

FORM 6 FULL AND PUBLIC DISCLOSURE OF

2005

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

FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Jonas, Renee H

MAILING ADDRESS:

6722 Collingswood Court

New Port Richey 34635 Pasco

CITY: ZIP: COUNTY:

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Pasco County School Board - District 3

CHECK IF THIS IS A FILING BY A CANDIDATE

ID Code

ID No.

Conf. Code

P. Req. Code

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 KUNTZ GROUP
 SUPERVISOR OF STATE
 NEW PORT RICHEY FL 34653

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2005, 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 July 19, 2006 was \$ 342,400.00

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 \$ 50,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| DESCRIPTION OF ASSET (specific description is required - see instructions p.4) | VALUE OF ASSET |
|--|----------------|
| <i>6722 Collingswood Court (Personal Residence)</i> | <i>450,000</i> |
| <i>2002 Ford Explorer</i> | <i>10,500</i> |
| <i>Household Items</i> | <i>50,000</i> |
| <i>Suncoast Schools Federal Credit Union (Bank Accounts)</i> | <i>1,800</i> |

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|---|---------------------|
| <i>6722 Collingswood Court (Personal Residence)</i> | <i>158,000</i> |
| <i>2002 Ford Explorer</i> | <i>10,500</i> |
| <i>Student Loan</i> | <i>1,400</i> |

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|------------------------------|---------------------|
| <i>N/A</i> | |

PART D -- INCOME

You may *EITHER* (1) file a complete copy of your 2005 federal income tax return, including all 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 2005 federal income tax return. [If you check this box and attach a copy of your 2005 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME:

| NAME OF SOURCE OF INCOME EXCEEDING \$1,000 | ADDRESS OF SOURCE OF INCOME | AMOUNT |
|--|------------------------------------|------------------|
| <i>Pasco County School Board</i> | <i>7227 Land O Lakes Blvd. LOL</i> | <i>38,485.00</i> |
| | | |
| | | |
| | | |

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions]:

| NAME OF BUSINESS ENTITY | NAME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS OF SOURCE | PRINCIPAL BUSINESS ACTIVITY OF SOURCE |
|-------------------------|---|-------------------|---------------------------------------|
| <i>N/A</i> | | | |
| | | | |
| | | | |

PART E -- INTERESTS IN SPECIFIED BUSINESSES

| | BUSINESS ENTITY # 1 | BUSINESS ENTITY # 2 | BUSINESS ENTITY # 3 |
|---|---------------------|---------------------|---------------------|
| NAME OF BUSINESS ENTITY | <i>N/A</i> | | |
| 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

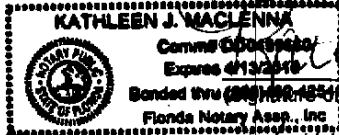
OATH

STATE OF FLORIDA
COUNTY OF *Pasco*

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.

Sworn to (or affirmed) and subscribed before me this *19th* day of

July, 20*06* by *Rence Jonas*



Kathleen J. MacLenna
Notary Public--State of Florida

Kathleen J. MacLenna
(Print, Type, or Stamp Commissioned Name of Notary Public)

Rence Jonas
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known _____ OR Produced Identification

Type of Identification Produced *FLDL* *J520 736539080*

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3. OTHER FORMS you may need to file are described on page 6.

Label (See instructions.)

Use the IRS label. Otherwise, please print or type.

Presidential Election Campaign

For the year Jan 1 - Dec 31, 2005, or other tax year beginning, 2005, ending, 20. OMB No. 1545-0074. Your first name Renee H Jonas. Last name Jonas. Your social security number. Spouse's social security number. Home address 6722 Collingswood Court. Apartment no. City, town or post office New Port Richey. State FL ZIP code 34655. Checking a box below will not change your tax or refund. [] You [] Spouse

Filing Status

1 [X] 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 (see instructions).

Exemptions

6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a. 6b [] Spouse. c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) [X] if qualifying child for child tax credit (see instrs). d Total number of exemptions claimed 1.

Income

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.

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

7 Wages, salaries, tips, etc. Attach Form(s) W-2. 7 38,485. 8a Taxable interest. Attach Schedule B if required. 8a 17. 8b Tax-exempt interest. Do not include on line 8a. 8b. 9a Ordinary dividends. Attach Schedule B if required. 9a. 9b Qualified divs (see instrs). 9b. 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions). 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. 13. 14 Other gains or (losses). Attach Form 4797. 14. 15a IRA distributions. 15a. 15b Taxable amount (see instrs). 15b. 16a Pensions and annuities. 16a. 16b Taxable amount (see instrs). 16b. 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. 20a Social security benefits. 20a. 20b Taxable amount (see instrs). 20b. 21 Other income. 21. 22 Add the amounts in the far right column for lines 7 through 21. This is your total income. 22 38,502.

