**General Information** 

Name:

Mr Thomas Arthur O'Neill

Address:

7306 JASMIN DR, NEW PRT RCHY, FL 34652

County:

Pasco

Organization

Suborganization

Title

N/A

**CANDIDATE FOR** 

**Position** 

**Agency Name** 

Position sought or held

City, Town or Village (Commission or

Council), Governing Board

City of New Port Richey

City Council seat

#### **Net Worth**

My Net Worth as of February 14, 2024 was \$ 1,286,533.56.

#### **Assets**

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effect is \$50,000,00.

#### ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset	
Personal residence	\$ 350,000.00	
2016 Ford F-350 Truck	\$ 30,000.00	
1997 Ford F-150 Truck	\$ 2,000.00	***************************************
2003 Kawasaki Motorcycle	\$ 1,500.00	
Home Contents	\$ 50,000.00	***************************************
2007 Clearwater Boat	\$ 10,000.00	
Empower Retirement Fund	\$ 745,331.04	
Nationwide Retirement Fund	\$ 27,096.17	<del>(</del>
FRS Mutual Funds	\$ 40,927.43	
2014 Coleman RV	\$ 7,500.00	**********
Bank of America Campaign Acct.	\$ 2,000.00	
Bank of America Checking	\$ 7,149.71	************
Bank of America Savings	\$ 13,182.43	

Liabilities					THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS O
LIABILITIES IN EXCESS OF \$1,000	) •				
Name of Creditor	Address of Cre	ditor		Ar	mount of Liability
N/A	·	· · · · · · · · · · · · · · · · · · ·			
					· · · · · · · · · · · · · · · · · · ·
JOINT AND SEVERAL LIABILITIES	NOT REPORTED	ABOVE:			
Name of Creditor	Address of Cred	ditor		An	nount of Liability
N/A					
					·
			410		***************************************
Income				******	
Identify each separate source as income. Or attach a complete or Please redact any social security posted to the Commission's well	opy of your 202 or account nu	22 federal incon	ne tax return, including all W	2s. schedules. a	and attachments.
I elect to file a copy of my 20	)23 federal inco	ome tax return a	and all W2s, schedules, and a	ttachments.	
PRIMARY SOURCES OF INCOME:					
Name of Source of Income Exce	eding \$1,000	Address of So	urce of Income		Amount
See Attached				<del></del>	
SECONDARY SOURCES OF INCOM	E (Major custo	mers, clients, et	c. of businesses owned by re	porting person	):
Name of Business Entity	Name of Maj Business' Inco	or Sources of ome	Address of Source		Business of Source
See Attached					
		***************************************			

Interests in Specified Businesses	
Business Entity # 1	
N/A	
And the second s	

## **Signature of Reporting Official or Candidate**

Under the penalties of perjury, I declare that I have read the foregoing Form6 and that the facts stated in it are true.

