

CANDIDATE OATH - SCHOOL BOARD NONPARTISAN OFFICE

OFFICE USE ONLY

OATH OF CANDIDATE

(Sections 99.021 and 105.031, Florida Statutes)

I, Chris Quackenbush (PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * - NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of Lee County School Board, 7 (office) (district #)

(circuit #) (group or seat #); I am a qualified elector of Lee County County, Florida;

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Section 876.05, Florida Statutes, oath (only applicable if elected and when term of office begins): I, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the school board and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

X [Signature] 1239 823-2980 Rquack4131@aol.com Signature of Candidate Telephone Number Email Address

9045 Prosperity Way Ft. Myers FL 33913 Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 111433817

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

STATE OF FLORIDA COUNTY OF LEE

Sworn to (or affirmed) and subscribed before me this 21st day of JUNE, 2016.

Personally Known: X or

Produced Identification: _____

Type of Identification Produced: _____

[Signature] Signature of Notary Public TAMARIS A. LIPA Print, Type Name of Notary Public NOTARY PUBLIC STATE OF FLORIDA Comm# FF131843 Expires 6/11/2018



OF FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Quackenbush Chris

MAILING ADDRESS:

9045 Prosperity Way

FT Myers 33913 Lee
CITY: ZIP: COUNTY:

NAME OF AGENCY:

Lee County School Board

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Board Member, District 7

CHECK IF THIS IS A FILING BY A CANDIDATE

16JUN21PM0256 9100F1

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 1, 2016 was \$ 1,649,028.

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 \$ 30,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
see attached list	1,619,028

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	0

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	0

Candidate Form 6 Part B Assets- Chris Quackenbush

Asset	Value
9045 Prosperity Way, Ft Myers FL 33913	\$550,000
5012 27 th St SW, Lehigh Acres, FL 33971	\$150,000
Mortgage 1688 St. Clair Ave E, N. Ft. Myers 33903	\$162,400
Mortgage 5845 Dry Creek Rd., Rio Linda, CA 95673	\$628,000
Ford Edge 2015	\$ 20,000
Suntrust Bank 1 <i>FT MYERS</i>	\$ 26,917
Suntrust Bank 2 <i>FT MYERS</i>	\$ 66,304
Suntrust Bank 3 <i>FT MYERS</i>	\$ 15,407
Total	1,619,028

PART D – INCOME

16 JUN 21 PM 02:56:50 E Lee Co FI

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	SKI LAND 27 TH ST LLC	Rita Quackenbush PA	
ADDRESS OF BUSINESS ENTITY	9045 Prosperity Way FA 33913	SAME	
PRINCIPAL BUSINESS ACTIVITY	Real Estate	REAL ESTATE SALES	
POSITION HELD WITH ENTITY	owner	owner	
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 LEE

Sworn to (or affirmed) and subscribed before me this 21st day of JUNE, 2016 by Chris Quackenbush

Tamaris A. Lipa
 (Signature of Notary Public—State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)
TAMARIS A. LIPA
 NOTARY PUBLIC
 STATE OF FLORIDA
 Commission # FF131843
 Expires 8/11/2018

[Signature]

Personally Known OR Production of Identification

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

For the year Jan. 1-Dec. 31, 2015, or other tax year beginning

, 2015, ending

, 20

See separate instructions.

Your first name and initial

CHARLES W.

Last name

QUACKENBUSH

Your social security number

[REDACTED]

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

RITA J.

Last name

QUACKENBUSH

Spouse's social security number

[REDACTED]

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

9045 PROSPERITY WAY

Apt. no.

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

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below.

FORT MYERS, FL 33913

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.

Foreign country name

Foreign province/state/county

Foreign postal code

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). If the qualifying person is a child but not your dependent, enter this child's name here.
5 Qualifying widow(er) with dependent child

Exemptions

- 6a Yourself. If someone can claim you as a dependent, do not check box 6a
6b Spouse
6c Dependents: Table with columns for First name, Last name, (2) Dependent's social security number, (3) Dependent's relationship to you, (4) if child under age 17 qualifying for child tax credit
6d Total number of exemptions claimed: 2

Income

- 7 Wages, salaries, tips, etc. Attach Form(s) W-2: 91759.
8a Taxable interest. Attach Schedule B if required: 37680.
8b Tax-exempt interest. Do not include on line 8a
9a Ordinary dividends. Attach Schedule B if required
9b Qualified dividends
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: -3000.
14 Other gains or (losses). Attach Form 4797
15a IRA distributions, 15b Taxable amount
16a Pensions and annuities, 16b Taxable amount
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E: 9727.
18 Farm income or (loss). Attach Schedule F
19 Unemployment compensation
20a Social security benefits: 24615., 20b Taxable amount: 20923.
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: 157089.

