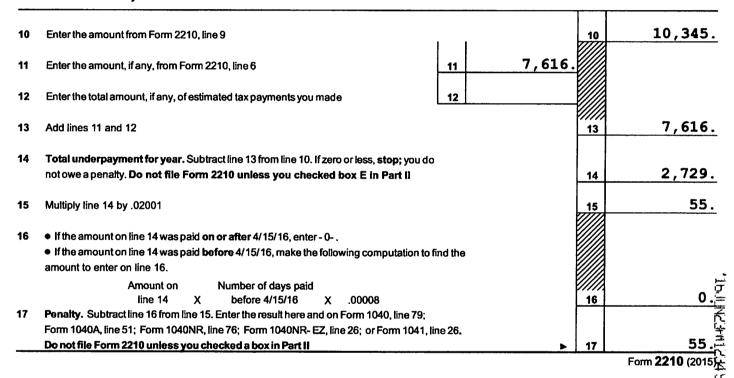
Department of the Treasury Internal Revenue Service (99) ► Attach to Form 1040.

Name(s) show	n on	Form 1040		You	r social security number
DERRICK	L	& SHERRI D DONNELL			
		Caution. Do not include expenses reimbursed or paid by others.			A
Medical	1	Medical and dental expenses (see instructions)	1		8
and					3
Dental	2	Enter amount from Form 1040, line 38			3
Expenses	3	Multiply line 2 by 10% (.10). But if either you or your spouse was	7///		3
ропоос		born before January 2, 1951, multiply line 2 by 7.5% (.075) instead	3	_///	á
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter - 0-		4	<u> </u>
Taxes You	5	State and local (check only one box):			3
Paid		a Income taxes, or	5 0	<i>-\//</i>	3
		b General sales taxes			1
	6	Real estate taxes (see instructions)	6 2,660	.///	3
		SEE ATTACHMENT			3
	7	Personal property taxes	7 660	·///	a
	8	Other taxes. List type and amount			a
			8		à
	9	Add lines 5 through 8		9	3,320.
Interest	10	Home mortgage interest and points reported to you on Form 1098	10 5,208	.///	1
You Paid	11	Home mortgage interest not reported to you on Form 1098. If paid to the		7///	4
		person from whom you bought the home, see instructions and show that			4
Note.		person's name, identifying no., and address ▶			3
Your mortgage			11		1 = =
nterest deduction may	12	Points not reported to you on Form 1098. See instructions for special rules	12		\mathcal{E}
pe limited (see	13	Mortgage insurance premiums (see instructions)	13		1
nstructions).		Investment interest. Attach Form 4952 if required. (See instructions.)	14	<i>\///</i>	<u>}</u>
		Add lines 10 through 14		15	5,208.≟
Gifts to	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions			
Charity		GRACE UNITED METHODIST 4,700.	16 4,700	.///	<u>.</u> 4.
f you made a	17	Other than by cash or check. If any gift of \$250 or more, see			Ë
gift and got a		instructions. You must attach Form 8283 if over \$500	17		j H
penefit for it,	18	Carryover from prior year	18	<i>\\\\\</i>	<u>#</u>
see instructions	19	Add lines 16 through 18		19	4,700.
Casualty and			*	\top	<u> </u>
heft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)		20	
lob Expenses	21	Unreimbursed employee expenses -job travel, union dues, job education,			
and Certain		etc. Attach Form 2106 or 2106-EZ if required.			
Miscellaneous Deductions		(See inst.) ▶	21		1
	22	Tax preparation fees	22		į
	23	Other expenses - investment, safe deposit box, etc. List type and amount >			1
			23		1
	24	Add lines 21 through 23	24		
	25	Enter amount from Form 1040, line 38			
	26	Multiply line 25 by 2% (.02)	26		į
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter - 0-		27	
Other	28	Other- from list in instructions. List type and amount ▶			
liscellaneous					
Deductions				28	
otal		ls Form 1040, line 38, over \$154,950?			
temized		No. Your deduction is not limited. Add the amounts in the far right column	7	1 1	
Deductions		for lines 4 through 28. Also, enter this amount on Form 1040, line 40.		29	13,228.
		Yes. Your deduction may be limited. See the Itemized Deductions	} .		
		Worksheet in the instructions to figure the amount to enter.	J		<i>\ </i>
	30	If you elect to itemize deductions even though they are less than your standard	d		<i>(((((((((((((((((((((((((((((((((((((</i>
		deduction, check here			
BA For Pape		rk Reduction Act Notice, see Form 1040 instructions.	S	chec	dule A (Form 1040) 2015



