FORM 6	FULLAN	ND PUBLIC	DISCE	<b>OSYFR</b>	OF ELE	CTIONS	2013
Please print or type your name, m address, agency name, and positi	on below: OF F	INANCIAL	INTER	95 CAROUN LOTE FI	75.570-	STE E	2013
LAST NAME — FIRST NAME Harper, Yvonne Christine	- MIDDLE NAME:					· · · · · · · · · · · · · · · · · · ·	ISE ONLY:
MAILING ADDRESS:			<b>ZOI</b>	JIN 19	an s	3 21	
7375 Olympia Street							
CITY:	777						
Navarre	ZIP : 32566	COUNTY: Santa Rosa					
NAME OF AGENCY:		Santa Rosa					
Santa Rosa County							
NAME OF OFFICE OR POSIT County Commission, Distri	ION HELD OR SOUGHT:						
CHECK IF THIS IS A FILING E	BY A CANDIDATE 🗹						
<b></b>		PART A - NET W	ORTH				
Please enter the value of your na reported liabilities from your reported			ent date. [Note te 3.]	: Net worth is r	not calculat	ed by subtraction	ng your
My net w	orth as of December 3	1 2	0 <u>13</u> was \$	103,370.00			
		PART B - ASSI	•				
HOUSEHOLD GOODS AND PE Household goods and person following, if not held for invest furnishings; clothing; other hou The aggregate value of my house	al effects may be reported in strent purposes: jewetry; or usehold items; and vehicles ousehold goods and persona	for personal use.	, ,	ionido ilcina, e	00. This ca art objects;	ategory include household equ	s any of the uipment and
ASSETS INDIVIDUALLY VALUE DESCRIPTION	ED AT OVER \$1,000: I OF ASSET (specific desc	rintlan la secolo l					··
lome - 7375 Olympia Stree	t	inhana is tedatica - s	ee instruction	s p.4)		VALUE O	F ASSET
004 Chevrolet Suburban						212,000.00	
996 Honda Accord						8,000.00	
7,000,0						2,000.00	
			<del> </del>				
LIABILITIES IN EXCESS OF \$1,0 NAME AND ADI	P. 200 (See instructions on pa DRESS OF CREDITOR	'ART C LIABILI 1904):	ITIES				
	Highland Dr. L	المروز المروز	75010	<del></del>		AMOUNT OF	LIABILITY
reat Lakes, P.O. Box 7860,	Madison, WI 53707	Wishird, V	42 OP.T		<del></del>	208,164.44	
allie Mae, P.O. Box 9533, V						51,396.17	
	32 22.10,17 10//3	,			- 4	9,069.30	
OINT AND SEVERAL LIABILITIE	S NOT REPORTED ABOV	E:					
NAME AND ADD	PRESS OF CREDITOR				<del></del>	AMOUNT OF	LIABILITY
E FORM 6 - Effective January 1, 2014					1		}

	PART D - IN	COME SUPERVISOR OF	The same of the sa
You may EITHER (1) file a complete copy of ye statement identifying each separate source and remainder of Part D, below.	our 2013 federal income tax retu d amount of income which exce	tm. Including all WYZ's, schedules, a	obres of income, by completing the
I elect to file a copy of my 2013 federal i	ncome tax return and all W2's, so of your 2013 tax return, you need	chedules, and attachments, d not complete the certain telefor Pe	M <sup>2</sup> 9 21
PRIMARY SOURCES OF INCOME (See instru			
NAME OF SOURCE OF INCOME EXCEEDING	NG \$1,000 ADE	DRESS OF SOURCE OF INCOME	AMOUNT
	·		
SECONDARY SOURCES OF INCOME [Major of NAME OF NAME NAME NAME NAME NAME NAME NAME NAME	customers, clients, etc., of busine: E OF MAJOR SOURCES	sses owned by reporting person—se ADDRESS	ee instructions on page 5]: PRINCIPAL BUSINESS
	BUSINESS' INCOME	OF SOURCE	ACTIVITY OF SOURCE
	to designate of the second		
·			
		USINESSES [Instructions on p	page 6]
NAME OF BUSINE	ESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5%			
NATURE OF MY			
OWNERSHIP INTEREST			
IF ANY OF PARTS A THROUGH	E ARE CONTINUED ON A	A SEPARATE SHEET, PLEA	ASE CHECK HERE
OATH	STATE OF I		Pasa
t the nomen whose name annual at the	COUNTY O		NOSOC,
I, the person whose name appears at the beginning of this form, do depose on oath or at	Sworn to (or	affirmed) and subscribed before n	
and say that the information disclosed on this f	, ) ()	20 14 by Y	ionne C. Harpel
