

CANDIDATE OATH -
CANDIDATE WITH NO PARTY AFFILIATION

WHITEHEAD, CHARLES KENNETH
20 EMILY LN
FORT MYERS BEACH FL 33931

111536677

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, Charlie Whitehead

(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 with no party affiliation for the office of County Commissioner, 3

(office)

(district #)

Lee County, Florida;
(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.

X Charlie Whitehead (239) 463-2363 charliwhitehead2012@gmail.com
Signature of Candidate Telephone Number Email Address

20 Emily Lane Fort Myers Beach FL 33931
Address City State Zip Code

Candidate's Florida Voter Registration Number (located on your voter information card): 111536677

* 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 8th day of June, 2012.

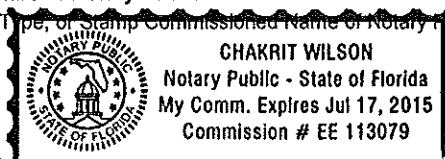
Personally Known: _____ or

Produced Identification: ✓

Type of Identification Produced: FL DRIVERS LICENSE

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public



SCANNED

111536677

FORM 6 FULL AND PUBLIC DISCLOSURE OF

2011

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

FINANCIAL INTERESTS

FOR OFFICE
USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

LAST NAME — FIRST NAME — MIDDLE NAME:

Whitehead Charles Kenneth

MAILING ADDRESS:

20 Emily Lane

CITY:

Fort Myers Beach

ZIP:

33931

COUNTY:

Lee

NAME OF AGENCY:

Lee County

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

County Commissioner Dist 3

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, 2011, 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 12-31-11, 20 11 was \$ -23,534.

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.

The aggregate value of my household goods and personal effects (described above) is \$ 10,000.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

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

VALUE OF ASSET

Home 20 Emily Lane

116,252

Vanguard Mutual Fund

14,800

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

Home Mortgage BOA PO 15222 Wilmington DE 19886

147,229

US DOE Student Loans Loan consolidation@mail.eds.com

11,366

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

SCANNED

PART D -- INCOME

You may ***EITHER*** (1) file a complete copy of your 2011 federal income tax return, including all W2's, schedules, and attachments, ***OR*** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

☒ I elect to file a copy of my 2011 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2011 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 5]

	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			

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

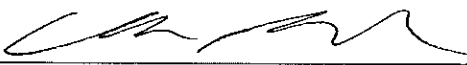
OATH

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 8th day of

June, 20 12 by CHARLES WHITEHEAD.

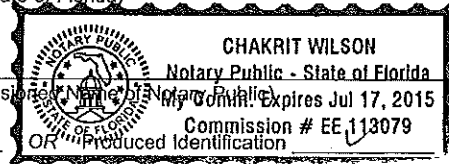


(Signature of Notary Public--State of Florida)


SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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

Personally Known _____



Type of Identification Produced _____

FL DRIVER LICENSE

FILING INSTRUCTIONS for when and where to file this form are located at the INSTRUCTIONS on who must file this form and how to fill it out begin on page OTHER FORMS you may need to file are described on page 6.

WHITEHEAD, CHARLES KENNETH
20 EMILY LN
FORT MYERS BEACH FL 33931

111536677

Form **1040** U.S. Individual Income Tax Return **2011** OMB No. 1545-0074 IRS Use Only — Do not write or staple in this space.

For the year Jan 1 - Dec 31, 2011, or other tax year beginning 2011, ending 2011, See separate instructions.

Your first name MI Last name Your social security number

CHARLES K WHITEHEAD

If a joint return, spouse's first name MI Last name Spouse's social security number

DEBORAH WHITEHEAD

Home address (number and street). If you have a P.O. box, see instructions. Apartment no.

20 EMILY LANE

City, town or post office. If you have a foreign address, also complete spaces below (see instructions). State ZIP code

FT MYERS BEACH FL 33931

Foreign country name Foreign province/county Foreign postal code

▲ Make sure the SSN(s) above and on line 6c are correct.

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status

- 1 ☐ Single
 2 ☒ Married filing jointly (even if only one had income)
 3 ☐ Married filing separately. Enter spouse's SSN above & full name here.
 4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.
 5 ☐ Qualifying widow(er) with dependent child

Check only one box.

