

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

**OF FINANCIAL INTERESTS**

FOR OFFICE USE ONLY:

RECEIVED

LAST NAME — FIRST NAME — MIDDLE NAME:

Bobala Joyell Hope

MAILING ADDRESS:

3583 Wembley Way #102

CITY: Palm Harbor ZIP: 34685 COUNTY: Pinellas

NAME OF AGENCY: Pinellas County Tax Collector

NAME OF OFFICE OR POSITION HELD OR SOUGHT: Pinellas County Tax Collector

CHECK IF THIS IS A FILING BY A CANDIDATE

20 JUN -8 PM 12:43

SUPERVISOR OF ELECTIONS  
ELECTIONS SERVICE CENTER

**PART A — NET WORTH**

Please enter the value of your net worth as of December 31, 2019 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 June 7, 2020 was \$ -89,643.29

**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 \$ 65,000

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

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

VALUE OF ASSET

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
<u>N/A</u>	

**PART C — LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<u>Hyundai Finance, PO Box 650805, Dallas, TX 75265</u>	<u>34,628.04</u>
<u>Lending Club, 595 Market St. #200, San Francisco, CA 94105</u>	<u>15,170.70</u>
<u>Sallie Mae, PO Box 8459, Philadelphia, PA 19101</u>	<u>13,625.25</u>
<u>Fedloan Servicing, PO Box 790234, St. Louis, MO 63179</u>	<u>61,220.00</u>

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<u>Hyundai Finance, PO Box 650805, Dallas, TX 75265</u>	<u>36,322.79</u>

**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 2019 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 2019 federal income tax return and all W2's, schedules, and attachments.  
 [If you check this box and attach a copy of your 2019 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
N/A		

**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
N/A			

**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 Pinellas

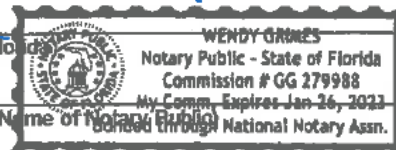
Sworn to (or affirmed) and subscribed before me by means of

physical presence or  online notarization, this 8 day of

June, 2020 by Joyell Hope Bobala

Wendy Grimes  
 (Signature of Notary Public—State of Florida)

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



Personally Known \_\_\_\_\_ OR Produced Identification

Type of Identification Produced FL. DL.

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

Filing status  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying widow(er)(QW)  
 Check only if you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶ **MICHAEL A BOBALA**

Your first name and middle initial: **JOYELL H** Last name: **BOBALA** Your social security number: [REDACTED]  
 If joint return, spouse's first name and middle initial: [REDACTED] Last name: [REDACTED] Spouse's social security no.: [REDACTED]

Home address (number and street). If you have a P.O. box, see instructions. **3583 WEMBLEY WAY 102** Apt. no.: [REDACTED]  
 City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **PALM HARBOR, FL 34685**  
 Foreign country name: [REDACTED] Foreign province/county: [REDACTED] Foreign postal code: [REDACTED]

Presidential Election Campaign:  You  Spouse  
 If more than four dependents, see inst. and check here

Standard Deduction:  Someone can claim:  You as a dependent  Your spouse as a dependent  Spouse itemizes on a separate return or you were dual-status alien

Age/Blindness You:  Were born before January 2, 1955  Are blind Spouse:  Was born before January 2, 1955  Is blind

Dependents (see instructions):		(2) Social security no.	(3) Relationship to you	(4) <input checked="" type="checkbox"/> If qualifies for (see inst.): Child tax credit	Credit for other dependents
(1) First name	Last name				
<b>BRIANA DEBERNARDI</b>	[REDACTED]	[REDACTED]	<b>DAUGHTER</b>	<input checked="" type="checkbox"/>	

<b>Standard Deduction for -</b> • Single or married filing separately, \$12,200 • Married filing jointly or Qualifying widow(er), \$24,400 • Head of household, \$18,350 • If you checked any box under Standard Deduction, see instructions.	<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1</b>	<b>59,755.</b>
	<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>	
	<b>3a</b> Qualified dividends . . . . .	<b>3a</b>	
	<b>4a</b> IRA distributions . . . . .	<b>4a</b>	
	<b>c</b> Pension and annuities. . . . .	<b>4c</b>	
	<b>5a</b> Social security benefits . . . . .	<b>5a</b>	
	<b>6</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . .	<b>6</b>	
	<b>7a</b> Other income from Schedule 1, line 9 . . . . .	<b>7a</b>	
	<b>b</b> Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income . . . . .	<b>7b</b>	<b>59,755.</b>
	<b>8a</b> Adjustments to income from Schedule 1, line 22 . . . . .	<b>8a</b>	
	<b>b</b> Subtract line 8a from line 7b. This is your adjusted gross income . . . . .	<b>8b</b>	<b>59,755.</b>
<b>9</b> Standard deduction or itemized deductions (from Schedule A) . . . . .	<b>9</b>	<b>12,200.</b>	
<b>10</b> Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	<b>10</b>		
<b>11a</b> Add lines 9 and 10 . . . . .	<b>11a</b>	<b>12,200.</b>	
<b>b</b> Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0- . . . . .	<b>11b</b>	<b>47,555.</b>	

