

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 04/26/2024

General Information

Name: Mr Fernando Melendez

Address: 16 Rae Dr, Palm Coast, FL 32164

PID 292236

County: Flagler

AGENCY INFORMATION

Organization	Suborganization	Title
Flagler County	Planning & Development Board	Member

CANDIDATE FOR

Position	Agency Name	Position sought or held
County Commission	Flagler County	Flagler County Commission District One

Net Worth

My Net Worth as of April 22, 2024 was \$ 1,487,000.00.

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 \$ 18,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
1979 Clinton Ave Bronx NY 10457	\$ 1,000,000.00
16 Rae Dr. Palm Coast Florida 32164	\$ 469,000.00
Campaign Loan to Fernando Melendez For County Commission District 1	\$ 5,000.00
Ameris Bank, 181 Cypress Point Pkwy, Palm Coast FL 32164	\$ 35,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Ameris Bank Mortgage	181 Cypress Point Pkwy, Palm Coast FL 32164	\$ 215,416.00
JPMCB	1111 Polaris Pkwy in Columbus Ohio	\$ 26,110.00
MidFlorida	PO Box 8008 Lakeland, FL 33802	\$ 37,488.00
Nelnet	Ste 201, 121 South 13th St, Lincoln Nebraska, 68508	\$ 71,692.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

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 2023 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 2023 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
See Attached		

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
See Attached			

Interests in Specified Businesses

Business Entity # 1
N/A

Training

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you for this form year.

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.

Fernando Melendez

Digitally signed: 04/26/2024

Filed with COE: 04/26/2024

RECIPIENT COPIES

Form 1099-R CORRECTED (if checked) 2023 <small>OMB No. 1545-0119</small> Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
1 Gross distribution \$ 16980.00	2a Taxable amount \$ 15894.84
2b Taxable amount not determined	12 FATCA (if required) <input type="checkbox"/> 13 Date of payment
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no. DIVISION 1181 ATU NY EMPLOYEES PENSION FUND 20 NORTH CENTRAL AVENUE VALLEY STREAM NY 11580	
PAYER'S TIN 11-6183515	RECIPIENT'S TIN
3 Capital gain (included in box 2a) \$.00	4 Federal income tax withheld \$.00
5 Employee contributions/Designated Roth contributions/Insurance premiums \$ 1085.16	6 Net unrealized appreciation in employer's securities \$.00
7 Distribution code(s) 7	8 Other %
9a Your percentage of total distribution % \$	9b Total employee contributions \$ 11978.00
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code FERNANDO MELENDEZ 16 RAE DRIVE PALM COAST FL 32164	
Account number (see instructions) 11 1st year of desig. Roth contrib.	10 Amount allocable to RRR within 5 years
14 State tax withheld \$.00	15 State/Payer's state no.
17 Local tax withheld \$.00	18 Name of Locality
19 Local distribution \$	16 State distribution \$
19 Local distribution \$	19 Local distribution \$
File this copy with your state, city, or local income tax return, when required.	

Department of the Treasury
Internal Revenue Service
www.irs.gov/Form1099R

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 20_____

Your first name and middle initial: Fernando; Last name: Melendez; Your social security number; Spouse's social security number

Home address (number and street): 16 Rae Dr; Apt. no.; City, town, or post office: Palm Coast; State: FI; ZIP code: 32164; Foreign country name; Foreign province/state/county; Foreign postal code

Filing Status: [] Single, [] Married filing jointly, [x] Married filing separately (MFS), [] Head of household (HOH), [] Qualifying surviving spouse (QSS); If you checked the MFS box, enter the name of your spouse: Sarah Melendez

Digital Assets: At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset? [] Yes [x] No

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

Age/Blindness You: [] Were born before January 2, 1959 [] Are blind Spouse: [] Was born before January 2, 1959 [] Is blind

Dependents table with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents

Income table with rows 1a through 1z: Total amount from Form(s) W-2, Household employee wages, Tip income, Medicaid waiver payments, Taxable dependent care benefits, Employer-provided adoption benefits, Wages from Form 8919, Other earned income, Nontaxable combat pay election

Income table with rows 2a through 15: Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits, Taxable interest, Ordinary dividends, Taxable amount, Capital gain or (loss), Additional income from Schedule 1, Adjustments to income, Subtract line 10 from line 9, Standard deduction or itemized deductions, Qualified business income deduction, Subtract line 14 from line 11

Attach Sch. B if required.

Standard Deduction for—

- Single or Married filing separately, \$13,850
• Married filing jointly or Qualifying surviving spouse, \$27,700
• Head of household, \$20,800
• If you checked any box under Standard Deduction, see instructions.

