

FORM 6

**FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS**

RECEIVED 2017

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

FOR OFFICE USE ONLY:

2018 JUN 22 AM 9:54

SUPERVISOR OF ELECTIONS
ELECTION SERVICE CENTER

LAST NAME — FIRST NAME — MIDDLE NAME:

Joseph - Bilan - Jacqueline

MAILING ADDRESS:

1321 58th St. So.

Gulfport, FL 33707

CITY:

ZIP:

COUNTY:

Gulfport

33707

Pinellas

NAME OF AGENCY:

School Board Member - Pinellas County Schools

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

School Board Member, District 7

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, 2017 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 02, 20 18 was \$ 29,500.

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 \$ 129,500

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
jewelry	\$ 3,000
25053 SW 16 th Ave, Newberry, FL 32069 - real property	\$ 118,000
car	8,500

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Navient Student Loan P.O. Box 9555, Wilkes-Barre, PA 18713	100,000

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 2017 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 2017 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2017 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		
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			
N/A			

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 ELECTIONS DIVISION
 CENTRE

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A		
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 this 22 day of June, 20 18 by Bilan Joseph

Wendy Grimes
 (Signature of Notary Public--State of Florida)
Wendy Grimes
 (Print, Type, or Stamp Commissioned Name of Notary Public)
 Commission # FF192653
 Expires 1/26/2019



Bilan Joseph
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known _____ OR Produced Identification X
 Type of Identification Produced Driver License

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

IRS e-file Signature Authorization

Department of the Treasury
Internal Revenue Service

▶ **Return completed Form 8879 to your ERO. (Do not send to IRS.)**

▶ **Go to www.irs.gov/Form8879 for the latest information.**

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Submission Identification Number (SID)

Taxpayer's name

SHERMAN JOSEPH

Social security number

Spouse's name

BILON JOSEPH

Spouse's social security number

Part I Tax Return Information - Tax Year Ending December 31, 2017 (Whole dollars only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37)	1	47,411
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	5,035
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a)	3	3,584
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	5	207

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2017, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize Value Tax Prep to enter or generate my PIN as my signature on my tax year 2017 electronically filed income tax return. **ERO firm name** Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶

Date ▶ 4/17/2018

Spouse's PIN: check one box only

I authorize Value Tax Prep to enter or generate my PIN as my signature on my tax year 2017 electronically filed income tax return. **ERO firm name** Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶

Date ▶ 4/17/2018

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2017 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub.1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶

Evelyn Morell

Date ▶ 04-16-2018

**ERO Must Retain This Form - See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So**

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

IRS e-file Signature Authorization

Department of the Treasury
Internal Revenue Service

▶ Return completed Form 8879 to your ERO. (Do not send to IRS.)

2017

▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name <u>SHERMAN JOSEPH</u>		Social security number
Spouse's name <u>BILAN JOSEPH</u>		Spouse's social security number

Part I Tax Return Information - Tax Year Ending December 31, 2017 (Whole dollars only)		
1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37)	65,998
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	10,090
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a)	3,584
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	6,652

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2017, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize Value Tax Prep to enter or generate my PIN as my signature on my tax year 2017 electronically filed income tax return. ERO firm name: Value Tax Prep. Enter five digits, but don't enter all zeros.

I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ Sherman Joseph Date ▶ Jun 6, 2018
Sherman Joseph (Jun 6, 2018)

Spouse's PIN: check one box only

I authorize Value Tax Prep to enter or generate my PIN as my signature on my tax year 2017 electronically filed income tax return. ERO firm name: Value Tax Prep. Enter five digits, but don't enter all zeros.