Part III Short Method	
Can You Use the Short Method?	You can use the short method if: • You made no estimated tax payments (or your only payments were withheld federal income tax), or • You paid the same amount of estimated tax on each of the four payment due dates.
Must You Use the Regular Method?	You must use the regular method (Part IV) instead of the short method if: • You made any estimated tax payments late, • You checked box C or D in Part II, or • You are filing Form 1040NR or 1040NR-EZ and you did not receive wages as an employee subject to U.S. income tax withholding.

Note. If any payment was made earlier than the due date, you can use the short method, but using it may cause you to pay a larger penalty than the regular method. If the payment was only a few days early, the difference is likely to be small.



Supporting Schedules

Supporting Schedules Name: DERRICK L & SHERRI D DONNELL	2015 SSN:
Schedule A Line 6 - Real Estate Taxes Description	Amount
1820 NE VAN LOON TERRACE 1820 NE VAN LOON TERRACE FSA	2, 44 7 213
Total	2,660
SCHEDULE C - DERRICK L DONNELL LINE 1 - GROSS RECEIPTS OR SALES Description	Amount
RECEIPTS AND SALES	700
TOTAL	700
SCHEDULE C - DERRICK L DONNELL LINE 1 - GROSS RECEIPTS OR SALES Description	Amount
SOUTH GULF BASKETBAL	1,052

TOTAL

1,052

SCHEDULE SE (Form 1040)

Self-Employment Tax

▶ Information about Schedule SE and its separate instructions is at www.irs.gov/schedulese. ► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074 Attachment Sequence No.17

Department of the Treasury

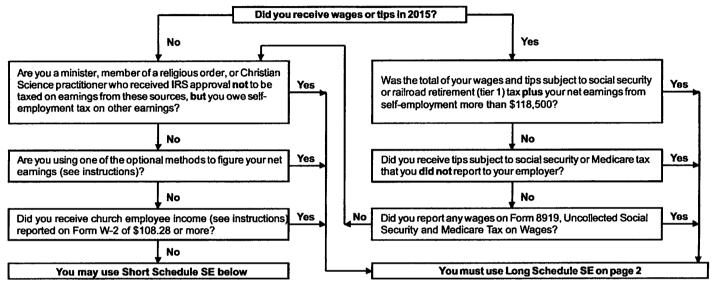
Name of person with self-employment income (as shown on Form 1040 or Form 1040NR) DERRICK L DONNELL

Social security number of person with self-employment income >

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE in the instructions.



Section A - Short Schedule SE, Caution, Read above to see if you can use Short Schedule SE.

Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1a 0 1065), box 14, code A 1a If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z 1b Net profit or (loss) from Schedule C, line 31; Schedule C- EZ, line 3; Schedule K- 1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1, Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report 2 Combine lines 1a, 1b, and 2 3 Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self- employment tax; do not file this schedule 4 unless you have an amount on line 1b Note, If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b. see instructions. Self-employment tax. If the amount on line 4 is: • \$118,500 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 57, or Form 1040NR, line 55 More than \$118,500, multiply line 4 by 2.9% (.029). Then, add \$14,694 to the result. 75 5 Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27 6