and any attachments hereto is true, accurate,	Lle	que K. Mei	ul
and complete	IEK. MEYER (Signature o	f Notary Public-State of Florida	<del></del>
EXPIRE	S: July 18, 2016	5/18 K. 18,	exer
TE OF FLORE Bonded That	Budget Notary Services (Print, Type,	or Stamp Commissioned Name of	Notary Public)
Alen Al	Personally K	(nown OR Produc	ed identification
SIGNATURE OF REPORTING OFFICIAL OR	CANDIDATE Type of Iden	itification Produced Drive	es license
		7	
If a certified public accountant licensed under she must complete the following statement:	Chapter 473, or attorney in go-	od standing with the Florida Bar	prepared this form for you, he or
I sate mast complete the following statement:			
Section 112.3144, Florida Statutes, and the in	structions to the form. Upon m	E Form 6 in accordance with Art. y reasonable knowledge and beli	II, Sec. 8, Florida Constitution, ef. the disclosure berein is true and
correct.			- , are the determined the determined the
Signatura	<u> </u>		
Signature Preparation of this form by a CPA or a	ttornov does not volices th	. Cl CAL	Date
Preparation of this form by a CPA or a	morney uses not reneve th	e mer of the responsibility t	o sign the form under oath.

/1040	U.S. I	of the Treasury—Internal F adividual Inco	me Tax I	Return		NISEE				IRS Use Or	See	not write or staple in the separate instruct	is space.
for the year Jan. 1-Dec. 31, 2013, or other tax year beginning				SUPERNS GARDLINE ST., STE. F							social security nu		
Your first name and I	nitial		Last name	, 6							}	4 Cal 2 25 5 5	
PAUL D			HARPER		MILL	ON. FL	3231	<b>७−५</b> ₹	134			se's social security	number
if a joint return, spou	ise's first na	me and initial	Last name	3:	0311 -11	mt → O	AM	9	21				
YVONNE C			HARPER		un d	<u>IN 19</u>		_3_	<del>_</del>	Apt. no.		vlake sure the SSN	(s) above
Home address (num	ber and stre	et). If you have a P.O. I	oox, see instru	ctions.						•	<b>A</b> "	and on line 6c are	correct.
7375 Olymp	ia St.			las complete c	nacee ha	ow (see inst	nictions).		L		Pre	sidential Election C	ampaign
		ZIP code. If you have a fo	reign address, a	REO COMPRETE S	paces no	1011 (300 mo	.,				Check	here if you, or your spou	ise if filing
Navarre FL				Foreign pro	dood/ets	te/county		T	orelan	oostal code	jointly,	want \$3 to go to this fur below will not change yo	d, Checking
Foreign country nam	10			Poreign pro	AN IOOL STO	tes comity			0		refund.		-
				<u></u>		4	Пи	ad of bo	usobole	(with aus)	ifvina pe	erson). (See instruc	tions.) If
Filing Status	1 🖳	Single		to a at the		4	L Hei	ao or no Mileo	no cers	on is a chik	d but no	ot your dependent,	enter this
	2 🗵		y (even if oni	y one nad in	come)			id's nam				•	
Check only one	3 _	Married filing sepa		spouse s 22	ola sidoa	5				(er) with d	epende	ent child	
oox.		and full name here			danand							Boxes checked	
Exemptions		Yourself. If som	eone can cla	ım you as a	deheud	en, do n	OF CHEC	JIL DOX				on 6a and 6b No. of children	2_
		Spouse .	<del></del>	(2) Dependent	<del>:                                    </del>	(3) Deper	vient's	(4)	/ if child	under age 1	7	on 6c who:	2
	-	Dependents:	s	cial security nur		relationshi		quali		child tax cred ructions)	II	<ul> <li>lived with you</li> <li>did not live with</li> </ul>	
	(1) First na		10			Son		1	<u> </u>			you due to divorce or separation	
If more than four	GARRE					Daugh	ter	1		]		(see instructions)	
dependents, see	Shell	y D Harper						1				Dependents on 6 not entered above	
instructions and								$\perp$				Add numbers or	
check here ► L	d	Total number of exe	motions clair	ned .	4 .						<u> </u>	lines above >	<u> </u>
		Wages, salaries, tips					, ,			, ,	7	94	,075.
