

OFFICE USE ONLY

(Sections 99.021 and 105.031, Florida Statutes)

(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * – NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

X

Email Address

DS-DE 25A (Rev. 5/11)

FORM 6

FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS

2015

Please print or type your name, mailing
address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Donnell - Derrick - Lamont

MAILING ADDRESS:

1820 NE VAN LOON TERRACE

CITY:

Cape Coral

ZIP:

33909

COUNTY:

Lee

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

SCHOOL BOARD District 7 Lee County

CHECK IF THIS IS A FILING BY A CANDIDATE



1504462-001234 SEE Lee Co F1

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2015 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 15 was \$ 286,000.

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 \$ 40,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

REAL Property

\$ 212,000

Household Goods and Personal Effects

\$ 40,000

Hartford Annuities

\$ 34,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

Wells Fargo 3041 NE Pine Island Road
Cape Coral, FL

\$ 186,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

N/A

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 2015 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 2015 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2015 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 LEE

Sworn to (or affirmed) and subscribed before me this 23rd day of

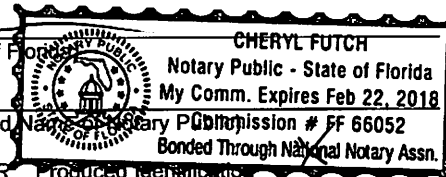
June, 2016 by DERRICK DONNELL

(Signature of Notary Public—State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public—Commission # FF 66052)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced FLDL



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 ☐

Tax and Credits**38** Amount from line 37 (adjusted gross income)**38** 120,373.**39a** Check ☐ You were born before January 2, 1951, ☐ Blind. ☐ Spouse was born before January 2, 1951, ☐ Blind. **Total boxes checked** ☐ **39a****b** If your spouse itemizes on a separate return or you were a dual-status alien, check here ☐ **39b****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, \$9,250

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)**40** 13,228.**41** Subtract line 40 from line 38**41** 107,145.**42** **Exemptions.** If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions**42** 16,000.**43** **Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter - 0-**43** 91,145.**44** **Tax** (see inst.) Check if any from: **a** ☐ Form(s) 8814 **b** ☐ Form 4972 **c** ☐**44** 14,369.**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** 14,369.**48** Foreign tax credit. Attach Form 1116 if required**48****49** Credit for child and dependent care expenses. Attach Form 2441**49****50** Education credits from Form 8863, line 19**50** 1,500.**51** Retirement savings contributions credit. Attach Form 8880**51****52** Child tax credit. Attach Schedule 8812, if required**52** 450.**53** Residential energy credits. Attach Form 5695**53****54** Other credits from Form: **a** ☐ 3800 **b** ☐ 8801 **c** ☐**54****55** Add in 48 through 54. These are your **total credits****55** 1,950.**56** Subtract line 55 from line 47. If line 55 is more than line 47, enter - 0-**56** 12,419.**Other Taxes****57** Self-employment tax. Attach Schedule SE**57** 75.**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** 12,494.**Payments**

If you have a qualifying child, attach Schedule EIC.

64 Federal income tax withheld from Forms W-2 and 1099**64** 7,616.**65** 2015 estimated tax payments and amount applied from 2014 return**65****66a** **Earned income credit (EIC)****66a****b** Nontaxable combat pay election **66b****66b****67** Additional child tax credit. Attach Schedule 8812**67****68** American opportunity credit from Form 8863, line 8**68** 1,000.**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** ☐ Re-served **c** ☐ 8885 **d** ☐**73****74** Add lines 64, 65, 66a, and 67 through 73. These are your **total payments****74** 8,616.**Refund****75** If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you **overpaid****75****76a** Amount of line 75 you want **refunded to you**. If Form 8888 is attached, check here ☐**76a**

Direct deposit? See instructions.

b Routing number **c** Type: ☐ Checking ☐ Savings**d** Account number **77** Amount of line 75 you want **applied to your 2016 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** 3,933.**79** Estimated tax penalty (see instructions)**79** 55.**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

Phone no.

Personal ID number

(PIN) **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.

Your signature

Date

Your occupation

Daytime phone number

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

Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

If the IRS sent you an ID Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name Firm's EIN Firm's address Phone no.

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

► 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.

OMB No. 1545-0074

2015

Attachment
Sequence No. **09**

Name of proprietor DERRICK L DONNELL		Social security number (SSN) [REDACTED]
A Principal business or profession, including product or service (see instructions) SOUTH GULF BASKETBAL :		B Enter code from instructions ► 999999
C Business name. If no separate business name, leave blank. DERRICK L DONNELL		D Employer ID number (EIN), (see instr.) 65-0032330
E Business address (including suite or room no.) ► 1820 NE VAN LOON TERRACE City, town or post office, state, and ZIP code CAPE CORAL, FL 33909		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2015, check here		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ATTACHMENT ► <input type="checkbox"/>	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 state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	1,052.