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: 157089.

Tax and Credits

38 Amount from line 37 (adjusted gross income) **38 157089.**

39a Check You were born before January 2, 1951, Blind. Spouse was born before January 2, 1951, Blind. checked **39a 1**

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 left margin) **40 13850.**

41 Subtract line 40 from line 38 **41 143239.**

42 Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see inst. **42 8000.**

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- **43 135239.**

44 Tax. Check if any from: a Form(s) 8814 b Form 4972 c

45 Alternative minimum tax. Attach Form 6251 **45**

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

47 Add lines 44, 45, and 46 **47 25397.**

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

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 25397.**

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 Inst.; enter code(s) **62**

63 Add lines 56 through 62. This is your total tax **63 25397.**

Payments

64 Federal income tax withheld from Forms W-2 and 1099 **64 10487.**

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

74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments **74 10487.**

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**

Routing number C Type: Checking Savings 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 15158.**

79 Estimated tax penalty (see instructions) **79 248.**

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 **RICHARD D. HART, CPA** Phone no. **239-939-1188** Personal identification number (PIN) **33919**

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 **[Signature]** Date **6/13/16** Your occupation **SHERIFF'S DEPUTY** Daytime phone number **[Blank]**

Spouse's signature. If a joint return, both must sign. **[Signature]** Date **6/13/16** Spouse's occupation **REALTOR** If the IRS sent you an Identity Protection PIN, enter it here **[Blank]**

Paid Preparer Use Only

Print/Type preparer's name **RICHARD D. HART, CPA** Preparer's signature **[Signature]** Date **6/13/16** Check if self-employed **PTIN P00850861**

Firm's name **FORRESTER HART BELISLE & WHITAKER, P.L.** Firm's EIN **20 0819420** Phone no. **239-939-1188**

Firm's address **FORT MYERS, FL 33907**

**Underpayment of Estimated Tax by
Individuals, Estates, and Trusts**

▶ Information about Form 2210 and its separate instructions is at www.irs.gov/form2210.

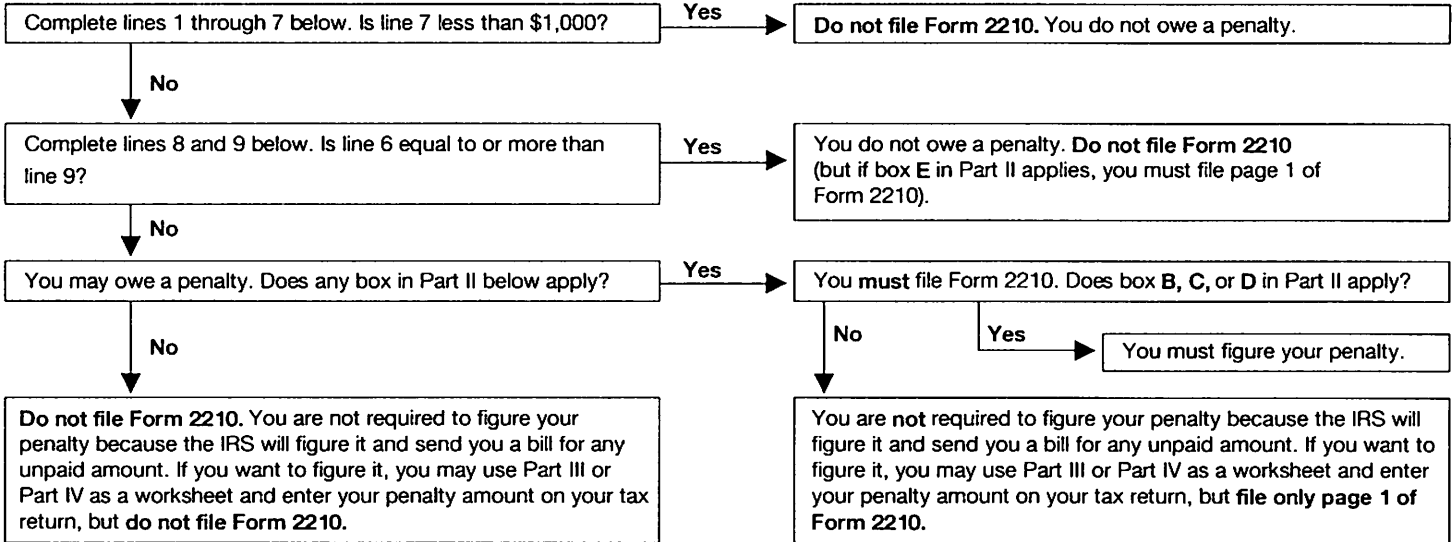
▶ Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, or 1041.