Income		Taxable interest. At									8a		7.
		Tax-exempt interes				8	b						
Attach Form(s)		Ordinary dividends.						, ,			9a		
W-2 here, Also		Qualified dividends	Augus Cono			9	ь						
attach Forms		Taxable refunds, cre	edits, or offse	ets of state a	ind loca	income	taxes				10		
W-2G and 1099-R if tax		Alimony received .									11		
was withheld.	12	Business income or (loss), Attach Schedule C or C-EZ							12				
	13	and the second second production of the second seco							13				
If you did not	14	Other gains or (loss									14		
get a W-2,	15a	IRA distributions .	1 1			b	Taxable	amour	ıt .		15b		
see instructions.	16a	Pensions and annuit	es 16a				Taxable				16b		
	17	Rental real estate, r	oyalties, par	nerships, S	corpora	tions, tru	sts, etc	. Attac	h Sche	edule E	17		
	18	Farm income or (los	s). Attach So	chedule F.							18		
	19	Unemployment con									19		
	20a	Social security bene	fits   20a			b	Taxable	e amoui	nt .		20b	<del> </del>	
	21	Other Income. List Combine the amount	type and am	ount		******					21		1 000
	22	Combine the amount	s in the far rigi	nt column for	lines 7 tl	rough 21.	This is	your tot	ai inco	me ►	22	9,	1,082.
	23	Educator expenses				· [_	23				1	1	
Adjusted	24	Certain business expe	enses of reser	vists, perform	ing artist	s, and					-		
Gross		fee-basis government					24				1	1	
Income	25	Health savings acc				_	25				4		
	26	Moving expenses.					26		<del></del> -		1	1	
	27	Deductible part of se				-	27				1		
	28	Self-employed SEF					28				1		
	29	Self-employed hea					29				1		
	30	Penalty on early w				· ·  -	30		· · · · · · · · ·		1		
	31a	Alimony paid b R				<del> -</del>	31a			<del></del>	4		
	32	IRA deduction .					32		<del></del>	,500.	-		
	33	Student loan intere					33			.,500.	1		
	34	Tuition and fees. A					34 35	<u></u>			1		
	35	Domestic productio									36	1	2,500.
	36	Add lines 23 throu	gh 35	hin in source	 معدراتان	l arace in	nome.		•		37		1,582.

									Page 2
1040 (2013	)			1				38	91,582.
ax and	38	Amount from line 37 (adjuste Check \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ed gross income)	10/05/1952	Masting de	Total bo	xes T		
Credits	39a	Check You were borr	n before January 2	, 18484 V F C R - 0 460460 & A		checked	T GHS	}	
		if: Spouse was b	oni belole Jaliual	y z, lotoj (	ARVETNI-	check I	Sele	- 1	ب معدر ا
Standard Deduction	b	Itemized deductions (from	eparate return or y	ur etandard de	M, FL 32	570 - e lett m	45 A2	40	17,782.
for-	40	Itemized deductions (ITOM)	Scriedule A) or you	2010 111	** 4 A	· · ·		41	73,800.
<ul> <li>People who check any</li> </ul>	41	Subtract line 40 from line 38 Exemptions. If line 38 is \$150,0	22 delition multiple \$3	OD by the mumb	er on the 6d. C	le vise	see instructions	42	15,600.
box on line 39a or 39b or	42	Taxable income. Subtract	line 42 from line 41	i. If line 42 is n	nore than lin	e 41, en	ter -0	43	58,200.
who can be	43 44	Tax (see instructions). Check it	fany from: a T Fo	orm(s) 8814 b	Form 49	72 c [	J [	44	7,841.
claimed as a dependent,	45	Alternative minimum tax (	see instructions). A	Attach Form 62	251			45	
see instructions.	46	Add lines 44 and 45					🕨	46	7,841.