Exemptions

- 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a
 b ☒ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax or (see instrs)
ALLISON M	WHITEHEAD		Daughter	<input type="checkbox"/>
RACHEL S	WHITEHEAD		Daughter	<input type="checkbox"/>
MICHAEL W	WHITEHEAD		Son	<input checked="" type="checkbox"/>

If more than four dependents, see instructions and check here ☐

Boxes checked on 6a and 6b ...
 No. of children on 6c who:
 • lived with you
 • did not live with you due to divorce or separation (see instrs) ...
 Dependents on 6c not entered above
 Add numbers on lines above **3**

d Total number of exemptions claimed **3**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	18,009
8a Taxable interest. Attach Schedule B if required	8a	
b Tax-exempt interest. Do not include on line 8a	8b	
9a Ordinary dividends. Attach Schedule B if required	9a	
b Qualified dividends	9b	
10 Taxable refunds, credits, or offsets of state and local income taxes	10	
11 Alimony received	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	
13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here <input type="checkbox"/>	13	
14 Other gains or (losses). Attach Form 4797	14	
15a IRA distributions	15a	
b Taxable amount	15b	23,500.
16a Pensions and annuities	16a	38,945.
b Taxable amount	16b	0.
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation	19	7,383.
20a Social security benefits	20a	
b Taxable amount	20b	
21 Other income SEE STATEMENT L21	21	9,949.
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	58,841.

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

If you did not get a W-2, see instructions.

ROLLOVER

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Adjusted Gross Income

23 Educator expenses	23	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
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	
28 Self-employed SEP, SIMPLE, and qualified plans	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 IRA deduction	32	
33 Student loan interest deduction	33	60.
34 Tuition and fees. Attach Form 8917	34	
35 Domestic production activities deduction. Attach Form 8903	35	
36 Add lines 23 through 35	36	60.
37 Subtract line 36 from line 22. This is your adjusted gross income	37	58,781.

COPY

Tax and Credits

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, \$5,800 Married filing jointly or Qualifying widow(er), \$11,600 Head of household, \$8,500

38	Amount from line 37 (adjusted gross income)	38	5
39a	Check if: <input type="checkbox"/> You were born before January 2, 1947, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1947, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see instructions)	40	1
41	Subtract line 40 from line 38	41	4
42	Exemptions. Multiply \$3,700 by the number on line 6d.	42	1
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	2
44	Tax (see instrs). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> 962 election	44	
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Education credits from Form 8863, line 23	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit (see instructions)	51	1,000
52	Residential energy credits. Attach Form 5695	52	
53	Other crs from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
54	Add lines 47 through 53. These are your total credits	54	
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	
56	Self-employment tax. Attach Schedule SE	56	
57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59a	Household employment taxes from Schedule H	59a	
59b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
60	Other taxes. Enter code(s) from instructions HSA	60	
61	Add lines 55-60. This is your total tax	61	
62	Federal income tax withheld from Forms W-2 and 1099	62	1,251
63	2011 estimated tax payments and amount applied from 2010 return	63	
64a	Earned income credit (EIC)	64a	
64b	Nontaxable combat pay election	64b	
65	Additional child tax credit. Attach Form 8812	65	
66	American opportunity credit from Form 8863, line 14	66	
67	First-time homebuyer credit from Form 5405, line 10	67	
68	Amount paid with request for extension to file	68	
69	Excess social security and tier 1 RRTA tax withheld	69	
70	Credit for federal tax on fuels. Attach Form 4136	70	
71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71	
72	Add lines 62, 63, 64a, & 65-71. These are your total pmts	72	
73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	
74b	Routing number XXXXXXXXXX	74b	
74c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	74c	
74d	Account number XXXXXXXXXXXXXXXXXXXX	74d	
75	Amount of line 73 you want applied to your 2012 estimated tax	75	
76	Amount you owe. Subtract line 72 from line 61. For details on how to pay see instructions	76	3
77	Estimated tax penalty (see instructions)	77	44

Payments

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit? See instructions.

Amount You Owe

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below.

Designee's name **DONNA J BURUN**

Phone no. **(239) 466-6800**

Personal identification number (PIN)

Sign Here

Joint return? See instructions.

Keep a copy for your records.