Name(s) shown on tax return

CHARLES W. & RITA J. QUACKENBUSH

Identifying number

Do You Have To File Form 2210?



Part I Required Annual Payment

1	Enter your 2015 tax after credits from Form 1040, line 56 (see instructions if not filing Form 1040)	1	25397.
2	Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions)	2	
3	Refundable credits, including the premium tax credit (see instructions)	3	()
4	Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop; you do not owe a penalty. Do not file Form 2210	4	25397.
5	Multiply line 4 by 90% (.90)	5	22857.
6	Withholding taxes. Do not include estimated tax payments (see instructions)	6	10487.
7	Subtract line 6 from line 4. If less than \$1,000, stop; you do not owe a penalty. Do not file Form 2210	7	14910.
8	Maximum required annual payment based on prior year's tax (see instructions)	8	30221.
9	Required annual payment. Enter the smaller of line 5 or line 8	9	22857.

Next: Is line 9 more than line 6?

- No. You do not owe a penalty. Do not file Form 2210 unless box E below applies.
- Yes. You may owe a penalty, but do not file Form 2210 unless one or more boxes in Part II below applies.
- If box B, C, or D applies, you must figure your penalty and file Form 2210.
 - If box A or E applies (but not B, C, or D) file only page 1 of Form 2210. You are not required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III or IV as a worksheet and enter your penalty on your tax return, but file only page 1 of Form 2210.

Part II Reasons for Filing. Check applicable boxes. If none apply, do not file Form 2210.

- A You request a waiver (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you are not required to figure your penalty.
- B You request a waiver (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C Your income varied during the year and your penalty is reduced or eliminated when figured using the annualized income installment method. You must figure the penalty using Schedule AI and file Form 2210.
- D Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- E You filed or are filing a joint return for either 2014 or 2015, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you are not required to figure your penalty (unless box B, C, or D applies).

Part III Short Method

Can You Use the Short Method?

You can use the short method if:

- You made no estimated tax payments (or your only payments were withheld federal income tax), or
- You paid the same amount of estimated tax on each of the four payment due dates.

Must You Use the Regular Method?

You must use the regular method (Part IV) instead of the short method if:

- You made any estimated tax payments late,
- You checked box C or D in Part II, or
- You are filing Form 1040NR or 1040NR-EZ and you did not receive wages as an employee subject to U.S. income tax withholding.

Note. If any payment was made earlier than the due date, you can use the short method, but using it may cause you to pay a larger penalty than the regular method. If the payment was only a few days early, the difference is likely to be small.

10	Enter the amount from Form 2210, line 9	10	22857.						
11	Enter the amount, if any, from Form 2210, line 6	11	10487.						
12	Enter the total amount, if any, of estimated tax payments you made	12							
13	Add lines 11 and 12	13	10487.						
14	Total underpayment for year. Subtract line 13 from line 10. If zero or less, stop; you do not owe a penalty. Do not file Form 2210 unless you checked box E in Part II	14	12370.						
15	Multiply line 14 by .02001	15	248.						
16	<ul style="list-style-type: none"> • If the amount on line 14 was paid on or after 4/15/16, enter -0-. • If the amount on line 14 was paid before 4/15/16, make the following computation to find the amount to enter on line 16. <table border="0" style="margin-left: 40px;"> <tr> <td>Amount on line 14</td> <td>x</td> <td>Number of days paid before 4/15/16</td> <td>x</td> <td>.00008</td> <td></td> </tr> </table>	Amount on line 14	x	Number of days paid before 4/15/16	x	.00008		16	0.
Amount on line 14	x	Number of days paid before 4/15/16	x	.00008					
17	Penalty. Subtract line 16 from line 15. Enter the result here and on Form 1040, line 79; Form 1040A, line 51; Form 1040NR, line 76; Form 1040NR-EZ, line 26; or Form 1041, line 26. Do not file Form 2210 unless you checked a box in Part II	17	248.						