RECEIVED  
 20 JUN -8 PM 12:43  
 STATE OF FLORIDA  
 ELECTRONIC SERVICES CENTER

12a	Tax (see inst.) Check if any from Form(s) 1 <input type="checkbox"/> 8814 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 4872 <input type="checkbox"/> 3 <input type="checkbox"/>	12a	6,325.	12b	6,325.
b	Add Schedule 2, line 3, and line 12a and enter the total				
13a	Child tax credit or credit for other dependents	13a	2,000.	13b	2,000.
b	Add Schedule 3, line 7, and line 13a and enter the total				
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14		14	4,325.
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15		15	
16	Add lines 14 and 15. This is your total tax	16		16	4,325.
17	Federal income tax withheld from Forms W-2 and 1099	17		17	4,359.
18	Other payments and refundable credits:				
a	Earned income credit (EIC)	18a		18e	
b	Additional child tax credit. Attach Schedule 8812	18b			
c	American opportunity credit from Form 8863, line 8	18c			
d	Schedule 3, line 14	18d			
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e			
19	Add lines 17 and 18e. These are your total payments	19		19	4,359.
Refund	20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20		20	34.
21a	Amount of line 20 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	21a		21a	34.
Direct deposit?	▶ b Routing number <input type="checkbox"/> ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings				
See instructions.	▶ d Account number				
22	Amount of line 20 you want applied to your 2020 estimated tax	22			
Amount You Owe	23 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23			
24	Estimated tax penalty (see instructions)	24			

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See inst.  Yes. Complete below.  No

**Third Party Designee**  
 (Other than paid preparer) Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

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.

**Sign Here**

Joint return? See instructions. Keep a copy for your records. ▶	Your signature	Date	Your occupation <b>SUPERVISOR</b>	If the IRS sent you an ID Protection PIN, enter it here (see inst.)
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an ID Protection PIN, enter it here (see inst.)
	Phone no.	Email address		

**Paid Preparers Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if:
Firm's name ▶	Firm's address ▶	Phone no.	Firm's EIN ▶	<input type="checkbox"/> 3rd Party Designee self-employed

RECEIVED  
 20 JUN -8 PM 12:43  
 SUPERVISOR'S OFFICE  
 ELECTIONS SERVICES CENTER

2019 Child Tax Credit and Credit for Other Dependents Worksheet

1. Number of qualifying children under 17 with the required social security number: 1 X \$2,000. Enter the result. 1 2,000

2. Number of other dependents, including qualifying children who are not under 17 or who do not have the required social security number: 0 X \$500. Enter the result. 2

Caution. Don't include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, don't include anyone you included on line 1.

3. Add lines 1 and 2. 3 2,000

4. Enter the amount from Form 1040 or 1040-SR, line 8b, or Form 1040-NR, line 35. 4 59,755

5. 1040 and 1040-SR filers. Enter the total of any - Exclusion of income from Puerto Rico; and Amounts from Form 2555, lines 45 and 50 and Form 4563, line 15. 1040-NR filers. Enter -0-. 5 0

6. Add lines 4 and 5. Enter the total. 6 59,755

7. Enter the amount shown below for your filing status. Married filing jointly - \$400,000 All other filing statuses - \$200,000 7 200,000

8. Is the amount on line 6 more than the amount on line 7? [X] No. Leave line 8 blank. Enter -0- on line 9. [ ] Yes. Subtract line 7 from line 6. If the result isn't a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to \$1,000; increase \$1,025 to \$2,000, etc. 8

9. Multiply the amount on line 8 by 5% (.05). Enter the result. 9 0

10. Is the amount on line 3 more than the amount on line 9? [ ] No. You cannot take the child tax credit or credit for other dependents on Form 1040 or 1040-SR, line 13a, or Form 1040-NR, line 49. You also can't take the additional child tax credit on Form 1040 or 1040-SR, line 18b, or Form 1040-NR, line 64. Complete the rest of your Form 1040, Form 1040-SR, or Form 1040-NR. [X] Yes. Subtract line 9 from line 3. Enter the result. Go to Line 11. 10 2,000