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
Go to www.irs.gov/ScheduleE for instructions and the latest information.

Name(s) shown on return

Your social security number

Fernando Melendez

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**. 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 2023 that would require you to file Form(s) 1099? See instructions Yes No

B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A	1979 Clinton Ave
B	Bronx, New York 10457
C	

1b Type of Property (from list below)	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.	Fair Rental Days	Personal Use Days	QJV
A 2		A 365	0	<input type="checkbox"/>
B		B		<input type="checkbox"/>
C		C		<input type="checkbox"/>

Type of Property:

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

Income:	Properties:		
	A	B	C
3 Rents received	3 20600.00		
4 Royalties received	4		
Expenses:			
5 Advertising	5		
6 Auto and travel (see instructions)	6		
7 Cleaning and maintenance	7		
8 Commissions	8		
9 Insurance	9 1500.00		
10 Legal and other professional fees	10		
11 Management fees	11		
12 Mortgage interest paid to banks, etc. (see instructions)	12 2692.85		
13 Other interest	13		
14 Repairs	14 7850.00		
15 Supplies	15		
16 Taxes	16 6500.00		
17 Utilities	17 4560.00		
18 Depreciation expense or depletion	18		
19 Other (list) _____	19		
20 Total expenses. Add lines 5 through 19	20 23102.85		
21 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	21 -2502.85		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (2502.85) () ()		
23a Total of all amounts reported on line 3 for all rental properties	23a 20600.00		
b Total of all amounts reported on line 4 for all royalty properties	23b 0.00		
c Total of all amounts reported on line 12 for all properties	23c 2692.00		
d Total of all amounts reported on line 18 for all properties	23d 0.00		
e Total of all amounts reported on line 20 for all properties	23e 23102.85		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24		0.00
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25 (2502.85)		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26		-2502.85

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions): _____			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount: _____	24z		
25	Total other adjustments. Add lines 24a through 24z	25		0.00
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	26		0.00

Tax and Credits

Table with 2 columns: Line number and Amount. Rows 16-24 include Tax, Amount from Schedule 2, Child tax credit, and Total tax.

Payments

Table with 2 columns: Line number and Amount. Rows 25-33 include Federal income tax withheld, 2023 estimated tax payments, and Total payments.

If you have a qualifying child, attach Sch. EIC.

Refund

Table with 2 columns: Line number and Amount. Rows 34-36 include overpaid amount, refunding amount, and amount applied to 2024 estimated tax.

Amount You Owe

Table with 2 columns: Line number and Amount. Rows 37-38 include amount you owe and estimated tax penalty.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions. [X] Yes. Complete below. [] No. Designee's name: JOSE ALCANAL, Phone no. 7867122807, Personal identification number (PIN) [] [] [] [] [] []

Sign Here

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. Your signature, Date, Your occupation, and Identity Protection PIN fields.

Joint return? See instructions. Keep a copy for your records.

Paid Preparer Use Only

Preparer's name: JOSE ALCANAL, Preparer's signature: Jose Alcanal, Date: 4-6-24, PTIN: 2666565, Check if: [X] Self-employed, Firm's name: JOSE E. ALCANAL, Phone no. 7867122807, Firm's address: 33 WOODFIELD DR PALM BEACH FL 33464, Firm's EIN: 59262963



415 VISION DRIVE OH4-7214
COLUMBUS, OH 43219-6009

2992 MT
ERNANDO MELENDEZ
ARAH MELENDEZ
6 RAE DR
PALM COAST, FL 32164-6891

Phone Support: 1-800-848-9136 WE ACCEPT OPERATOR RELAY CALLS

MORTGAGE
REAL ESTATE TAXES PAID \$6,544.70

CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. PMORGAN CHASE BANK, N.A. HOME LENDING 415 VISION DRIVE OH4-7214 COLUMBUS, OH 43219-6009		* Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.	OMB No. 1545-1380 Form 1098 (Rev. January 2022) For calendar year 2023	Mortgage Interest Statement Copy B For Payer/Borrower The information in boxes 1 through 9 and 11 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.
RECIPIENT'S/LENDER'S TIN	PAYER'S/BORROWER'S TIN	1 Mortgage interest received from payer(s)/borrower(s)* \$2,692.85	2 Outstanding mortgage principal \$43,286.18	
RECIPIENT'S/LENDER'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code ERNANDO MELENDEZ ARAH MELENDEZ 6 RAE DR PALM COAST, FL 32164-6891		3 Mortgage origination date 12/20/1995	4 Refund of overpaid interest	
Number of properties securing the mortgage		5 Mortgage insurance premiums	6 Points paid on purchase of principal residence	
Account number (see instructions)		7 <input type="checkbox"/> If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8	11 Mortgage acquisition date	
8 Address or description of property securing mortgage 1979 CLINTON AVE BRONX NY 10457		9 Other		