Form 2210 (2015)

SCHEDULE A (Form 1040)

Itemized Deductions

16 JUN 21 PM 02:56 SOE L ee Co

2015

Department of the Treasury Internal Revenue Service (99) Name(s) shown on Form 1040

Information about Schedule A and its separate instructions is at www.irs.gov/schedulea Attach to Form 1040.

Attachment Sequence No. 07

Your social security number

CHARLES W. & RITA J. QUACKENBUSH

Form 1040 Schedule A Itemized Deductions table with rows for Medical and Dental Expenses, Taxes Paid, Interest You Paid, Gifts to Charity, Casualty and Theft Losses, Job Expenses and Certain Miscellaneous Deductions, Other Miscellaneous Deductions, and Total Itemized Deductions.

SCHEDULE B
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040.

▶ Information about Schedule B and its instructions is at www.irs.gov/scheduleb

OMB No. 1545-0074

2015
Attachment
Sequence No. **08**

Your social security number

CHARLES W. & RITA J. QUACKENBUSH

**Part I
Interest**

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions and list this interest first. Also, show that buyer's social security number and address ▶

N/R-5845 DRY CREEK RD-STEVE GRUBBS INSTALL NOTE

Amount

37680.

1

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

2 Add the amounts on line 1 **2** 37680.
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 **3**
4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ... ▶ **4** 37680.

Note: If line 4 is over \$1,500, you must complete Part III.

Amount

**Part II
Ordinary
Dividends**

5 List name of payer ▶

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

5

6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ... ▶ **6**

Note: If line 6 is over \$1,500, you must complete Part III.

**Part III
Foreign
Accounts
and
Trusts**

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Yes No

7a At any time during 2015, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions **X**
If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements

b If you are required to file FinCen Form 114, enter the name of the foreign country where the financial account is located ▶

8 During 2015, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

If "Yes," you may have to file Form 3520. See instructions **X**

527501
09-24-15

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

Schedule B (Form 1040A or 1040) 2015

Interest and Dividend Summary

Name: CHARLES W. & RITA J. QUACKENBUSH

FEIN/SSN: [REDACTED]

Payer	Interest	Interest on U.S. Savings Bonds	Tax-Exempt Interest	Private Activity Interest	Original Issue Discount (OID)	Ordinary Dividends	Qualified Dividends	Capital Gain Distributions	Federal Income Tax Withheld	State Tax Withheld	Foreign Tax Paid
N/R-5845 DRY CREEK RD-STEVE											
GRUBBS INSTALL NOTE	37680.										
TOTALS	37680.										

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**SCHEDULE D
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR.

▶ Information about Schedule D and its separate instructions is at www.irs.gov/scheduled.
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2015

Attachment
Sequence No. **12**

Name(s) shown on return

Your social security number

CHARLES W. & RITA J. QUACKENBUSH

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.		(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked				
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	202000.	184252.		17748.
3	Totals for all transactions reported on Form(s) 8949 with Box C checked				
4	Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5	Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6	Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7	Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2				7 17748.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.		(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked				
9	Totals for all transactions reported on Form(s) 8949 with Box E checked				
10	Totals for all transactions reported on Form(s) 8949 with Box F checked				
11	Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13	Capital gain distributions				13
14	Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 (124661.)
15	Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on page 2				15 <124661.>

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

Schedule D (Form 1040) 2015

520511
12-05-15

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. 	16	<106913.>
<p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions</p>	18	
<p>19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions</p>	19	
<p>20 Are lines 18 and 19 both zero or blank?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Do not complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:</p> <ul style="list-style-type: none"> The loss on line 16 or (\$3,000), or if married filing separately, (\$1,500) <p style="text-align: center;">} SEE STATEMENT 7</p> <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21	(3000.)
<p>22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).</p> <p><input checked="" type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.</p>		

Schedule D (Form 1040) 2015

Department of the Treasury
Internal Revenue Service

Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment
Sequence No. **12A**

Name(s) shown on return

Social security number or
taxpayer identification no.