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 **NEWSPAPER REPORTER** Date **HOMEMAKER/SELF EMPL** Daytime phone number

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

Print/Type preparer's name **DONNA J BURUN** Preparer's signature Date Check ☐ if PTIN self-employed **P00731710**

Paid Preparer's Use Only

Firm's name **BEACH ACCOUNTING & TAX SERVICE**

Firm's address **17274 SAN CARLOS BLVD STE 202**

FORT MYERS BEACH

FL 33931-5321

Firm's EIN **27-1108338**

Phone no. **(239) 466-6**

12 JUN 8 AM 1102 SDE LEE OF 1

COPY

<input type="checkbox"/> CORRECTED (if checked)		OMB No. 1545-0115 2011 Form 1099-MISC		Miscellaneous Income Copy B For Recipient
PAYER'S name, street address, city, state, ZIP code, and telephone no. Robert B Andrews 14691 Orange River Rd Ft Myers FL 33905 30 243-8813		1 Rents \$	2 Royalties \$	
PAYER'S federal identification number	RECIPIENT'S identification number	3 Other income \$ 9945.80	4 Federal income tax withheld \$ 0	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S name Charlie Whitehead		5 Fishing boat proceeds \$	6 Medical and health care payments \$	
Street address (including apt. no.) 4 Emily Lane		7 Nonemployee compensation \$	8 Substitute payments in lieu of dividends or interest \$	
City, state, and ZIP code Ft Myers Beach FL 33931		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	
Account number (see instructions)		11	12	
15a Section 409A deferrals \$		15b Section 409A income \$	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$
		16 State tax withheld \$	17 State/Payer's state no.	18 State income \$

(keep for your records)

Department of the Treasury - Internal Revenue Service

2011 FORM 1099-R

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

PAGE 1 OF 4

1-800-523-1188

CHARLES K WHITEHEAD
20 EMILY LN
FORT MYERS BEACH FL 33931-2933



COPY

Form 1099-R is issued for each person who has received a distribution from a profit-sharing or retirement plan. See instructions on reverse.

Recipient's Taxpayer Identification Number

XXX-XX

PAYER'S name, street address, city, state, and ZIP code VANGUARD FIDUCIARY TRUST COMPANY P.O. BOX 1101 VALLEY FORGE PA 19482		1 Gross distribution \$ 38,518.59	OMB NO. 1545-0119 2011 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
PAYER'S Federal identification number 23-2186884		2a Taxable amount \$ 0.00	Total distribution <input checked="" type="checkbox"/>		Copy 1 For State, City, or Local Tax Department
RECIPIENT'S identification number XXX-XX		2b Taxable amount not determined <input type="checkbox"/>	3 Capital gain (included in box 2a) \$ 0.00		
RECIPIENT'S name (first, m., last), street address (including apt. no.), city, state, and ZIP code CHARLES K WHITEHEAD 20 EMILY LN FORT MYERS BEACH FL 33931-2933		5 Employee contributions / Designated Roth contributions or insurance premiums \$ 0.00	4 Federal income tax withheld \$ 0.00		
10 Amount allocable to IRR within 5 years \$ 0.00		7 Distribution code G	6 Net unrealized appreciation in employer's securities \$ 0.00		
11 1st year of desig. Roth contrib.		8 Other \$ %	9a Your percentage of total distribution %		
Account number 091588 2011 0000211853		9b Total employee contributions \$ %	12 State tax withheld \$ 0.00		
THE SCRIPPS RETIREMENT AND INVESTMENT PLAN		13 State/Payer's state no. FL	14 State distribution \$ 0.00		
		15 Local tax withheld \$ 0.00	16 Name of locality		
		17 Local distribution \$ 0.00			