# Thomas Arthur O'Neill

Digitally signed: 02/16/2024

£104		epartment of the Treasury—Internal Revenue Servi J.S. Individual Income Tail		turn	202	3	OMB No. 1545-0	0074	IRS Use Only	Do not	write or staple	in this soace.
For the year J	Jan. 1-0	Dec. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	T	eparate inst	
Your first ner	ne and	middle initial	Last	name					***********		ocial securi	
THOMAS	A		O'N	EILL						1001		
If joint return,	, spous	e's first name and middle initial	Last					·····		Spous	e's social sed	curay numb
Home addres	ss (num	ber and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.	Presid	ential Electic	on Campaig
		NE DRIVE								Check	here if you,	or your
City, town, or	r post o	iffice. If you have a foreign address, also co	mplete	spaces be	low.	Sta	te :	ZIP co	ode		e if filing join	
NEW POP	RT R	ICHEY				FL		346	52		o this fund. ( slow will not	_
Foreign coun	itry nam	10		Foreign p	rovince/state/c	count	y I	Foreig	n postal code		x or refund.	
				<b>75.90</b>							☐ You	Браце
Filing Statu		Single					Head of hou	useho	old (HOH) blo			
Check only		Married filing jointly (even if only or	ne had	income)								
one box.		Married filing separately (MFS)					Oualifying s	urviv	ing spouse	(QSS)		
	11	you checked the MFS box, enter the	name	of your s	pouse. If you	che	cked the HOH	or QS	S box, ente	r the ch	ild's name	if the
	q	jualifying person is a child but not you	r depe	endent:	************		*****		***********			
Digital	At a	any time during 2023, did you: (a) rece	eive (a:	s a reward	d, award, or p	Davr	nent for properh	v or s	ervices): or	(b) sell.	<del></del>	······································
Assets	exc	change, or otherwise dispose of a digit	tal ass	et (or a fi	nancial intere	st in	a digital asset)	? (Se	e instruction	(5, 55 15.)	Yes	X No
Standard	_	meone can claim: 🔲 You as a deg					a dependent					4.3
Deduction	1 <u></u>	Spouse itemizes on a separate return	or yo									
Aoe/Biindne	ss You	u: 🔀 Were born before January 2, 19		☐ Are b				<b>L</b> -4-		4050	<b>(</b> )	
		s instructions):		<del>T</del>		uee.		4.43	re January 2 Check the bo	The second second second second		
f more		First name Last name		(2) 8	Social security number		(3) Relationship to you	[40]	Child tax or			instructions): er dependents
than four				<del>                                     </del>		$\dashv$		+-			G Edit for Otta	ai deperioens
dependents,	***************************************			+		$\dashv$	····					╡──
see instructio: and check	ns			<b>†</b>		$\dashv$		+	<u>U</u>		<u> </u>	<del></del>
here . [	]		***************************************	<del> </del>	····	十		+	<u> </u>		-	<del></del>
ncome	18	Total amount from Form(s) W-2, bo	x 1 (se	ee instruc	tions)					1a		
	, b							,	•	1b		
Attach Form(s) N-2 here. Also	-							•	•	10		
Itach Forms	d							•	•	10		
W-2G and 1099-R If tax	е	Taxable dependent care benefits fro								1e	<del></del>	-
was withheld.	f	Employer-provided adoption benef						•		11		
you did not	9	Wages from Form 8919, line 6 .						·		19		
jet a Form V-2, see	ħ	Other earned income (see instruction	ons)							1h		-
nstructions.	i	Nontaxable combat pay election (se	ee inst	ructions)			111					
		Add lines 1a through 1h			,			***************************************		12		
ttach Sch. B	2a	Tax-exempt interest 2	8		t	Ta	xable interest			2b		***************************************
required.	3a	Qualified dividends 3	8		b	On	dinary dividends	<b>s</b> .		3b		
	4#	IRA distributions 4	a		b	Ta	xable amount .			46		
endard eduction for—	5a	Pensions and annuities 5	a	72,	337. b	Ta	xable amount .			5b	72	2,324.
ingle or	8a	Social security benefits 6	8	28,	115. b	Tax	xable amount .			65	2.3	3,898.
Aarried filing aparalely,	C	If you elect to use the lump-sum ele										
13,850 Aarried Hing	7	Capital gain or (loss). Attach Sched			. If not requir	ed, c	check here			7		
ointly or Xuasitying	В	Additional income from Schedule 1,								8		
urviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, a		_	ur total inco	me		-		9	96	5,222.
27,700 feed of	10	Adjustments to income from Sched								10		
ousehold, 20,800	11	Subtract line 10 from line 9. This is							*	11	96	5,222.
you checked	12	Standard deduction or itemized d								12	15	700.
iny box under Standard	13	Qualified business income deductio	n from	Form 89	95 or Form 8	995-	Α	*		13		Management of the second of the second of
Reduction, se instructions.	14	Add lines 12 and 13 ,								14		700.
	15	Subtract line 14 from line 11. If zero	or les	s, enter -(	) This is you	ır ta:	xable income			15	80	,522.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

80,522. Form 1040 (2023)