CHARLES W. & RITA J. QUACKENBUSH

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are short-term. For long-term transactions, see page 2.
Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e) in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	10016 SKY VIEW WAY, UNIT 706 FORT MYERS FL	12/01/14	03/31/15	202000.	184252.			17748.
2 Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶								
				202000.	184252.			17748.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE E

(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss

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

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

▶ Information about Schedule E and its separate instructions is at www.irs.gov/schedulee.

OMB No. 1545-0074

2015

Attachment
Sequence No. 13

Name(s) shown on return

Your social security number

CHARLES W. & RITA J. QUACKENBUSH

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 2015 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)
 A 5012 27TH STREET SW, LEHIGH ACRES, FL
 B 5845 DRY CREEK RD, RIO LINDA, CA

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	1		365		<input type="checkbox"/>
B	1		365		<input type="checkbox"/>
C					<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
3 Rents received	3	8700.		
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	1348.		
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14			
15 Supplies	15			
16 Taxes	16	1593.		
17 Utilities	17	159.		
18 Depreciation expense or depletion	18	6705.		
19 Other (list) ▶ STMT 8	19	139.		
20 Total expenses. Add lines 5 through 19	20	9944.		
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	-1244.	0.	
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	1244.)		
23a Total of all amounts reported on line 3 for all rental properties	23a	8700.		
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d	6705.		
e Total of all amounts reported on line 20 for all properties	23e	9944.		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25		1244.)	
26 Total rental real estate and royalty income or (loss). 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	26			-1244.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2015

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

16 JUN 21 PM 02:55:00 ELEC OF I

Your social security number

CHARLES W. & RITA J. QUACKENBUSH

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

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... [] Yes [X] 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. Row A: RITA J. QUACKENBUSH, P.A., S, 20-3946251.

Table with 5 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: 10971.

Part III Income or Loss From Estates and Trusts

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

Table with 4 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: 35, 36, 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. Row 40: Net farm rental income or (loss) from Form 4835. Row 41: Total income or (loss) 9727. Row 42: Reconciliation of farming and fishing income. Row 43: Reconciliation for real estate professionals. STATEMENT 9 -1244.

SCHEDULE E

Name RITA J. QUACKENBUSH

SSN/EIN [REDACTED]

Passthrough RITA J. QUACKENBUSH, P.A. - RITA J. QUACKENBUSH, P.A. ID [REDACTED]

SPOUSE [REDACTED]

S CORPORATION

	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
NONPASSIVE								
SCHEDULE E, PAGE 2								
Ordinary business income (loss)	10971.							
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	10971.							10971.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)	10971.							10971.
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles ...								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions	100.							100.
Deductions related to portfolio income								
Other								

16 JUN 2015 10:25:55 AM C:\P1

SCHEDULE E

Name RITA J. QUACKENBUSH

SSN/EIN [REDACTED]

Passthrough RITA J. QUACKENBUSH, P.A. - RITA J. QUACKENBUSH, P.A.

ID [REDACTED]

SPOUSE

S CORPORATION

	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
NONPASSIVE								
INTEREST AND DIVIDENDS								
Interest income								
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Qualified production activities income								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								

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2015 DEPRECIATION AND AMORTIZATION REPORT
 RESIDENTIAL RENTAL - 5012 27TH STREET

SCHEDULE E- 1

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	* Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
10	5012 27TH STREET RESIDENTIAL RENTAL	091506	SL	27.50	17	170162.			170162.	51309.		6188.
11	5012 27TH STREET RESIDENTIAL RENTAL	091506	L			30000.			30000.			0.
51	NEW A/C	040407	SL	27.50	17	5574.			5574.	1565.		203.
73	NEW CARPET	100110	SL	27.50	17	1800.			1800.	274.		65.
74	NEW CARPET	100110	SL	27.50	17	985.			985.	151.		36.
75	NEW DISHWASHER	100110	SL	5.00	17	100.		100.	0.			0.
76	NEW REFRIGERATOR	100110	200DB	5.00	17	100.		100.	0.			0.
77	NEW STOVE	101010	200DB	5.00	17	100.		100.	0.			0.
78	NEW MICROWAVE	101010	200DB	5.00	17	100.		100.	0.			0.
100	NEW GARAGE DOOR OPENER	112111	SL	27.50	17	570.			570.	66.		21.
102	PRESSURE WASHER	121812	200DB	7.00	17	381.		191.	190.	96.		27.
103	NEW MICROWAVE	041512	200DB	5.00	17	211.		106.	105.	77.		12.
104	NEW WELL	051512	SL	27.50	17	4200.			4200.	401.		153.
	TOTAL SCH E DEPRECIATION					214283.		697.	213586.	53939.		6705.