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9	248.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):	20a	
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20b	
12 Depletion	12		b Other business property	21	
13 Depreciation and section 179 expense deduction (not included in Part III) (see inst)	13		21 Repairs and maintenance	22	285.
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	23	
15 Insurance (other than health)	15		23 Taxes and licenses	24	
16 Interest:			24 Travel, meals, and entertainment:	24a	
a Mortgage (paid to banks, etc.)	16a		a Travel	24b	
b Other	16b		b Deductible meals and entertainment (see instructions)	25	
17 Legal and professional services	17		25 Utilities	26	
			26 Wages (less employment credits)	27a	
			27a Other expenses (from line 48)	27b	
			b Reserved for future use		
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	533.			
29 Tentative profit or (loss). Subtract line 28 from line 7	29	519.			
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30			30		
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.			31	519.	
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.			32a	<input type="checkbox"/> All investment is at risk.	
			32b	<input type="checkbox"/> Some investment is not at risk.	

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

Schedule C (Form 1040) 2015

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?
If "Yes," attach explanation ☐ Yes ☐ No

35	
36	
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41	
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42	
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43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ **1/8/2007**

a Business	380	b Commuting (see instructions)	1960	c Other	9660
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☒ Yes ☐ No

☒ Yes ☐ No☐ Yes ☒ No

☐ Yes ☒ No

[illegible]

48

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

► 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.

OMB No. 1545-0074

2015
Attachment
Sequence No. **09**

Name of proprietor DERRICK L DONNELL		Social security number (SSN) [REDACTED]
A Principal business or profession, including product or service (see instructions) BIG DS ENTERTAINMENT :		B Enter code from Instructions ► 999999
C Business name. If no separate business name, leave blank. DERRICK L DONNELL		D Employer ID number (EIN), (see instr.)
E Business address (including suite or room no.) ► 1820 NE VAN LOON TERRACE City, town or post office, state, and ZIP code CAPE CORAL, FL 33909		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2015, check here		► <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
I Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ATTACHMENT ► <input type="checkbox"/>	1	700.
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 gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	700.

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9	266.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):	20a	
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20b	
12 Depletion	12		b Other business property	21	
13 Depreciation and section 179 expense deduction (not included in Part III) (see inst)	13		21 Repairs and maintenance	22	420
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	23	
15 Insurance (other than health)	15		23 Taxes and licenses	24	
16 Interest:	16a		24 Travel, meals, and entertainment:	24a	
a Mortgage (paid to banks, etc.)	16b		a Travel	24b	
b Other	17		b Deductible meals and entertainment (see instructions)	25	
17 Legal and professional services			25 Utilities	26	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	686.	26 Wages (less employment credits)	27a	
29 Tentative profit or (loss). Subtract line 28 from line 7	29	14.	27a Other expenses (from line 48)	27b	
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		b Reserved for future use		
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31	14.			
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.	32a	<input type="checkbox"/> All investment is at risk.			
	32b	<input type="checkbox"/> Some investment is not at risk.			

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

Schedule C (Form 1040) 2015

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

► Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.
► Attach to Form 1040.

OMB No. 1545-0074

2015
Attachment
Sequence No. **07**

Name(s) shown on Form 1040

DERRICK L & SHERRI D DONNELL

Your social security number

[REDACTED]

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1			
2	Enter amount from Form 1040, line 38 2	2			
3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1951, multiply line 2 by 7.5% (.075) instead	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter - 0-	4			
Taxes You Paid		5 State and local (check only one box):			
a	<input type="checkbox"/> Income taxes, or	5		0.	
b	<input type="checkbox"/> General sales taxes	6		2,660.	
6	Real estate taxes (see instructions) SEE ATTACHMENT	6			
7	Personal property taxes	7		660.	
8	Other taxes. List type and amount	8			
9	Add lines 5 through 8	9			3,320.
Interest You Paid		10 Home mortgage interest and points reported to you on Form 1098		10	5,208.
Note. Your mortgage interest deduction may be limited (see instructions).		11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►		11	
12 Points not reported to you on Form 1098. See instructions for special rules		12			
13 Mortgage insurance premiums (see instructions)		13			
14 Investment interest. Attach Form 4952 if required. (See instructions.)		14			
15 Add lines 10 through 14		15			5,208.
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions		16	4,700.
GRACE UNITED METHODIST		17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500		17	
18 Carryover from prior year		18			
19 Add lines 16 through 18		19			4,700.
Casualty and Theft Losses		20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)		20	
Job Expenses and Certain Miscellaneous Deductions		21 Unreimbursed employee expenses -job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See inst.) ►		21	
22 Tax preparation fees		22			
23 Other expenses - investment, safe deposit box, etc. List type and amount ►		23			
24 Add lines 21 through 23		24			
25 Enter amount from Form 1040, line 38 25		25			
26 Multiply line 25 by 2% (.02)		26			
27 Subtract line 26 from line 24. If line 26 is more than line 24, enter - 0-		27			
Other Miscellaneous Deductions		28 Other - from list in instructions. List type and amount ►		28	
Total Itemized Deductions		29 Is Form 1040, line 38, over \$154,950?		29	13,228.
<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.		<input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			
30 If you elect to itemize deductions even though they are less than your standard deduction, check here					

