

FOR FLORIDA USE ONLY:
COMMISSION ON ETHICS

JUN 16 2017

RECEIVED

PROCESSED

*****AUTO**ALL FOR AADC 320 T1 P1 184 184

Samuel Clifford Newby
City Council Member, At Large Group 5
Jacksonville
Council & Constitutional Officers
117 W Duval St Ste 425
Jacksonville, FL 32202-5712



ID Code



ID No. 258605

Conf. Code

Newby, Samuel Clifford

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, 2016 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 December, 20 16 was \$ 65,724.

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 \$ _____

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Bmw	35,000
Colbot	8,000
JEWELRY	6,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Bmw of America	23,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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 2016 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 2016 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2016 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
City of Jacksonville, FL	117 WEST DOUGLASS ST	39724.64

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.

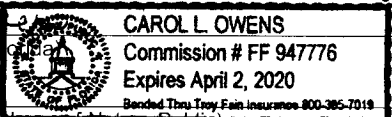
I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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 Duval

Sworn to (or affirmed) and subscribed before me this 14th day of June, 2017 by Samuel Clifford Newby

Carol L. Owens
 (Signature of Notary Public--State of Florida)

 (Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification

Type of Identification Produced _____


 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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

Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.

Information about Form 1095-C and its separate instructions is at www.irs.gov/1095c.

OMB No. 1545-2251

2016

CORRECT

1 Employee's name (last, first, and middle initial) Samuel Newby			2 Social security number (SSN) [REDACTED]			7 Name of employer City of Jacksonville			10 Contact telephone number 904-630-1314		
3 Street address (including apartment no.) 5104 DONCASTER AVE			4 City or town JACKSONVILLE			5 State or province FL			6 Country and ZIP or foreign postal code 32208-1686		
9 Street address (including room or suite no.) 117 W. Duval Street			11 City or town Jacksonville			12 State or province FL			13 Country and ZIP or foreign postal code 32202		

14 Offer of Coverage (enter required code)	15 Employee Required Contribution (see instructions)												16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov		Dec
1A														
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
2C														

Part III Covered Individuals
If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.

(a) Name of covered individual(s)	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of Coverage												
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
17 Samuel C Newby	[REDACTED]		X													
18 Shella Newby	[REDACTED]		X													
19																
20																
21																
22																
23																
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33																
34																

Department of the Treasury - Internal Revenue Service
COPY C For Employee's Records (See Notice to Employee on back of Copy B)

Control number 1829222462	Employer identification number 59-6000344	Employee's name, address and zip code City of Jacksonville 117 West Duval Street Suite 375 Jacksonville FL 32202	Employee's first name and init Samuel C
		Last Name Newby	
		Suffix	
		5104 Doncaster Avenue Jacksonville FL 32208	
Employee's address and ZIP code			
15 State	Employer's State ID number	16 State wages, tips etc.	17 State income tax
		18 Local wages, tips etc.	19 Local income tax
		20 Locality name	

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Department of the Treasury - Internal Revenue Service
Form W-2 Wage and Tax Statement 2016

OMB No. 1545-0008

Control number 1829222462	Employer identification number 59-6000344	Employee's name, address and zip code City of Jacksonville 117 West Duval Street Suite 375 Jacksonville FL 32202	Employee's first name and init Samuel C
		Last Name Newby	
		Suffix	
		5104 Doncaster Avenue Jacksonville FL 32208	
Employee's address and ZIP code			
15 State	Employer's State ID number	16 State wages, tips etc.	17 State income tax
		18 Local wages, tips etc.	19 Local income tax
		20 Locality name	

This information is being furnished to the Internal Revenue Service.

Department of the Treasury - Internal Revenue Service
Form W-2 Wage and Tax Statement 2016

OMB No. 1545-0008

Control number 1829222462	Employer identification number 59-6000344	Employee's name, address and zip code City of Jacksonville 117 West Duval Street Suite 375 Jacksonville FL 32202	Employee's first name and init Samuel C
		Last Name Newby	
		Suffix	
		5104 Doncaster Avenue Jacksonville FL 32208	
Employee's address and ZIP code			
15 State	Employer's State ID number	16 State wages, tips etc.	17 State income tax
		18 Local wages, tips etc.	19 Local income tax
		20 Locality name	

This information is being furnished to the Internal Revenue Service.

Form W-2 Wage and Tax Statement 2016		Form W-2 Wage and Tax Statement 2016	
Copy 1 To Be Filed With Employee's State, City, or Local Income Tax Return	Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return	Copy 1 To Be Filed With Employee's State, City, or Local Income Tax Return	Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return
1 Wages, tips, other compensation 39724.64	1 Wages, tips, other compensation 39724.64	1 Wages, tips, other compensation 39724.64	1 Wages, tips, other compensation 39724.64
2 Federal income tax withheld 4495.83	2 Federal income tax withheld 4495.83	2 Federal income tax withheld 4495.83	2 Federal income tax withheld 4495.83
3 Social security wages 41098.40	3 Social security wages 41098.40	3 Social security wages 41098.40	3 Social security wages 41098.40
4 Social security tax withheld 2548.10	4 Social security tax withheld 2548.10	4 Social security tax withheld 2548.10	4 Social security tax withheld 2548.10
5 Medicare wages and tips 41098.40	5 Medicare wages and tips 41098.40	5 Medicare wages and tips 41098.40	5 Medicare wages and tips 41098.40
6 Medicare tax withheld 595.93	6 Medicare tax withheld 595.93	6 Medicare tax withheld 595.93	6 Medicare tax withheld 595.93
10 Dependent care benefits	10 Dependent care benefits	10 Dependent care benefits	10 Dependent care benefits
11 Nonqualified plans	11 Nonqualified plans	11 Nonqualified plans	11 Nonqualified plans
12a C 107.76	12a C 107.76	12a C 107.76	12a C 107.76
12b DD 14638.08	12b DD 14638.08	12b DD 14638.08	12b DD 14638.08
12c	12c	12c	12c
12d	12d	12d	12d
13 Statutory Employee <input type="checkbox"/>	13 Statutory Employee <input type="checkbox"/>	13 Statutory Employee <input type="checkbox"/>	13 Statutory Employee <input type="checkbox"/>
Retirement Plan <input type="checkbox"/>	Retirement Plan <input type="checkbox"/>	Retirement Plan <input type="checkbox"/>	Retirement Plan <input type="checkbox"/>
Third-party sick pay <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other FRS	14 Other FRS	14 Other FRS	14 Other FRS
1373.76	1373.76	1373.76	1373.76