11. Enter the amount from Form 1040 or 1040-SR, line 12b, or Form 1040-NR, line 45. 11 6,325

12. Add the following amounts from: Schedule 3, line 1 or 1040-NR line 46 + Form 5695, line 30\*+ Schedule 3, line 2 or 1040-NR line 47 + Form 8910, line 15\*\* Schedule 3, line 3 + Form 8936, line 23 + Schedule 3, line 4 or 1040-NR line 48 + Schedule R, line 22. Enter the total. 12 0

13. Subtract line 12 from line 11. 13 6,325

14. Are you claiming any of the following credits? Mortgage interest credit, Form 8396. Adoption credit, Form 8839. Residential energy efficient property credit, Form 5695, Part I. District of Columbia first-time homebuyer credit, Form 8859. [X] No. Enter -0-. [ ] Yes. If you are filing Form 2555, enter -0-. Otherwise, complete the Line 14 Worksheet, later, to figure the amount to enter here. 14 0

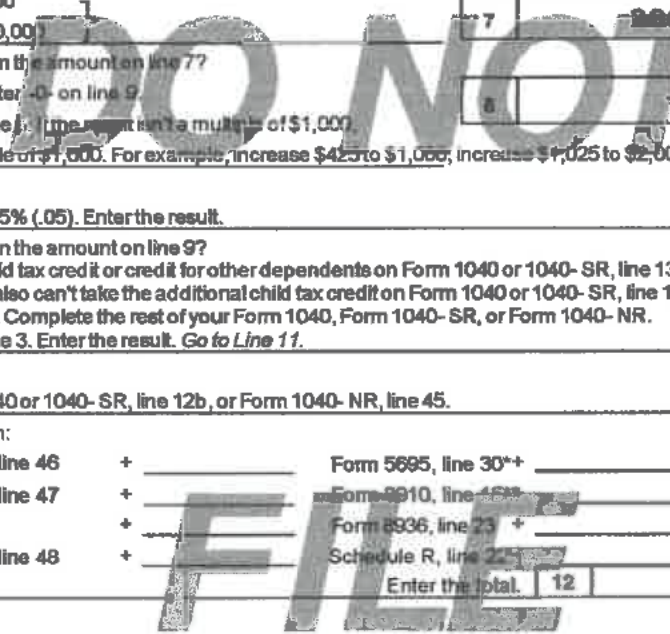
15. Subtract line 14 from line 13. Enter the result. 15 6,325

16. Is the amount on line 10 more than the amount on line 15? [ ] Yes. Enter the amount from line 15. See the TIP below. [X] No. Enter the amount from line 10. This is your child tax credit and credit for other dependents. 16 2,000 Enter this amount on Form 1040 or 1040-SR, line 13a; or Form 1040-NR, line 49.

You may be able to take the additional child tax credit on Form 1040 or Form 1040-SR through line 18b, or Form 1040-NR, line 64, only if you answered "Yes" on line 16 and line 1 is more than zero.

First, complete your Form 1040 or 1040-SR through line 18a (also complete Schedule 3, line 11) or Form 1040-NR through line 63 (also complete line 67). Then, use Schedule 8812 to figure any additional child tax credit.

20 JUN -8 PM 12:44



RECEIVED

20 JUN -8 PM 12:45

SUPERIOR COURT CLERK  
ELECTIONS SERVICE CENTER

<b>Copy B—To Be Filed With Employee's FEDERAL Tax Return.</b>		38-2099803 OMB No. 1545-0008
a Employee's soc. sec. no. [REDACTED]	1 Wages, tips, other comp. 59755.08	2 Federal income tax withheld 4358.58
b Employer ID number (EIN) 59-6000806	3 Social security wages 61704.10	4 Social security tax withheld 3825.64
	5 Medicare wages and tips 61704.10	6 Medicare tax withheld 894.75
c Employer's name, address, and ZIP code Pinellas County Tax Collector 315 Court Street Clearwater, FL 33756-5165		
d Control number 0005444		
e Employee's name, address, and ZIP code Joyell H Bobala 3583 Wembley Way Apt 102 Palm Harbor, FL 34685		
7 Social security tips	8 Allocated tips	9 [REDACTED]
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 C 18.40
13 Statutory employee	14 Other FRS 1949.02	12b Code DD 20906.08
Retirement plan X		12c Code
Third-party sick pay		12d Code
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name