KBA For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule 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.

10	Enter the amount from Form 2210, line 9		10	10,345.								
11	Enter the amount, if any, from Form 2210, line 6	11	7,616.									
12	Enter the total amount, if any, of estimated tax payments you made	12										
13	Add lines 11 and 12		13	7,616.								
14	Total underpayment for year. Subtract line 13 from line 10. If zero or less, stop ; you do not owe a penalty. Do not file Form 2210 unless you checked box E in Part II		14	2,729.								
15	Multiply line 14 by .02001		15	55.								
16	<ul style="list-style-type: none"> • If the amount on line 14 was paid on or after 4/15/16, enter - 0- . • If the amount on line 14 was paid before 4/15/16, make the following computation to find the amount to enter on line 16. <table border="0" style="margin-left: 40px;"> <tr> <td style="text-align: right;">Amount on</td> <td></td> <td style="text-align: right;">Number of days paid</td> <td></td> </tr> <tr> <td style="text-align: right;">line 14</td> <td style="text-align: center;">X</td> <td style="text-align: right;">before 4/15/16</td> <td style="text-align: center;">X .00008</td> </tr> </table>	Amount on		Number of days paid		line 14	X	before 4/15/16	X .00008		16	0.
Amount on		Number of days paid										
line 14	X	before 4/15/16	X .00008									
17	Penalty. Subtract line 16 from line 15. Enter the result here and on Form 1040, line 79; Form 1040A, line 51; Form 1040NR, line 76; Form 1040NR-EZ, line 26; or Form 1041, line 26. Do not file Form 2210 unless you checked a box in Part II		17	55.								

Form **2210** (2015)

1-10-16 1:11 PM LEE

2015

SSN :

Amount

213

2,660

Amount

700

700

Amount

1,052

1,052

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

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

2015
Attachment
Sequence No. **17**

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

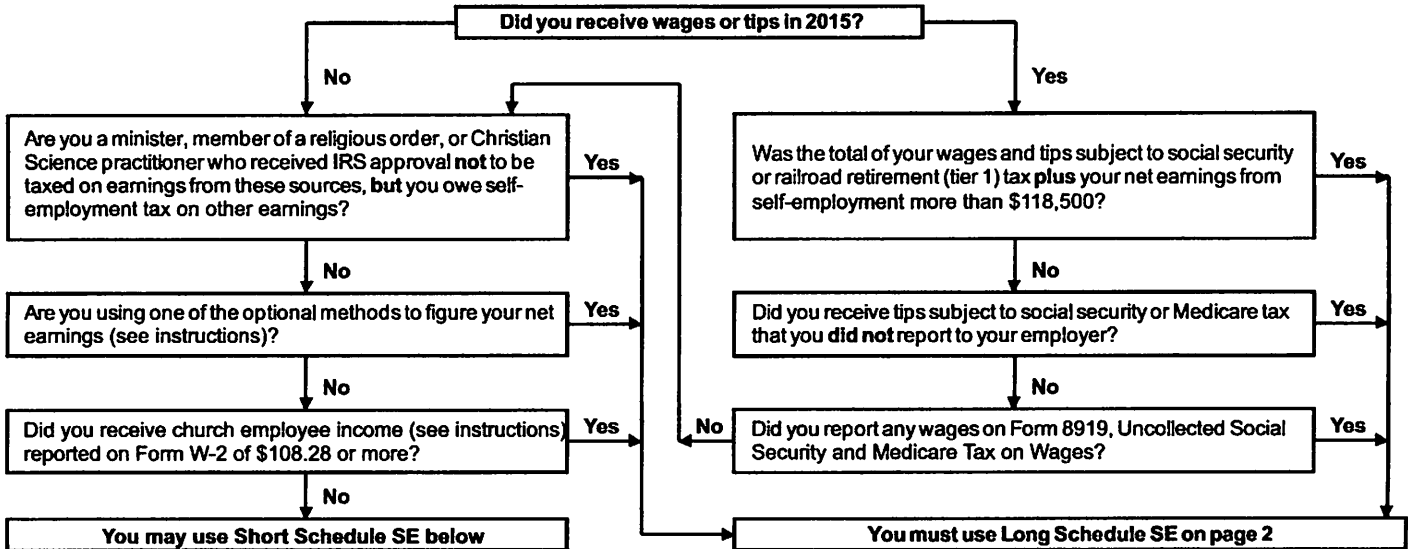
Social security number of person
with self-employment income ►

DERRICK L DONNELL

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.