Form 1040 (202)	3)								Page 2
Tax and	16	Tax (see instructions). Chec	cif any from For	n(s): 1 🔲 88	14 2 4972	3 🗌		16	13,023.
Credits	17	Amount from Schedule 2, li		• •			<del>-</del>	17	
	18	Add lines 16 and 17						18	13,023.
	19	Child tax credit or credit for	other depender	nts from Sched	dule 8812			19	
	20	Amount from Schedule 3, li	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 1	B. If zero or less.	enter -0				22	13,023.
	23	Other taxes, including self-	employment tax	from Schedul	le 2. line 21 .			23	0.
	24	Add lines 22 and 23. This is						24	13,023.
Payments	25	Federal income tax withhel				· · · · · · · · · · · · · · · · · · ·		<del>                                     </del>	
y	a	Form(s) W-2	_			25a			
	b	Form(s) 1099				<u> </u>	9,198.	1	
	c	Other forms (see instruction				25c	2/200	1	
	d	Add lines 25a through 25c	•					25d	19,198.
	26	2023 estimated tax paymer		anolied from 2	022 return			26	
l you have a 📑 Justifying child,	27	Earned income credit (EIC)		• •		27	• • •	-	
atlach Sch. EIC.	28	Additional child tax credit fro				28		1	
	29	American opportunity credit				29		1	
	30	Reserved for future use .		•	• • •	30		1	
	31	Amount from Schedule 3. In			• •	31		1	
	32	Add lines 27, 28, 29, and 31				1,		1 22	
	33	Add lines 25d, 26, and 32.	•	•	•	andaque Crechta		32	19,198.
Refund	34	If fine 33 is more than line 2	······	·····		st usu sussaid	•	34	6,175.
neigha	35a	Amount of line 34 you want				•		35a	6,175.
Direct deposit?	b	Routing number	retailded to yo	u. II romii ooo			Savings	302	0,2,3.
See instructions.	ď	Account number			) yue		ORAHAS		
	36	Amount of line 34 you want	analied to your	NO action of		36			
Amount	37	······································	······································		······································	30		1	
You Owe	3/	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see i		•		38		31	<del> </del>
Third Party		you want to allow another		Charles to the consumer of the state of the				1	
Designee			person to dis	coss mis retu	m with the mor	. X Yes. C	omplete b	elow	□No
D001g/100		signee's		Phone		***************************************	sonal identif		
	1181		LD	no.	(727) 376-5	080 num	iber (PIN)		
Sign	Uni	der penalties of penury, I declare I	hat I have examine	d this return and	accompanying sche	dules and statemer	nts, and to ti	taed er	of my knowledge and
Here	Des	el, they are true, correct, and con	oplete. Declaration	of preparer (other	r than taxpayer) is ba	ised on all informati	ion of which	prepar	er has any knowledge.
	You	ır signature		Dete	Your occupation				nt you an Identity
1-: <b>-</b>					DESTREE		Prote (see i		IN, enter it here
Joint return? See instructions.	Cor	tomate mineral are Marie interest	hadh arest size	-	RETIRED				
Keep a copy for	Spx	ovec's signature. If a joint return,	oon must sign.	Date	Spouse's occupati	on			nt your spouse an action PIN, enter it here
your records.							(see i	•	•
	Pho	one no.		Email address				***************************************	
N_1_1_1		parer's name	Preparer's signat	<del> </del>		Oate	PTIN		Check if:
Paid	MAE	RIA HADFIELD	MARIA HAD	FIELD		02/14/2024	P00684	532	Self-employed
Preparer			TAX SERVI			-	Phon		727) 376-5080
Use Only			THE REAL PROPERTY OF THE PROPE		HEY FL 3465	5	Firm'		59-3617428
_		1040 for instructions and the late	······································		BAA	REV 02/05/24 PRO			Form 1040 (2023)