Adjusted Gross Income

23 Educator expenses (see instructions). 23 104. 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 One-half of self-employment tax. Attach Schedule SE. 27. 28 Self-employed SEP, SIMPLE, and qualified plans. 28. 29 Self-employed health insurance deduction (see instructions). 29. 30 Penalty on early withdrawal of savings. 30. 31a Alimony paid b Recipient's SSN. 31a. 32 IRA deduction (see instructions). 32. 33 Student loan interest deduction (see instructions). 33 94. 34 Tuition and fees deduction (see instructions). 34. 35 Domestic production activities deduction. Attach Form 8903. 35. 36 Add lines 23 - 31a and 32 - 35. 36 198. 37 Subtract line 36 from line 22. This is your adjusted gross income. 37 38,304.

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Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-57 with amounts like 38,304, 12,363, 25,941, etc.

Standard Deduction for -

People who checked any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

All others:

Single or Married filing separately, \$5,000

Married filing jointly or Qualifying widow(er), \$10,000

Head of household, \$7,300

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 58-63 with amounts like 3,044.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 64-71 with amounts like 2,851.

Refund

Direct deposit? See instructions and fill in 73b, 73c, and 73d.

Table with 3 columns: Line number, Description, and Amount. Includes lines 72-74.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 75-76 with amount 193.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete the following. [X] No

Sign Here

Joint return? See instructions.

Keep a copy for your records.

Signature area with fields for Your signature, Date, Your occupation (Teacher), Daytime phone number, Spouse's signature, Date, Spouse's occupation.

Paid Preparer's Use Only

Preparer's signature, Date, Check if self-employed, Firm's name (Self-Prepared), EIN, Phone no.

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**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2005

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040.
▶ See Instructions for Schedule A (Form 1040).

Name(s) shown on Form 1040

Your social security number

Renee H Jonas

| | | | | |
|--|---|------|---------|------------|
| 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 | | |
| 3 | Multiply line 2 by 7.5% (.075) | 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): | 5 | 411. | |
| (See instructions.) | a <input type="checkbox"/> Income taxes, or | | | |
| | b <input checked="" type="checkbox"/> General sales taxes (see instructions) | | | |
| 6 | Real estate taxes (see instructions) | 6 | 2,597. | |
| 7 | Personal property taxes | 7 | 66. | |
| 8 | Other taxes. List type and amount ▶ | 8 | | |
| 9 | Add lines 5 through 8 | | | 9 3,074. |
| Interest You Paid | 10 Home mtg interest and points reported to you on Form 1098 | 10 | 9,071. | |
| (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 number, and address ▶ | | | |
| | ----- | | | |
| | ----- | | | |
| Note. | | 11 | | |
| Personal interest is not deductible. | 12 Points not reported to you on Form 1098. See instrs for spcl rules | 12 | | |
| | 13 Investment interest. Attach Form 4952 if required. (See instrs.) | 13 | | |
| | 14 Add lines 10 through 13 | | | 14 9,071. |
| Gifts to Charity | 15 a Total gifts by cash or check. If you made any gift of \$250 or more, see instrs | 15 a | 43. | |
| If you made a gift and got a benefit for it, see instructions. | b Gifts by cash or check after August 27, 2005, that you elect to treat as qualified contributions (see instructions) | 15 b | | |
| | 16 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 | 16 | 175. | |
| | 17 Carryover from prior year | 17 | | |
| | 18 Add lines 15a, 16, & 17 | | | 18 218. |
| Casualty and Theft Losses | 19 Casualty or theft loss(es). Attach Form 4684. (See instructions.) | | | 19 |
| Job Expenses and Certain Miscellaneous Deductions | 20 Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) | | | |
| (See instructions.) | Employee Business Expenses 10. | 20 | 10. | |
| | 21 Tax preparation fees | 21 | 35. | |
| | 22 Other expenses — investment, safe deposit box, etc. List type and amount ▶ | 22 | | |
| | ----- | | | |
| | 23 Add lines 20 through 22 | 23 | 45. | |
| | 24 Enter amount from Form 1040, line 38 | 24 | 38,304. | |
| | 25 Multiply line 24 by 2% (.02) | 25 | 766. | |
| | 26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0- | 26 | | 0. |
| Other Miscellaneous Deductions | 27 Other — from list in the instructions. List type and amount ▶ | | | 27 |
| | ----- | | | |
| Total Itemized Deductions | 28 Is Form 1040, line 38, over \$145,950 (over \$72,975 if MFS)? | | | |
| | <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 40. | | | 28 12,363. |
| | <input type="checkbox"/> Yes. Your deduction may be limited. See instructions for the amount to enter. | | | |
| | 29 If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ | | | |

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