<ul><li>All others:</li></ul>	47	Foreign tax credit. Attach Fo		d	47				
Single or Married filing	48	Credit for child and dependen	t care expenses. At	tach Form 244	1 48				
separately,	49	Education credits from Form			49				
\$6,100 Married filing	50	Retirement savings contrib		ach Form 888	0 50				
jointly or Qualifying	51	Child tax credit. Attach Sch			51		1,000.		
widow(er).	52	Residential energy credits.			52				
\$12,200 Head of	53	Other credits from Form: a	3800 <b>b</b> 🗌 8801	c 🗆	53				1,000.
household,	54	Add lines 47 through 53. Th	ese are your <b>total</b>	credits				54	6,841.
\$8,950	55	Subtract line 54 from line 46	6. If line 54 is more	than line 46,			•	55	0,041.
Other	56	Self-employment tax. Attack	h Schedule SE 🕻 .	1. S. W.	\$			56	
	57	Unreported social security a	and Medicare taš f	ròm Form: a	<u>                                     </u>		8919	57 58	
Taxes	58	Additional tax on IRAs, other	qualified retiremen	it plans, etc. At	ttach Form 5	329 it re	quired	59a	
	59a	Household employment taxe	es from Schedule H					59b	
	b	First-time homebuyer credit	repayment. Attach	Form 5405 if re	equired .	 Natolist		60	
	60	Taxes from: a  Form 89				odelel	<b></b>	61	6,841.
	61	Add lines 55 through 60. Th	is is your total tax	( , , , ,	62	• • •	8,705.	<del>                                     </del>	
Payments		Federal income tax withhele					0,700.	1	
If you have a	<u>63</u>	2013 estimated tax payments		O HOTH ZO IZ IOL	. 64a			1	
If you have a qualifying	64a	Earned Income credit (EIC	1 1		. 04a			1	
child, attach	b	Nontaxable combat pay election Additional child tax credit. At			. 65				
Schedule EIC	J	Additional child tax credit. Al American opportunity credit			66			1	
	- 66 •≈	Reserved	it iioiii i oita oooo,		. 67				
	67 68	Amount paid with request t	or extension to file		68			]	
	69	Excess social security and to			. 69				
	70	Credit for federal tax on fu			. 70				
	71	Credits from Form: a 2439	b Reserved c	🗀 d 888	71			4	
	72	Add lines 62, 63, 64a, and	65 through 71. The	ese are your to	tal paymen	ts	<u> &gt;</u>	72	8,705.
Refund	73	If line 72 is more than line	61, subtract line 6	1 from line 72	. This is the	amount	you overpaid	73	1,864.
	74a	Amount of line 73 you wan	t refunded to you	. If Form 8888	Is attached,	check t	nere . ►∐	74a	1,864.
Direct deposit	? <b>►</b> b	Routing number			▶c Type: ⊠	Checki	ng Savings		
See	<b>▶</b> d	Account number							
instructions.	75	Amount of line 73 you want	applied to your 20:	14 estimated to	ex ▶ 75		instructions b	76	
Amount	76	Amount you owe. Subtract		61. For details		ay, see	INSURCEOUS P	10	
You Owe	77	Estimated tax penalty (see	instructions) .		. 77	- Inches	tions)? Vo	e Com	plete below. X No
Third Park	ty <sup>C</sup>	o you want to allow another p	person to discuss 1	inis return with	i the IRS (se	3 11150100			
Designee	D	esignee's		Phone			Personal Ident number (PIN)	itication	<b>&gt;</b>
	<u>n</u>	ame  inder penalties of perjury, I declare to	Lat I have a vegetine of the	no. >	amanying sch	edules an	d statements, and to	the best	of my knowledge and belief,
Sign	L'	Inder penalties of perjury, I declare they are true, correct, and complete.	hat i nave examined in Declaration of prepare	r (other than taxpa	ayer) is based o	n all infor	mation of which prep	arer has	any knowledge.
Here				Date	Your occupa				ime phone number
Joint return? S	ee 🕨 '	our signature			U.S. N			(8	50) 515-0667
instructions. Keep a copy for	or Da	Spouse's signature. If a joint return	n, <b>both</b> must sian.	Date	Spouse's oc			If the	IRS sent you an Identity Protection
your records.	7	-ba-na a ardiumnar ir a fairir ramit			Profes				enter it (see inst.)
	F	Print/Type preparer's name	Preparer's signatu	ire	<del></del>		Date	Che	ck Dif PTIN
Paid		** * *	-					self-	employed
Preparer		irm's name ▶ Self	-Prepared_				Firm's EIN ▶		
Use Only	<i>,</i> —	Sirm's address >					Phone no.		