2023

Form 1040 Line 6

#### Social Security Benefits Worksheet

Keep for your records

Social Security Number Name(s) Shown on Return THOMAS A O'NEILL Social Security/Railroad Retirement benefits received in 2022 Taxpayer Spouse A Total net benefits from Box 5 of all SSA-1099 forms 28,115. B Total Medicare B premiums withheld from all SSA-1099 forms..... 1,979. C Total Medicare C premiums withheld from all SSA-1099 forms. . . . . D Total Medicare D premiums withheld from all SSA-1099 forms. . . . . 338. Note: If self-employed, Medicare premiums are deductible as Self-Employed Health Insurance. If self-employed, enter premiums on the business activity form (Schedule C, F, etc), not on Lines C, D Total federal tax withheld from Box 6 of all SSA-1099 forms F Total net benefits from Box 5 of all RRB-1099 forms . . . . . G Total federal tax withheld from box 10 of all RRB-1099 forms H Total Medicare premiums from Box 11 of all RRB-1099 forms . . . . 1 Add amounts from line A and line F above. Also enter this amount on 28,115. 2 14,058. 3 Add the amounts on Form 1040, lines 1z (before adoption benefits exclusion), 2a, 2b, 3b, 4b, 5b, 7, and 8. Also include certain income of bona fide residents of American Samoa or Puerto Rico. 3 72,324. Enter (as a positive number) the total of any exclusions/adjustments for: 86,382. 5 6 Amount from Schedule 1, lines 11 through 20, and 23 and 25 (other than 6 7 86,382. 8 Enter \$25,000 (\$32,000 if married filing jointly; \$0 if married filing separately 8 25,000. Subtract line 8 from line 7. If zero or less, enter -0-61,382. If line 9 is zero or less, stop here; none of your social security benefits are taxable. Enter -0- on Form 1040, line 6b. If you are married filing separately and you lived apart from your spouse for all of 2023, enter 'D' to the right of the word 'benefits' on line 6a. If line 9 is more than zero, go to line 10. Enter \$9,000 (\$12,000 if married filing jointly; \$0 if married filing separately 10 9,000. Subtract line 10 from line 9. If zero or less, enter -0-52,382. 9,000. 13 4,500. 14 4,500. Multiply line 11 by 85% (0.85). If line 11 is zero, enter -0-..... 15 44,525. 16 49,025. 23,898. 17 Taxable social security benefits. Enter the smaller of line 16 or line 17 18 23,898. If prior year lump-sum benefits were received, go to line 19, otherwise, skip line 19 and enter the amount from line 18 on line 20. 19 Taxable benefits with lump sum election. Enter the amount from line 20 of the 19 20 Taxable Social Security benefits. Enter the smaller of line 18 or line 19 23,898.

Distributions Pensions, Ann Retirem		OMB No. 1545-0		ilon	1 Gross distribution			PAYER'S name, street address country, ZIP or foreign postal o
Profit-Sharing		2023	2	<b>37.32</b>	\$ 57,33		ENT SYSTEM	FLORIDA RETIREMI
iRAs, Insu	2   "			unt	2a Taxable amoun			DIVISION OF RETIR
Contract	_			4.00	67 224			PO BOX 9000
-	R	Form 1099-1			\$ 57,324		2315-9000	TALLAHASSEE FL 3
C	m	Total distribution	1		2b Taxable amour			
Repor			· · ·					844-377-1888
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return.	7.58	16,197	I.					09-1004077
form s		<b>A</b> Alas		مد ما	Ø Employee santah			RECIPIENT'S name
tax withh	_	6 Net unrealized appreciation is	<b>8</b>	npuqona th	6 Employee contrit Designated Roth			
box 4, a		employer's se	1	t	contributions or			THOMAS A O'NEILL 7306 JASMIN DR
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your re	1	8 Other		IRA	7 Distribution		"L 34032-1322	NEW FORT RICHET I
		1	/	SEP/	code(s)			
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Deing runnis		9b Total employee		a of tota	9a Your percentage			
<u> </u>	0.00	\$ 0	%		distribution		T	
no. 15 State distril	's state no.	15 State/Payer		neid	14 State tax withhe \$	12 FATCA ning requirement	11 1st year of desig. Roth contrib.	Amount allocable to IRR within 5 years
2					\$		<u> </u>	
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19 Local distril	ality	18 Name of loca		held	17 Local tax withho		oria)	occount number (see instruction
1.				held	\$ \$			rm 1099-R
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Account number (see instructions)

