

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

FOR OFFICE USE ONLY:
RECEIVED
FLAGLER COUNTY
SUPERVISOR OF ELECTIONS

LAST NAME — FIRST NAME — MIDDLE NAME:

SULLIVAN DAVID CHARLES

MAILING ADDRESS:

99 Front Street

CITY:

Palm Coast

ZIP:

32137

COUNTY:

Flagler

NAME OF AGENCY:

Flagler County

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

County Commissioner District 3

CHECK IF THIS IS A FILING BY A CANDIDATE

2016 JUN 23 P 3:01

COPY

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2015 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 23, 20 16 was \$ \$618,214⁰⁰

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 \$ \$95,000

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
HOUSE 99 FRONT ST PALM COAST, FL 32137	873,546
HYATT VACATION CLUB TIMESHARE UNIT 5168L/12 COCONUT PLANT ^{BOHNF} _{SPRINGS}	30,000
FIDELITY ROLLOVER IRA	19,195
NAVY FEDERAL CREDIT UNION BANK ACCOUNT CHECKING/SAVINGS	2,500

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
NAVY FEDERAL CREDIT UNION (NFCU) MORTGAGE 99 FRONT ST.	406,028
AUTOMOBILE LEASES 2016 MALIBU, 2014 TRAVELER	14,150

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

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 2015 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 2015 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2015 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

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

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

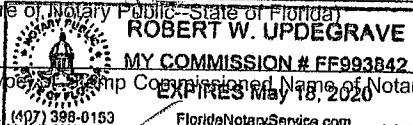
For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

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 FLAGLER
 Sworn to (or affirmed) and subscribed before me this 21ST day of JULY, 20 16 by DAVID C. SULLIVAN

(Signature of Notary Public - State of Florida)

 (Print, Type or Stamp Commissioned Name of Notary Public)
 Personally Known OR Produced Identification

David C. Sullivan
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Type of Identification Produced _____

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

1040

Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

COPY 2015

OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2015, or other tax year beginning _____, 2015, ending _____

Your first name and initial
DAVID C.

Last name
SULLIVAN

If a joint return, spouse's first name and initial
PATRICIA P.

Last name
SULLIVAN

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FLAGLER COUNTY
SUPERVISOR OF ELECTIONS
2016 JUN 23 P 3
See separate instructions.
Your social security number
Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.
99 FRONT STREET

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
PALM COAST FLORIDA 32137-1459

Foreign country name

Foreign province/state/county

Foreign postal code

▲ Make sure the SSN(s) above and on line 6c are correct.

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
 You Spouse

Filing Status

- 1 Single
- 2 Married filing jointly (even if only one had income)
- 3 Married filing separately. Enter spouse's SSN above and 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

Check only one box.

Exemptions

- 6a Yourself. If someone can claim you as a dependent, do not check box 6a.
- b Spouse
- c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
- d Total number of exemptions claimed

Boxes checked on 6a and 6b **2**
No. of children on 6c who:
• lived with you
• did not live with you due to divorce or separation (see instructions)
Dependents on 6c not entered above
Add numbers on lines above **2**

If more than four dependents, see instructions and check here

Income

- 7 Wages, salaries, tips, etc. Attach Form(s) W-2
- 8a Taxable interest. Attach Schedule B if required
- b Tax-exempt interest. Do not include on line 8a
- 8b
- 9a Ordinary dividends. Attach Schedule B if required
- b Qualified dividends
- 9b
- 10 Taxable refunds, credits, or offsets of state and local income taxes
- 11 Alimony received
- 12 Business income or (loss). Attach Schedule C or C-EZ
- 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here
- 14 Other gains or (losses). Attach Form 4797
- 15a IRA distributions
- 15a 841 43
- b Taxable amount
- 16a Pensions and annuities
- 16a
- b Taxable amount
- 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E
- 18 Farm income or (loss). Attach Schedule F
- 19 Unemployment compensation
- 20a Social security benefits
- 20a 34,437 60
- b Taxable amount
- 21 Other income. List type and amount
- 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶

7	-	-
8a	24	24
9a	-	-
10	-	-
11	-	-
12	-	-
13	-	-
14	-	-
15b	841	43
16b	75,666	96
17	-	-
18	-	-
19	-	-
20b	29,271	96
21	-	-
22	105,804	59

Adjusted Gross Income

- 23 Educator expenses
- 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ
- 25 Health savings account deduction. Attach Form 8889
- 26 Moving expenses. Attach Form 3903
- 27 Deductible part of self-employment tax. Attach Schedule SE
- 28 Self-employed SEP, SIMPLE, and qualified plans
- 29 Self-employed health insurance deduction
- 30 Penalty on early withdrawal of savings
- 31a Alimony paid b Recipient's SSN ▶
- 32 IRA deduction
- 33 Student loan interest deduction
- 34 Tuition and fees. Attach Form 8917
- 35 Domestic production activities deduction. Attach Form 8903
- 36 Add lines 23 through 35
- 37 Subtract line 36 from line 22. This is your adjusted gross income ▶

23		
24		
25		
26		
27		
28		
29		
30		
31a		
32		
33		
34		
35		
36		
37	105,804	59

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Standard Deduction for—

- People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
- All others:
 - Single or Married filing separately, \$6,300
 - Married filing jointly or Qualifying widow(er), \$12,600
 - Head of household, \$9,250