- 1a** Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A
- b** 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
- 2** 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
- 3** Combine lines 1a, 1b, and 2
- 4** Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; **do not** file this schedule 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.
- 5 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. Enter the total here and on **Form 1040, line 57, or Form 1040NR, line 55**
- 6 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**

1a	0.
1b	(
2	533
3	533
4	492
5	75.
6	38.

1040-Sch SE (2015) FDSE-1WV 1.13
Form Software Copyright 1998 - 2016 HRB Tax Group, Inc.

KBA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule SE (Form 1040) 2015

33 Method(s) used to value closing inventory: **a** ☐ Cost **b** ☐ Lower of cost or market **c** ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?
If "Yes," attach explanation ☐ Yes ☐ No

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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.			
1.	BONITA SPRINGS—ELECTIONS OFFICE 25987 S. TAMiami 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
3.	CAPE CORAL-LEE COUNTY LIBRARY 921 SW 39TH TER., CAPE CORAL	8.	NORTHWEST REGIONAL LIBRARY 519 CHIQUITA BLVD. N., CAPE CORAL
4.	EAST COUNTY REGIONAL LIBRARY 881 GUNNERY RD., LEHIGH ACRES	9.	SCHANDLER HALL COMMUNITY PARK 419 ROYAL PALM PARK RD., FORT MYERS
5.	ESTERO RECREATION CENTER 9200 CORKSCREW PALMS BLVD., ESTERO	10.	VETERANS PARK RECREATION CENTER 55 SOUTH HOMESTEAD RD., LEHIGH ACRES

I, 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 follows:

DATE	TIME	EVENT	LOCATION	PURPOSE
08-17-16 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.
08-17-16 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 and initial canvass of the vote-by-mail ballots received to date.
08-25-16 Thursday	at 9:00 AM	review of vote-by-mail ballots	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Review of vote-by-mail ballots.
08-29-16 Monday	at 3:00 PM	review of vote-by-mail ballots	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Review of vote-by-mail ballots and receive "unofficial" election night results.
08-30-16 Election Day	4:00 PM	receive "unofficial" election night results	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.
09-02-16 Friday	1:00 PM	canvass of provisional ballots certification of the election	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.
09-07-16 Wednesday	9:00 AM	post-election manual audit	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	

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



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 Schedule and Information Dates, Times and Locations			
Monday, October 24, 2016 through Saturday, November 5, 2016 (Excluding Sunday, October 30, 2016) 10:00 a.m. to 7:00 p.m.			
1.	BONITA SPRINGS—ELECTIONS OFFICE 25987 S. TAMiami 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
3.	CAPE CORAL-LEE COUNTY LIBRARY 921 SW 39TH TER., CAPE CORAL	8.	NORTHWEST REGIONAL LIBRARY 519 CHIQUITA BLVD. N., CAPE CORAL
4.	EAST COUNTY REGIONAL LIBRARY 881 GUNNERY RD., LEHIGH ACRES	9.	SCHANDLER HALL COMMUNITY PARK 419 ROYAL PALM PARK RD., FORT MYERS
5.	ESTERO RECREATION CENTER 9200 CORKSCREW PALMS BLVD., ESTERO	10.	VETERANS PARK RECREATION CENTER 55 SOUTH HOMESTEAD RD., LEHIGH ACRES

I, 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 follows:

DATE	TIME	EVENT	LOCATION	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-mail ballots received to date	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Initial Canvass the vote-by-mail ballots received to date for the election.
10-28-16 Friday	at 9:00 AM	review of vote-by-mail ballots	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	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Review of vote-by-mail ballots.
11-07-16 Monday	at 2:00 PM	review of vote-by-mail ballots	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Review of vote-by-mail ballots and receive "unofficial" election night results.
11-08-16 Tuesday Election Day	4:00 PM	receive "unofficial" election night results	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Canvass of provisional ballots, if any. Canvass of write-in votes.
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 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.
11-18-16 Friday	9:00 AM	canvass and count overseas vote-by-mail ballots certification of the election	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.
11-21-16 Monday	9:00 AM	post-election manual audit	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	

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: _____

Print Name: _____

Dr. Derrick Donnell

Date Signed: _____

6/23/16