FORM 1099-R
Department of the Treasury - Internal Revenue Service

PAYER'S name, street address, city, state, and ZIP code VANGUARD FIDUCIARY TRUST COMPANY P.O. BOX 1101 VALLEY FORGE PA 19482		1 Gross distribution \$ 38,518.59	OMB NO. 1545-0119 2011 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
PAYER'S Federal identification number 23-2186884		2a Taxable amount \$ 0.00	Total distribution <input checked="" type="checkbox"/>		Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the Internal Revenue Service.
RECIPIENT'S identification number XXX-XX		2b Taxable amount not determined <input type="checkbox"/>	3 Capital gain (included in box 2a) \$ 0.00		
RECIPIENT'S name (first, m., last), street address (including apt. no.), city, state, and ZIP code CHARLES K WHITEHEAD 20 EMILY LN FORT MYERS BEACH FL 33931-2933		5 Employee contributions / Designated Roth contributions or insurance premiums \$ 0.00	4 Federal income tax withheld \$ 0.00		
10 Amount allocable to IRR within 5 years \$ 0.00		7 Distribution code G	6 Net unrealized appreciation in employer's securities \$ 0.00		
11 1st year of desig. Roth contrib.		8 Other \$ %	9a Your percentage of total distribution %		
Account number 091588 2011 0000211853		9b Total employee contributions \$ %	12 State tax withheld \$ 0.00		
THE SCRIPPS RETIREMENT AND INVESTMENT PLAN		13 State/Payer's state no. FL	14 State distribution \$ 0.00		
		15 Local tax withheld \$ 0.00	16 Name of locality		
		17 Local distribution \$ 0.00			

FORM 1099-R
Department of the Treasury - Internal Revenue Service

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2011 FORM 1099-R

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

PAGE 3 OF 4

1-800-523-1188

CHARLES K WHITEHEAD
20 EMILY LN
FORT MYERS BEACH FL 33931-2933

COPY

Form 1099-R is issued for each person who has received a distribution from a profit-sharing or retirement plan. See instructions on reverse.

Recipient's Taxpayer Identification Number

XXX-XX

PAYER'S name, street address, city, state, and ZIP code VANGUARD FIDUCIARY TRUST COMPANY P.O. BOX 1101 VALLEY FORGE PA 19482		1 Gross distribution \$ 427.05	OMB NO. 1545-0119 2011 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount \$ 0.00	Total distribution <input checked="" type="checkbox"/>	
		2b Taxable amount not determined <input type="checkbox"/>		
PAYER'S Federal identification number 23-2186884	RECIPIENT'S identification number XXX-XX	3 Capital gain (included in box 2a) \$ 0.00	4 Federal income tax withheld \$ 0.00	Copy 1 For State, City, or Local Tax Department
RECIPIENT'S name (first, m., last), street address (including apt. no.), city, state, and ZIP code CHARLES K WHITEHEAD 20 EMILY LN FORT MYERS BEACH FL 33931-2933		5 Employee contributions / Designated Roth contributions or insurance premiums \$ 427.05	6 Net unrealized appreciation in employer's securities \$ 0.00	
		7 Distribution code 1 IRA/SEP/ SIMPLE <input type="checkbox"/>	8 Other <input type="checkbox"/>	
		9a Your percentage of total distribution %	9b Total employee contributions %	
10 Amount allocable to IRR within 5 years \$ 0.00	11 1st year of desig. Roth contrib.	12 State tax withheld \$ 0.00	13 State/Payer's state no. FL	14 State distribution \$ 0.00
Account number 091588 2011 0000211854 THE SCRIPPS RETIREMENT AND INVESTMENT PLAN		15 Local tax withheld \$ 0.00	16 Name of locality	17 Local distribution \$ 0.00

FORM 1099-R
Department of the Treasury - Internal Revenue Service

PAYER'S name, street address, city, state, and ZIP code VANGUARD FIDUCIARY TRUST COMPANY P.O. BOX 1101 VALLEY FORGE PA 19482		1 Gross distribution \$ 427.05	OMB NO. 1545-0119 2011 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount \$ 0.00	Total distribution <input checked="" type="checkbox"/>	
		2b Taxable amount not determined <input type="checkbox"/>		
PAYER'S Federal identification number 23-2186884	RECIPIENT'S identification number XXX-X)	3 Capital gain (included in box 2a) \$ 0.00	4 Federal income tax withheld \$ 0.00	Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the Internal Revenue Service.
RECIPIENT'S name (first, m., last), street address (including apt. no.), city, state, and ZIP code CHARLES K WHITEHEAD 20 EMILY LN FORT MYERS BEACH FL 33931-2933		5 Employee contributions / Designated Roth contributions or insurance premiums \$ 427.05	6 Net unrealized appreciation in employer's securities \$ 0.00	
		7 Distribution code 1 IRA/SEP/ SIMPLE <input type="checkbox"/>	8 Other <input type="checkbox"/>	
		9a Your percentage of total distribution %	9b Total employee contributions %	
10 Amount allocable to IRR within 5 years \$ 0.00	11 1st year of desig. Roth contrib.	12 State tax withheld \$ 0.00	13 State/Payer's state no. FL	14 State distribution \$ 0.00
Account number 091588 2011 0000211854 THE SCRIPPS RETIREMENT AND INVESTMENT PLAN		15 Local tax withheld \$ 0.00	16 Name of locality	17 Local distribution \$ 0.00

