

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:  
Kay Ted Lionel

2018 JUN 18 PM 12:07

MAILING ADDRESS:  
5549 Island Avenue

SUPERVISOR OF ELECTIONS  
ELECTION SERVICE CENTER

CITY : Seminole ZIP : 33772 COUNTY : Pinellas

NAME OF AGENCY :  
Pinellas County Commission

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
Pinellas County Commissioner District 6

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 10, 2018 was \$ 1,104,168.63

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 \$ 50,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Rental Income Joint owned Duplex 11316 Walsingham Rd, Largo, FL 33778 Market Value+ cash \$6482 in Bank	\$206,482.00
Rental Income single family Home 109 Easton Ct, Oviedo, FL 32765 Market Value (income per tax return attach	\$260,000.00
H/W ownership 5549 Island Avenue, Seminole FL 33772 Market Value	\$435,263.00
( IRA, Roth IRA, & stocks, with Fidelity Investment, \$62,865) (Bank of America \$18,651 ), More Assets in Part E	\$81,,516.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Bank of America, PO Box 650070 Dallas Tx 75265 mortgage Balance on Duplex at 11316 Walsingham Rd, Largo	\$43,763.00
Note in Wife Name BB&T mortgage Lender on home at 109 Easton CT, Oviedo, FL 32765 \$151,562.00	None
Chase personal credit card Visa Balance \$3063.60 Bank of America Visa Credit card balance \$766.27	\$ 3,829.27
<u>3945 EASTBAY DR. LARGO FL 33771, 6861 SEMINOLE BLVD, SEMINOLE, FL 33772</u>	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<u>N/A</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 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 <i>FL 33765</i>	AMOUNT
Social Security	U.S. Government <i>2340 Drew St, Clearwater</i>	\$25,128 / Year
Ted Kay's accounting Service	Salads International, Inc. 5549 Island Avenue Seminole, <i>FL 33772</i>	\$22,320/ Year

**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
Rental income properties	See Schedule E of 2017 IRS 1040	Noted in Assets in Part B above	Rental Income (loss) -\$6,885
Salads International, Inc.	See attached K-1 for my 41% stock	attributed Ordinary loss- \$15,728	section 1231 loss -\$52,077

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Salads International Inc.	Kay Built, Inc.	
ADDRESS OF BUSINESS ENTITY	5549 Island Avenue	5549 Island Avenue	
PRINCIPAL BUSINESS ACTIVITY	2 Restaurants, Orlando, and UF	Building Company inactive	
POSITION HELD WITH ENTITY	Vice President	President	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	41% capital stock Value \$118,500	100% Inactive No value	
NATURE OF MY OWNERSHIP INTEREST	Business Book Value \$289,000	Shareholder	

**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 13 day of

June, 2018 by Ted Lionel Kay

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

Wendy Grimes  
 (Print, Type, or Stamp Commissioned Name)



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

Ted Lionel Kay  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

**2017**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ Go to [www.irs.gov/scheduleE](http://www.irs.gov/scheduleE) for instructions and the latest information.

Attachment  
Sequence No. **13**

Name(s) shown on return

Your social security number

Ted L & Susan E Kay

**Part I** **Income or Loss From Rental Real Estate and Royalties.** Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

**A** Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) . . . . .  Yes  No  
**B** If "Yes," did you or will you file required Forms 1099? . . . . .  Yes  No

1a	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	11316 Walsingham Road Largo FL 33778				
<b>B</b>	109 Easton Circle Oviedo FL 32765				
<b>C</b>	13250 Ridge Rd BLD I -2 Largo FL 33778				
1b	Type of Property (from list below)	2	Fair Rental Days	Personal Use Days	QJV
<b>A</b>	2	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	<b>A</b> 365	0	<input type="checkbox"/>
<b>B</b>	1		<b>B</b> 365	0	<input type="checkbox"/>
<b>C</b>	1		<b>C</b> 365	0	<input type="checkbox"/>

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental
- 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe)

Income:	Properties:	A	B	C
<b>3</b> Rents received . . . . .	<b>3</b>	21,100.	20,350.	10,440.
<b>4</b> Royalties received . . . . .	<b>4</b>			
<b>Expenses:</b>				
<b>5</b> Advertising . . . . .	<b>5</b>			
<b>6</b> Auto and travel (see instructions)	<b>6</b>		1,659.	
<b>7</b> Cleaning and maintenance . . . . .	<b>7</b>	1,740.	1,680.	3,460.
<b>8</b> Commissions . . . . .	<b>8</b>			
<b>9</b> Insurance . . . . .	<b>9</b>	1,908.	1,425.	861.
<b>10</b> Legal and other professional fees . . . . .	<b>10</b>			
<b>11</b> Management fees . . . . .	<b>11</b>			
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>	2,752.	5,844.	
<b>13</b> Other interest . . . . .	<b>13</b>			
<b>14</b> Repairs . . . . .	<b>14</b>	2,981.	3,100.	250.
<b>15</b> Supplies . . . . .	<b>15</b>			
<b>16</b> Taxes . . . . .	<b>16</b>	3,307.	2,920.	1,228.
<b>17</b> Utilities . . . . .	<b>17</b>		805.	
<b>18</b> Depreciation expense or depletion . . . . .	<b>18</b>	0.	7,543.	2,800.
<b>19</b> Other (list) ▶ See Line 19 Other Expenses . . . . .	<b>19</b>	119.		
<b>20</b> Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>	12,807.	24,976.	8,599.
<b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . .	<b>21</b>	8,293.	-4,626.	1,841.
<b>22</b> Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .	<b>22</b>	( -6,654. )	( -10,365. )	( )
<b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		51,890.	
<b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>			
<b>c</b> Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>		8,596.	
<b>d</b> Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>		10,343.	
<b>e</b> Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		46,382.	
<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>			10,134.
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>			( 17,019. )
<b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	<b>26</b>			-6,885.