17 Local tax withheld

13 Date of payment

19 Local distribution

18 Name of locality

•			CORRECTED (#	checked)	Date Printed 01/20/20	24	
PAYERS rooms, street address, city o			1 Gross distribution		OMB No. 1545-0119	]	
EMPOWER PLAN SERVI PO BOX 173764 D999	CESILC		2s Taxable amount	\$15,000.00	2023	Annuities	ons From Pension: , Retirement or aring Plans, IRAs,
DENVER, CO 80217-3764 1-800-701-8255	4			\$15,000.00	Form 1099-R	Insurance	Contracts, etc.
			2is Texable amount no determined	<b>*</b>	Total dishibitio	" []_	Copy B Report this income
	· · · · · · · · · · · · · · · · · · ·		3 Cepital gain (include	od in box 20)	4 Federal income tax withheld		on your federal tex return. If this form
PAYER'S FIN 20-3691708	RECIPIENT	5 TIN	5 Employee contribution	ons/Designated	6 Net unrealized appreciation	\$3,000.00	shows federal income
RECIPIENT'S name, street address (I country, and ZIP or foreign postal god		er, state or province.	Roth contributions of premiums	r Insurance	securities		tax withheld in box 4, stisch this copy to your miturn.
THOMAS A ONEILL 7306 JASMIN DR			7 Distribution code(s)	IRA/SEP/	8 Other	%	This information
NEW PORT RICHEY, FL	34852-1322		Sa Your percentage of	lotel distribution %	90 Total employee contribution	**	is being furnished to the IRS.
			14 Simle tex withhold		15 State/Payer's stelle no.		16 State distribution
				***************************************	FL		\$15,000.00
18 Amount allocable to IRR within 5 years	11 tel year of desig. Roth contrib.	12 FATCA filing	17 Local Lex withheld		18 Name of locality		18 Local distribution
Account manber (see kneinestors)		13 Date of payment	1				
Form 1099-R		<u> </u>	ww.ks.gov/Form1	NOOR	Department of the Treat	suncinterna	Revenue Service
		•	www.ma.gov// oner	03010	Department of the mea.	out y mitorino	
			CORRECTED (if	checked)	Date Printed 01/20/20	24	
PAYER'S name, street eddress, city of province, country, ZIP or foreign poets	Loods, and telephone no.		1 Gross distribution	\$15,000.00	OMB No. 1545-0119	Dietributh	ons From Pensions
EMPOWER PLAN SERVI PO BOX 173764 D999	CES LLC		2a Taxable amount	\$10,000.00	2023	Annuities	, Retirement or
DENVER, CO 80217-3764	ı			\$15,000,00	Form 1099-R	Insurance	ring Plans, IRAs, Contracts, etc.
1-800-701-8255			2b Taxetse emount no	× 🗇	Total distribution	. [7]	Сору С
			3 Cepital gain (include	d in box 2a)	4 Federal income tax withheld	ـاتعاـ	For Recipient's Records
PAYER'S TIN	RECIPIENTS	TIN				\$3,000.00	
20-3691708 RECIPIENT'S remie, street addrage (il country, and ZIP or foreign postet code	ncluding apt. 10.), city or tou	m, state or province,	5 Employee contributions or Roth contributions or premiums	ons/Designaled rinsurance	8 Net unrestized appreciation i securities	n omployer's	
THOMAS A ONEILL	•		7 Distribution code(s)	IRA/SEP	8 Other	%	This information is
7306 JASMIN DR NEW PORT RICHEY, FL :	34652-1322		9a Your percentage of	Iolal distribution	9b Total amployee contribution	·	heing furnished to the IRS.
			14 State Iax withheld	<u>%</u> _	15 State/Payor's state no.		18 State distribution
					FL		\$15,000.00
10 Amount allocable to SRR within 5 years	15 1st year of desig. Roth contrib.	12 FATCA filing	17 Local lex withheld	***************************************	18 Name of locality		19 Local distribution
Account number (see Instructions)	Town Bullion	requirement 1 13 Date of payment					
Carlotte		<u> </u>					
Form 1 <del>099-R</del>	(keep for your reco	irds) w	ww.lrs.gov/Form1	099R	Department of the Treat	iury-Interna	Revenue Service
			CORRECTED (if o	:hecked)	Date Printed 01/20/202	<b>≥4</b>	
PAYER'S harns, street address, city or province, country, ZIP or foreign posts	love, state or		1 Gross distribution		OMB No. 1545-0119		
EMPOWER PLAN SERVI	CES LLC		2a Taxable amouni	\$15,000.00	2023		ns From Pensions Retirement or
PO BOX 173764 D999 DENVER, CO 80217-3764	•		24 I PXSDIG SINOUNI	845 000 00		Profit-Sha	ring Plans, IRAs, Contracts, etc.
1-800-701-8255			2b Texable amount no	\$15,000.00	Form 1099-R Total distribution		Copy 2
			datermined	,			File this copy
PAYER'S TIN	RECIPIENTS		3 Capital gain (included	(U DOX SE)	4 Federal income lax withheld		with your state, dity, or local
20-3691708 RECIPIENT'S name, street address for	roluting spt. no.), city or tow		5 Employee contribution flath contributions or premiums	ns/Designated Insurance	6 Net unrealized appreciation v securities	employers	ncome tax return, when required
COUNTY, MINI ZIP OF SOMETHE PROBLEM SENSE THOMAS A ONEILL	•		7 Distribution code(s)	IRA/SEPI	8 Other	***************************************	
7306 JASMIN DR NEW PORT RICHEY, FL. 3	14652-1322		9a Your percentage of	IRA/SEP/ SIMPLE lotal distribution	9b Total engloyee contribution		
				%		mercen consideration and a second	men tropi con l'ethan miner en casa de l'esta de l
			14 Sinte tax withheld		15 State/Payer's state no.		16 State distribution
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10 Amount allocable to IRR within 5 years	11 1st year of desig. Floth contrib.		17 Local tax withheld		18 Name of locality		19 Local distribution
Account mander (see instructions)	г - ч. жили.	requirement 13 Date of payment					
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rorm 1099-R		WW	vw.irs.gov/Form10	99R I	Department of the Treas	urv-internal	Revenue Service