ALTERNATIVE MINIMUM TAX DEPRECIATION REPORT

Asset No.	Description	Date Acquired	AMT Method	AMT Life	AMT Cost Or Basis	AMT Accumulated	Regular Depreciation	AMT Depreciation	AMT Adjustment
	RESIDENTIAL RENTAL - 5012 27TH STREET SW, LEHI 5012 27TH STREET RESIDENTIAL								
10	RENTAL	091506	SL	27.50	170162.	51309.	6188.	6188.	0.
51	NEW A/C	040407	SL	27.50	5574.	1565.	203.	203.	0.
73	NEW CARPET	100110	SL	27.50	1800.	274.	65.	65.	0.
74	NEW CARPET	100110	SL	27.50	985.	151.	36.	36.	0.
100	NEW GARAGE DOOR OPENER	112111	SL	27.50	570.	66.	21.	21.	0.
102	PRESSURE WASHER	121812	200DB	7.00	381.	96.	27.	27.	0.
103	NEW MICROWAVE	041512	200DB	5.00	211.	77.	12.	12.	0.
104	NEW WELL	051512	SL	27.50	4200.	401.	153.	153.	0.
	** SUBTOTAL **				183883.	53939.	6705.	6705.	0.
	*** GRAND TOTAL ***				183883.	53939.	6705.	6705.	0.

*16JUN21PM0254 50EL Lee Co F1

Form 6252

Installment Sale Income

Department of the Treasury Internal Revenue Service

Attach to your tax return.

Use a separate form for each sale or other disposition of property on the installment method.

Information about Form 6252 and its instructions is at www.irs.gov/form6252

2015

Attachment Sequence No. 79

Name(s) shown on return

Identifying number

CHARLES W. & RITA J. QUACKENBUSH

- 1 Description of property BLDG-5845 DRY CREEK RD RIO LINDA, CA
2a Date acquired 12/01/97
b Date sold 02/21/14
3 Was the property sold to a related party after May 14, 1980? No
4 Was the property you sold to a related party a marketable security? No

Part I Gross Profit and Contract Price. Complete this part for the year of sale only.

Table with 18 rows for Part I: Selling price, mortgages, cost, depreciation, adjusted basis, commissions, income recapture, gross profit, and contract price.

Part II Installment Sale Income. Complete this part for the year of sale and any year you receive a payment or have certain debts you must treat as a payment on installment obligations.

Table with 6 rows for Part II: Gross profit percentage, payments received, installment sale income, and recapture rules.

Part III Related Party Installment Sale Income. Do not complete if you received the final payment this tax year.

27 Name, address, and taxpayer identifying number of related party

28 Did the related party resell or dispose of the property ("second disposition") during this tax year? No

29 If the answer to question 28 is "Yes," complete lines 30 through 37 below unless one of the following conditions is met.

Check the box that applies.

- a The second disposition was more than 2 years after the first disposition...
b The first disposition was a sale or exchange of stock...
c The second disposition was an involuntary conversion...
d The second disposition occurred after the death...
e It can be established to the satisfaction of the IRS...

Table with 10 rows for Part III: Selling price, contract price, total payments, and recapture rules for related party sale.

INSTALLMENT SALE

CHARLES W. & RITA J. QUACKENBUSH



SCHEDULE OF RECEIPTS

MO. DA. YR.	PRINCIPAL RECEIVED	TOTAL GAIN	ORDINARY GAIN	SEC. 1231/OR CAPITAL GAIN	UNRECAP. SEC. 1250 GAIN
02/21/14	73493.	15722.		15722.	15722.
Cumulative Total	73493.	15722.		15722.	15722.

INSTALLMENT SALE NO. 1

519492
04-01-15

Election to Capitalize Carrying Costs

Charles W. & Rita J. Quackenbush
9045 Prosperity Way
Fort Myers, FL 33913

Taxpayer Identification Number: XXXXXXXXXX

For the Year Ending December 31, 2015

Charles W. & Rita J. Quackenbush hereby Elect, pursuant to IRC Sec. 266 and Reg. Sec. 1.266-1(b)(1)(ii), to capitalize the following charges incurred for the development or construction of real property prior to completion.