		(Form 1040) 2015 DERRICK L DONNELL	1		Page 2
<u>⊩∡a</u> 33	r t III Meth	Cost of Goods Sold (see instructions) od(s) used to			
	value	closing inventory: a Cost b Lower of cost or market c Other (att	ach ex	planation)	
34		there any change in determining quantities, costs, or valuations between opening and closing inventory? s," attach explanation		Yes	No
35	Inven	tory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purch	nases less cost of items withdrawn for personal use	36		
37	Cost	of labor. Do not include any amounts paid to yourself	37		
38	Mate	rials and supplies	38		
39	Other	r costs	39		
40		ines 35 through 39	40		
41		tory at end of year	41		
42		of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	<u> </u>	
Ra	tilV/	Information on Your Vehicle. Complete this part only if you are claiming car or to line 9 and are not required to file Form 4562 for this business. See the instruction to find out if you must file Form 4562.	ruck ons fo	expenses of or line 13	n
43	When	a did you place your vehicle in service for business purposes? (month, day, year) > 7/1/2004			
44	Of the	total number of miles you drove your vehicle during 2015, enter the number of miles you used your vehicle for:			
а	Busin	ess 300 b Commuting (see instructions) 1764 c Other		10936	
45	Wasy	your vehicle available for personal use during off-duty hours?		X Yes	No
46	Do yo	u (or your spouse) have another vehicle available for personal use?		Yes	X No
47a	•	ou have evidence to support your deduction?		Yes	X No
		s," is the evidence written? Other Expenses. List below business expenses not included on lines 8-26 or lines.	ne 30	Yes	X No
1	(1) (2)	Calci Expenses. List bolow business expenses not moraded on miss of 25 or m		İ	<u>6</u>

Schedule C (Form 1040) 2015



Canvassing Board Meetings and Logic and Accuracy Testing Schedule

Sharon L. Harrington, Supervisor of Elections

(239) LEE-VOTE (533-8683) www.lee.vote

Primary Election August 30, 2016

Early Voting Schedule and Information Dates, Times and Locations Saturday, August 20, 2016 THROUGH Saturday, August 27, 2016 (Including Sunday, August 21, 2016) 10:00 a.m. to 7:00 p.m. BONITA SPRINGS-ELECTIONS OFFICE LEE COUNTY ELECTIONS CENTER 25987 S. TAMIAMI TRL., #105, BONITA SPRINGS 13180 S. CLEVELAND AVE., FORT MYERS CAPE CORAL-ELECTIONS OFFICE NORTH FORT MYERS RECREATION CENTER 1039 SE 9TH AVE., CAPE CORAL 2021 N. TAMIAM: TRL., N. FORT MYERS CAPE CORAL-LEE COUNTY LIBRARY NORTHWEST REGIONAL LIBRARY 921 SW 39TH TER., CAPE CORAL 519 CHIQUITA BLVD. N., CAPE CORAL EAST COUNTY REGIONAL LIBRARY SCHANDLER HALL COMMUNITY PARK 881 GUNNERY RD., LEHIGH ACRES 419 ROYAL PALM PARK RD., FORT MYERS ESTERO RECREATION CENTER VETERANS PARK RECREATION CENTER 9200 CORKSCREW PALMS BLVD., ESTERO 55 SOUTH HOMESTEAD RD., LEHIGH ACRES

Sharon L. Harrington, Supervisor of Elections for Lee County, Florida do hereby give official notice of the Canvassing Board Meetings and Logic and Accuracy Testing Schedule as fo lows:

DATE	TIME	EVENT	LOCATION	PURPOSE	
08-17-16 Wednesday	9:00 AM	ogic and accuracy testing	Lee County Election Center 13180 S Cleveland Ave., Fort Myers	Test, by a random method of selection, the voting machines to be used in the election during early voting and at the precincts on Election Day.	
08-17-16 Wednesday	immediately following	test vote-by-mail ballot tabulators initial canvass of the vote-by- mail ballots received to date	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Test the vote-by-mail ballot tabulating equipment to be used in the election and initial canvass of the vote-by-mail ballots received to date.	
08-25-16	Thursday at 9:00 AM		Lee County Elections Office	Review of vote-by-mail ballots.	
08-29-16	Monday at 3:00 PM	review of vote-by-mail ballots	Constitutional Complex 2480 Thompson St., Fort Myers		
08-30-16 E ection Day	4:00 PM	review of vote-by-mail ballots receive "unofficia" election night results	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Review of vote-by-mail ballots and receive "unofficial" election night results.	
09-02-16 Frid a y	1:00 PM	canvass of provisional ballots certification of the election	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Canvass of provisional ballots, if any. Official certification of the election. Canvassing Board to randomly select a race and precinct(s) to be audited in the post-election manual audit.	
09-07-16 Wednesday	9:00 AM	post-election manual audit	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers are open to the public. Florida Statute 101.	Post-election manual audit. The results will be announced immediately following the completion of the post-election manual audit.	