Page 1 of 2

# FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

\$28,114.80  NONE  DESCRIPTION OF AMOUNT IN BOX 3  Paid by check or Direct deposit Medicare Part B premiums deducted from your benefits  \$1,978.80  Total Additions  S28,114.80  DESCRIPTION OF AMOUNT IN BOX 4  NONE  \$1,978.80	2023 : PART OF YOUR SO SEE THE REVERS BOX 1. Name THOMAS A ONEILL			Box 2. Beneficiery's Social Country Number
Paid by check or Direct deposit Medicare Part B premiums deducted from your benefits  S1,978.80 Medicare Prescription Drug premiums (Part D) deducted from your benefits  S28,114.80 Benefits for 2023  S28,114.80  Box 8. Voluntary Federal Income Tax Withheld  NONE  Box 7. Address THOMAS A ONEILL 7306 JASMINE DRIVE	80x 3. Benefits Paid in 2023 \$28.114.80	1		Box 5. Net Benefits for 2023 (Box 3 minus Box
NONE  Box 7. Address THOMAS A ONEILL 7306 JASMINE DRIVE		\$25,797.60 \$1,978.80 \$338.40 \$28,114.80	DESC	CRIPTION OF AMOUNT IN BOX 4
			Box 7. Address THOMAS A ONEI 7306 JASMINE DR	NONE