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

Ted L. & Susan E Kay

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations Note: If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. Yes No

Table with 5 columns: (a) Name, (b) Enter P for partnership; S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if any amount is not at risk. Rows A-D for Salads International, Inc.

Table for Passive Income and Loss and Nonpassive Income and Loss. Columns: (f) Passive loss allowed, (g) Passive income from Schedule K-1, (h) Nonpassive loss from Schedule K-1, (i) Section 179 expense deduction from Form 4562, (j) Nonpassive income from Schedule K-1. Totals: 31,072.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A-B.

Table for Passive Income and Loss and Nonpassive Income and Loss. Columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Totals: 37.

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Row 39: Combine columns (d) and (e) only.

Part V Summary

Summary table with 2 columns: Description, Amount. Rows 40-43. Total income or loss: -37,957.



**Sales of Business Property**  
(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Department of the Treasury  
Internal Revenue Service

▶ Attach to your tax return.  
▶ Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

Attachment  
Sequence No. **27**

Name(s) shown on return: **Ted L & Susan E Kay**  
Identifying number: [REDACTED]

**1** Enter the gross proceeds from sales or exchanges reported to you for 2017 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions. **1**

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year** (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	From K-1						-102,884.

**3** Gain, if any, from Form 4684, line 39 **3**

**4** Section 1231 gain from installment sales from Form 6252, line 26 or 37 **4**

**5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824 **5**

**6** Gain, if any, from line 32, from other than casualty or theft **6**

**7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: **7** -102,884.

**Partnerships (except electing large partnerships) and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

**Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

**8** Nonrecaptured net section 1231 losses from prior years. See instructions **8**

**9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions **9**

**Part II Ordinary Gains and Losses** (see instructions)

**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

**11** Loss, if any, from line 7 **11** ( 102,884. )

**12** Gain, if any, from line 7 or amount from line 8, if applicable **12**

**13** Gain, if any, from line 31 **13**

**14** Net gain or (loss) from Form 4684, lines 31 and 38a **14**

**15** Ordinary gain from installment sales from Form 6252, line 25 or 36 **15**

**16** Ordinary gain or (loss) from like-kind exchanges from Form 8824. **16**

**17** Combine lines 10 through 16 **17** -102,884.

**18** For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:

**a** If the loss on line 17 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions **18a**

**b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14 **18b** -102,884.

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**Schedule K-1  
(Form 1120S)**

Department of the Treasury  
Internal Revenue Service

**2017**

For calendar year 2017, or tax year

Final K-1

Amended K-1

OMB No. 1545-0123

beginning \_\_\_\_\_ ending \_\_\_\_\_

**Shareholder's Share of Income, Deductions, Credits, etc.**  
▶ See page 2 and separate instructions.

**Part I Information About the Corporation**

**A** Corporation's employer identification number  
[REDACTED]

**B** Corporation's name, address, city, state, and ZIP code  
**SALADS INTERNATIONAL INC**  
**5549 ISLAND AVE**  
**SEMINOLE, FL 33772**

**C** IRS Center where corporation filed return  
**CINCINNATI, OH 45999**

**Part II Information About the Shareholder**

**D** Shareholder's identifying number  
[REDACTED]

**E** Shareholder's name, address, city, state, and ZIP code  
**TED L. KAY**  
**5549 ISLAND AVE**  
**SEMINOLE, FL 33772**

**F** Shareholder's percentage of stock ownership for tax year **41.0000** %

**Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items**

<b>1</b>	Ordinary business income (loss)	<b>13</b>	Credits
*	<b>-15,728.</b>		
<b>2</b>	Net rental real estate income (loss)		
<b>3</b>	Other net rental income (loss)		
<b>4</b>	Interest income		
<b>5a</b>	Ordinary dividends		
<b>5b</b>	Qualified dividends	<b>14</b>	Foreign transactions
<b>6</b>	Royalties		
<b>7</b>	Net short-term capital gain (loss)		
<b>8a</b>	Net long-term capital gain (loss)		
<b>8b</b>	Collectibles (28%) gain (loss)		
<b>8c</b>	Unrecaptured section 1250 gain		
<b>9</b>	Net section 1231 gain (loss)		
	<b>-52,077.</b>		
<b>10</b>	Other income (loss)	<b>15</b>	Alternative minimum tax (AMT) items
		<b>A</b>	<b>150.</b>
<b>11</b>	Section 179 deduction	<b>16</b>	Items affecting shareholder basis
<b>12</b>	Other deductions		
		<b>17</b>	Other information

\* See attached statement for additional information.

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**Schedule K-1 - Supplemental Information**  
Supporting Statement for Schedule K-1

Corporation: SALADS INTERNATIONAL INC

EIN: [REDACTED]

Shareholder: TED L KAY

ID Number: [REDACTED]

<u>Description</u>	<u>Amount</u>
• Nonpassive ordinary income included in line 1	\$-15,728.

[REDACTED]

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