Form 1098 (Rev. 1-2022) (keep for your records) www.irs.gov/Form1098 Department of the Treasury - Internal Revenue Service

YOUR INTEREST MAY BE OVERSTATED IN BOX 1 IF ALL OR A PORTION OF YOUR PAYMENTS ARE SUBSIDIZED BY A STATE-FUNDED PROGRAM. CONTACT YOUR TAX ADVISOR WITH QUESTIONS.

Instructions for Payer/Borrower

A person (including a financial institution, a governmental unit, and a cooperative housing corporation) who is engaged in a trade or business and, in the course of such trade or business, received from you at least \$600 of mortgage interest (including certain points) on any one mortgage in the calendar year must furnish this statement to you.

If you received this statement as the payer of record on a mortgage on which there are other borrowers, furnish each of the other borrowers with information about the proper distribution of amounts reported on this form. Each borrower is entitled to deduct only the amount each borrower paid and points paid by the seller that represent each borrower's share of the amount allowable as a deduction. Each borrower may have to include in income a share of any amount reported in box 4.

If your mortgage payments were subsidized by a government agency, you may not be able to deduct the amount of the subsidy. See the instructions for Schedule A, C, or E (Form 1040) for how to report the mortgage interest. Also, for more information, see Pub. 936 and Pub. 535.

Payer's/Borrower's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (SSN, ITIN, ATIN, or EIN). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the lender has assigned to distinguish your account.

Box 1. Shows the mortgage interest received by the recipient/lender during the year. This amount includes interest on any obligation secured by real property, including a mortgage, home equity loan, or line of credit. This amount does not include points, government subsidy payments, or seller payments on a "buydown" mortgage. Such amounts are deductible by you only in certain circumstances.

CAUTION: If you prepaid interest in the calendar year that accrued in full by January 15, if the subsequent year, this prepaid interest may be included in box 1. However, you cannot deduct the prepaid amount in the calendar year paid even though it may be included in box 1. If you hold a mortgage credit certificate and can claim the mortgage interest credit, see

If the mortgage originated in the calendar year, shows the mortgage principal as of the date of origination. If the recipient/lender acquired the loan in the calendar year, shows the mortgage principal as of the date of acquisition.

Box 3. Shows the date of the mortgage origination.

Box 4. Do not deduct this amount. It is a refund (or credit) for overpayment(s) of interest you made in a prior year or years. If you itemized deductions in the year(s) you paid the interest, you may have to include part or all of the box 4 amount on the "Other income" line of your calendar year Schedule 1 (Form 1040). No adjustment to your prior year(s) tax return(s) is necessary. For more information, see Pub. 936 and *Itemized Deduction Recoveries* in Pub. 525.

Box 5. If an amount is reported in this box, it may qualify to be treated as deductible mortgage interest. See the calendar year Schedule A (Form 1040) instructions and Pub. 936.

Box 6. Not all points are reportable to you. Box 6 shows points you or the seller paid this year for the purchase of your principal residence that are required to be reported to you. Generally, these points are fully deductible in the year paid, but you must subtract seller-paid points from the basis of your residence. Other points not reported in box 6 may also be deductible. See Pub. 936 to figure the amount you can deduct.

Box 7. If the address of the property securing the mortgage is the same as the payer's/borrower's, either the box has been checked, or box 8 has been completed.

Box 8. Shows the address or description of the property securing the mortgage.

Box 9. If more than one property secures the loan, shows the number of properties securing the mortgage. If only one property secures the loan, this box may be blank.

Box 10. The interest recipient may use this box to give you other information, such as real estate taxes or insurance paid from escrow.

Box 11. If the recipient/lender acquired the mortgage in the calendar year, shows the date of acquisition.

Future developments. For the latest information about developments related to Form 1098

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Fernando Melendez

Your social security number

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5	-2502.85
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
a	Net operating loss	8a ()		
b	Gambling	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
e	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
o	Section 951A(a) inclusion (see instructions)	8o		
p	Section 461(l) excess business loss adjustment	8p		
q	Taxable distributions from an ABL account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount:	8z		
9	Total other income. Add lines 8a through 8z		9	0.00
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	-2502.85

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

Cat. No. 71479F

Schedule 1 (Form 1040) 2023