Canvassing Board Meetings and Logic and Accuracy Testing Schedule

Sharon L. Harrington, Supervisor of Elections

(239) LEE-VOTE (533-8683) www.lee.vote

General Election November 8, 2016

	Early Voting Sched Dates, Time		
Мо	onday, October 24, 2016 through Saturday, Nov 10:00 a.m	ember 5, 2 . to 7:00 p.	· · · · · · · · · · · · · · · · · · ·
1.	BONITA SPRINGS—ELECTIONS OFFICE 25987 S. TAMIAM! TRL., #105, BONITA SPRINGS	6.	LEE COUNTY ELECTIONS CENTER 13180 S. CLEVELAND AVE., FORT MYERS
2.	CAPE CORAL—ELECTIONS OFFICE 1039 SE 9TH AVE., CAPE CORAL	7	NORTH FORT MYERS RECREATION CENTER 2021 N. TAMIAMI TRL. N. FORT MYERS
4.	CAPE CORAL-LEE COUNTY LIBRARY 921 SW 39TH TER., CAPE CORAL	8.	NORTHWEST REGIONAL LIBRARY 519 CHIQUITA BLVD. N., CAPE CORAL
	EAST COUNTY REGIONAL LIBRARY 881 GUNNERY RD., LEHIGH ACRES	9.	SCHANDLER HALL COMMUNITY PARK 419 ROYAL PALM PARK RD., FORT MYERS
	ESTERO RECREATION CENTER 9200 CORKSCREW PALMS BLVD., ESTERO	10.	VETERANS PARK RECREATION CENTER 55 SOUTH HOMESTEAD RD., LEHIGH ACRES

I, Sharon L. Harrington, Superv.sor of Elections for Lee County, Florida do hereby give official notice of the Canvassing Board Meetings and Logic and Accuracy Testing Schedule as follows:

ĐAII	FIRME:	EAEIAL,	TOCAHOH	PURPOSE	
10-19-16 Wednesday	9:00 AM	logic and accuracy testing	Lee County Election Center 13180 S Cleveland Ave., Fort Myers	Test, by a random method of selection, the voting machines to be used in the election during early voting and at the precincts on Election Day.	
10-19-16 Wednesday	immediately following	test vote-by-mail ballot tabulators	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Test the vote-by-mail ballot tabulating equipment to be used in the election.	
10-26-16 Wednesday	9:00 AM	initial canvass of the vote-by-matl ballots received to date	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	initial Canvass the vote-by-mail bailots received to date for the election.	
10-28-16	Friday at 9:00 AM		Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Review of vote-by-mail ballots	
11-03-16	Thursday at 9.00 AM	review of vote-by-mail ballots			
11-07-16	Monday at 2:00 PM				
11-08-16 Tuesday Election Day	4.00 PM	review of vote-by-mail ballots receive "unofficial" election hight-results	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Review of vote-by-mail ballots and receive "unofficial" election night results.	
11-11-16 Friday	3:00 PM	canvass of provisional ballots canvass of write-in votes	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Canvass of provisional ballots, if any. Canvass of write-in votes.	
11-18-16 Friday	9:00 AV	canvass and count overseas vote-by-mail ballots certification of the election	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Canvass and count overseas vote-by- mail ballots. Official certification of the election. Canvassing Board to randomly select a race and precinct(s) to be audited in the post-election manual audit.	
11-21-16 Monday	9:00 AV	post-election manual audit	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Post-election manual audit. The results will be announced immediately following the completion of the post-election manual audit.	

The public testing, canvassing and certification are open to the public. Florida Statute 101.5612

I have received a copy of the Canvassing Board Meetings and Logic and Accuracy Testing Schedules for the August 30, 2016 Primary Election and the November 8, 2016 General Election. I understand that I can access OR receive a copy of these schedules at the Lee County Supervisor of Elections website www.lee.vote or by calling (239) LEE-VOTE (533-8683).

Candidate Signature:	Sin	Print Name: Dr. Derr.	ck Donnell	Date Signed: 6/23/14
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