38 Amount from line 37 (adjusted gross income) 38 105,804 59

39a Check You were born before January 2, 1951 Blind. Total boxes
 if: Spouse was born before January 2, 1951 Blind, checked by 39a

b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b

40 Itemized deductions (from Schedule A) or your standard deduction (see instructions) 40 38,831 74

41 Subtract line 40 from line 38 41 66,972 85

42 Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions 42 8,000 00

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 58,972 85

44 Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c 44 7,924 00

45 Alternative minimum tax (see instructions). Attach Form 6251 45 - -

46 Excess advance premium tax credit repayment. Attach Form 8962 46 - -

47 Add lines 44, 45, and 46 47 7,924 00

48 Foreign tax credit. Attach Form 1116 if required 48

49 Credit for child and dependent care expenses. Attach Form 2441 49

50 Education credits from Form 8863, line 19 50

51 Retirement savings contributions credit. Attach Form 8880 51

52 Child tax credit. Attach Schedule 8812, if required 52

53 Residential energy credits. Attach Form 5695 53

54 Other credits from Form: a 3800 b 8801 c 54

55 Add lines 48 through 54. These are your total credits 55 - -

56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- 56 7,924 00

Other Taxes

57 Self-employment tax. Attach Schedule SE 57

58 Unreported social security and Medicare tax from Form: a 4137 b 8919 58

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 59

60a Household employment taxes from Schedule H 60a

b First-time homebuyer credit repayment. Attach Form 5405 if required 60b

61 Health care: individual responsibility (see instructions) Full-year coverage 61

62 Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s) 62

63 Add lines 56 through 62. This is your total tax 63 7,924 00

Payments

64 Federal income tax withheld from Forms W-2 and 1099 64 8,021 54

65 2015 estimated tax payments and amount applied from 2014 return 65

66a Earned income credit (EIC) 66a

b Nontaxable combat pay election 66b

67 Additional child tax credit. Attach Schedule 8812 67

68 American opportunity credit from Form 8863, line 8 68

69 Net premium tax credit. Attach Form 8962 69

70 Amount paid with request for extension to file 70

71 Excess social security and tier 1 RRTA tax withheld 71

72 Credit for federal tax on fuels. Attach Form 4136 72

73 Credits from Form: a 2439 b Reserved c 8885 d 73

74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments 74 8,021 54

Refund

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid 75

76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here 76a 97 54

b Routing number c Type: Checking Savings

d Account number

77 Amount of line 75 you want applied to your 2016 estimated tax 77

Amount You Owe

78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions 78

79 Estimated tax penalty (see instructions) 79

Third Party Designee

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

Designee's name Phone no. 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 *David P. Sullivan* Date 04/13/16 Your occupation RETIRED Daytime phone number 386-447-3174

Spouse's signature. If a joint return, both must sign. *Patricia P. Sullivan* Date 04/13/16 Spouse's occupation RETIRED

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date

Check if self-employed PTIN

Firm's name Firm's EIN

Firm's address Phone no.

**SCHEDULE A
Form 1040**

COPY

Itemized Deductions

OMB No. 1545-0074

2015

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.

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SUPERVISOR OF ELECTIONS

Name(s) shown on Form 1040

DAVID C & PATRICIA P. SULLIVAN

Your social security number

~~XXXXXXXXXX~~

		Caution: Do not include expenses reimbursed or paid by others.					
Medical and Dental Expenses	1	Medical and dental expenses (see instructions)	1				
	2	Enter amount from Form 1040, line 38	2	105,224	59		
	3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1951, multiply line 2 by 7.5% (.075) instead	3	7,935	39		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4				0 00
Taxes You Paid	5 State and local (check only one box):		5	4,632	84		
	a <input type="checkbox"/> Income taxes, or						
	b <input checked="" type="checkbox"/> General sales taxes						
	6	Real estate taxes (see instructions)	6	8,499	21		
	7	Personal property taxes	7				
	8	Other taxes. List type and amount COLBERT ROAD SPECIALTY TAX ASSESSMENT VEHICLE LICENSE FEES	8	262	20		
	9	Add lines 5 through 8	9				13,394 25
Interest You Paid	10	Home mortgage interest and points reported to you on Form 1098	10	12,621	79		
	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 no., and address	11				
	12	Points not reported to you on Form 1098. See instructions for special rules	12				
	13	Mortgage insurance premiums (see instructions)	13				
	14	Investment interest. Attach Form 4952 if required. (See instructions.)	14				
	15	Add lines 10 through 14	15				12,621 79
Gifts to Charity	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions.	16	6,338	70		
	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	417	00		
	18	Carryover from prior year	18				
	19	Add lines 16 through 18	19				6,755 70
Casualty and Theft Losses		20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)		20		
Job Expenses and Certain Miscellaneous Deductions	21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.)	21				
	22	Tax preparation fees	22				
	23	Other expenses—investment, safe deposit box, etc. List type and amount	23				
	24	Add lines 21 through 23	24				
	25	Enter amount from Form 1040, line 38	25				
	26	Multiply line 25 by 2% (.02)	26				
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27				- -
Other Miscellaneous Deductions		28	Other—from list in instructions. List type and amount		28		- -
Total Itemized Deductions	29	Is Form 1040, line 38, over \$154,950?			29		
	<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.						38,831 74
	<input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.						
30 If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>							