I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

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Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2017 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub.1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ Evelyn Morell Date ▶ 06-06-2018

ERO Must Retain This Form - See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

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

1 Wages, tips, other compensation		2 Federal income tax withheld	
23263.71		3583.81	
3 Social security wages		4 Social security tax withheld	
23263.71		1442.35	
5 Medicare wages and tips		6 Medicare tax withheld	
23263.71		337.32	
a Employee's SSA number		Employer use only	
b Employer's FED ID number		d Control number	
		00114908	
c Employer's name, address, and ZIP code			
School Board of Orange County 445 West Amelia Street Orlando FL 32801			
7 Social security tips		8 Allocated tips	
9 Verification code		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
		DD 4751.83	
13 Statutory Employee	Retirement plan	Third-Party Sick pay	12b
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14 Other			12c
			12d
e Employee's first name and initial			Last name
Bilan J Joseph			Suff.
2240 Mountleigh Trail Orlando FL 32824			
f Employee's address and ZIP code			
15 State	Employer's state ID		18 Local wages, tips, etc
16 State wages, tips, etc.		19 Local income tax	
17 State income tax		20 Locality name	
Form OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service			
W-2 Wage and Tax Statement 2017			
Copy C for Employee's records			

1 Wages, tips, other compensation		2 Federal income tax withheld	
23263.71		3583.81	
3 Social security wages		4 Social security tax withheld	
23263.71		1442.35	
5 Medicare wages and tips		6 Medicare tax withheld	
23263.71		337.32	
a Employee's SSA number		Employer use only	
b Employer's FED ID number		d Control number	
		00114908	
c Employer's name, address, and ZIP code			
School Board of Orange County 445 West Amelia Street Orlando FL 32801			
7 Social security tips		8 Allocated tips	
9 Verification code		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
		DD 4751.83	
13 Statutory Employee	Retirement plan	Third-Party Sick pay	12b
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14 Other			12c
			12d
e Employee's first name and initial			Last name
Bilan J Joseph			Suff.
2240 Mountleigh Trail Orlando FL 32824			
f Employee's address and ZIP code			
15 State	Employer's state ID		18 Local wages, tips, etc
16 State wages, tips, etc.		19 Local income tax	
17 State income tax		20 Locality name	
Form OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service			
W-2 Wage and Tax Statement 2017			
Copy 2 To Be Filed With Employee's STATE Income Tax Return			

1 Wages, tips, other compensation		2 Federal income tax withheld	
23263.71		3583.81	
3 Social security wages		4 Social security tax withheld	
23263.71		1442.35	
5 Medicare wages and tips		6 Medicare tax withheld	
23263.71		337.32	
a Employee's SSA number		Employer use only	
b Employer's FED ID number		d Control number	
		00114908	
c Employer's name, address, and ZIP code			
School Board of Orange County 445 West Amelia Street Orlando FL 32801			
7 Social security tips		8 Allocated tips	
9 Verification code		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
		DD 4751.83	
13 Statutory Employee	Retirement plan	Third-Party Sick pay	12b
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14 Other			12c
			12d
e Employee's first name and initial			Last name
Bilan J Joseph			Suff.
2240 Mountleigh Trail Orlando FL 32824			
f Employee's address and ZIP code			
15 State	Employer's state ID		18 Local wages, tips, etc
16 State wages, tips, etc.		19 Local income tax	
17 State income tax		20 Locality name	
Form OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service			
W-2 Wage and Tax Statement 2017			
Copy B To Be Filed With Employee's FEDERAL Tax Return			

1 Wages, tips, other compensation		2 Federal income tax withheld	
23263.71		3583.81	
3 Social security wages		4 Social security tax withheld	
23263.71		1442.35	
5 Medicare wages and tips		6 Medicare tax withheld	
23263.71		337.32	
a Employee's SSA number		Employer use only	
b Employer's FED ID number		d Control number	
		00114908	
c Employer's name, address, and ZIP code			
School Board of Orange County 445 West Amelia Street Orlando FL 32801			
7 Social security tips		8 Allocated tips	
9 Verification code		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
		DD 4751.83	
13 Statutory Employee	Retirement plan	Third-Party Sick pay	12b
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14 Other			12c
			12d
e Employee's first name and initial			Last name
Bilan J Joseph			Suff.
2240 Mountleigh Trail Orlando FL 32824			
f Employee's address and ZIP code			
15 State	Employer's state ID		18 Local wages, tips, etc
16 State wages, tips, etc.		19 Local income tax	
17 State income tax		20 Locality name	
Form OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service			
W-2 Wage and Tax Statement 2017			
Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return			

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