FORM 1099-R
Department of the Treasury - Internal Revenue Service

00577

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3-4



2011 Form 1099-R

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

1-800-662-2739

PAGE 2 OF 3

Vanguard

P.O. BOX 2600 • VALLEY FORGE, PA 19482-2600

PAYER'S name

Vanguard Fiduciary Trust Company

CHARLES K WHITEHEAD

20 EMILY LN

FORT MYERS BEACH FL 33931-2933

PAYER'S federal identification number

23-2640992

RECIPIENT'S identification number

XXX-XX

COPY

This information is being furnished to the Internal Revenue Service.
Department of the Treasury - Internal Revenue Service

in Name		nd Name		Account number									
Box 1: Gross distribution	Box 2a: Taxable amount	Box 2b: Taxable amount not determined	Box 4: Federal income tax withheld	Box 5: Employee contributions/ Designated Roth contributions or insurance premiums	Box 7: Distri- bution code(s)	IRA/ SEP/ SIMPLE	Box 11: 1st year of desig. Roth contrib.	Box 12: State tax withheld	Box 13: State/Payer's state no.	Box 14: State distribution			
OLLOVER IRA RIME MONEY 23,500.00	MKT FUND 23,500.00	X	88050576344 500.00		01	X							

rm 1099-R
/B No. 1545-0119

Copy B Report this income on
your federal tax return. If
this form shows federal income
tax withheld in box 4, attach
this copy to your return.

2-3

00951356



STATE OF FLORIDA AGENCY FOR WORKFORCE INNOVATION SPECIAL PAYMENTS UNIT PO BOX 5350 TALLAHASSEE FL 32314-5350 1-800-204-2418		CERTAIN GOVERNMENT PAYMENTS FORM 1099-G
PAYERS Federal Identification Number 59-3665358	RECIPIENTS Identification Number XXX-XX	TAX YEAR 2011
1. UNEMPLOYMENT COMPENSATION \$ 7383.00	4. Total Federal Income tax withheld \$ 751.00	INSTRUCTIONS TO CLAIMANT This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
5. ATAA Payments \$		
RECIPIENTS NAME CHARLES WHITEHEAD		

(KEEP FOR YOUR RECORDS)

AWI FORM 1099-G (REV. 12/2006)

COPY

INSTRUCTIONS FOR RECIPIENT

BOX 1. - Shows total unemployment compensation paid to you this year. This amount is considered taxable income. For details, see the instructions for filing Federal income tax returns. A request can be made for the payer to withhold Federal income tax from each payment on any future benefits, or estimated tax payments can be made by using FORM 1040-ES, Estimated Tax for Individuals.

BOX 4. - Shows total Federal income tax withheld. **INCLUDE THIS ON YOUR INCOME TAX RETURN AS TAX WITHHELD**

BOX 5. - Shows taxable Alternative Trade Adjustment Assistance (ATAA) payments. Recipients receiving ATAA payments in the above tax year will receive a separate amended 1099-G statement showing the total ATAA payments paid.

Additional Recipient Information - Please read

Repayments of any overpayment of unemployment compensation in the tax year indicated above should be subtracted from the total amount of unemployment compensation received. Include the adjusted amount on the appropriate line of the income tax form. Enter "Repaid" and the amount repaid in the space to the left of the appropriate line. Any repayments of unemployment compensation in the above tax year that were included in an earlier year may be deducted from the amount repaid. Any questions on how to report repayments of an unemployment compensation overpayment should be directed to the Internal Revenue Service.

A statement of any monies repaid to the Agency for Workforce Innovation in the above tax year will be mailed separately.

An Equal Opportunity Employer Program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers on this document may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711.

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