Description of Expenditure	Date Paid or Incurred	Amount
Repair & Maint 10016 Sky View Way	03/31/15	677
Utilities 10016 Sky View Way #706	03/31/15	70
Hoa and Assoc Dues-10016 Sky View WA	03/31/15	3259

CHECK ONLY ONE BOX:

- A. SINGLE, HEAD OF HOUSEHOLD, OR QUALIFYING WIDOW(ER)
- X B. MARRIED FILING JOINTLY
- C. MARRIED FILING SEPARATELY AND LIVED WITH YOUR SPOUSE AT ANY TIME DURING 2015
- D. MARRIED FILING SEPARATELY AND LIVED APART FROM YOUR SPOUSE FOR ALL OF 2015

1.	ENTER THE TOTAL AMOUNT FROM BOX 5 OF ALL YOUR FORMS SSA-1099 AND RRB-1099. ALSO, ENTER THIS AMOUNT ON FORM 1040, LINE 20A	24615.
	IF YOU CHECKED BOX B: TAXPAYER AMOUNT	
	SPOUSE AMOUNT	24615.
2.	MULTIPLY LINE 1 BY 50% (0.50)	12308.
3.	ADD THE AMOUNTS ON FORM 1040, LINE 7, 8B, 9A, 10 THRU 14, 15B, 16B, 17 THRU 19, 21 AND SCHEDULE B, LINE 2. DO NOT INCLUDE ANY AMOUNTS FROM BOX 5 OF FORMS SSA-1099 OR RRB-1099	136166.
4.	ENTER THE AMOUNT OF ANY EXCLUSIONS FROM FOREIGN EARNED INCOME, FOREIGN HOUSING, INCOME FROM U.S. POSSESSIONS, OR INCOME FROM PUERTO RICO BY BONA FIDE RESIDENTS OF PUERTO RICO THAT YOU CLAIMED	
5.	ADD LINES 2, 3, AND 4	148474.
6.	ADD THE AMOUNTS ON FORM 1040, LINES 23 THROUGH LINE 32, AND ANY WRITE-IN ADJUSTMENTS YOU ENTERED ON THE DOTTED LINE NEXT TO LINE 36	0.
7.	SUBTRACT LINE 6 FROM LINE 5	148474.
8.	ENTER: \$25,000 IF YOU CHECKED BOX A OR D, OR \$32,000 IF YOU CHECKED BOX B, OR \$-0- IF YOU CHECKED BOX C	32000.
9.	IS THE AMOUNT ON LINE 8 LESS THAN THE AMOUNT ON LINE 7? [] NO. STOP. NONE OF YOUR SOCIAL SECURITY BENEFITS ARE TAXABLE. ENTER -0- ON FORM 1040, LINE 20B. IF YOU ARE MARRIED FILING SEPARATELY AND YOU LIVED APART FROM YOUR SPOUSE FOR ALL OF 2015, BE SURE YOU ENTERED 'D' TO THE RIGHT OF THE WORD "BENEFITS" ON LINE 20A. [X] YES. SUBTRACT LINE 8 FROM LINE 7	116474.
10.	ENTER \$9,000 IF YOU CHECKED BOX A OR D, \$12,000 IF YOU CHECKED BOX B \$-0- IF YOU CHECKED BOX C	12000.
11.	SUBTRACT LINE 10 FROM LINE 9. IF ZERO OR LESS, ENTER -0-	104474.
12.	ENTER THE SMALLER OF LINE 9 OR LINE 10	12000.
13.	ENTER ONE HALF OF LINE 12	6000.
14.	ENTER THE SMALLER OF LINE 2 OR LINE 13	6000.
15.	MULTIPLY LINE 11 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0-	88803.
16.	ADD LINES 14 AND 15	94803.
17.	MULTIPLY LINE 1 BY 85% (.85)	20923.
18.	TAXABLE BENEFITS. ENTER THE SMALLER OF LINE 16 OR LINE 17 * ALSO ENTER THIS AMOUNT ON FORM 1040, LINE 20B	20923.



16 JUN 21 PM 0254 SOE Lee Co Fl

FORM 1040

WAGES RECEIVED AND TAXES WITHHELD

STATEMENT 2

T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T LEE COUNTY OFFICE OF SHERIFF	46759.	2849.			2986.	698.
S RITA JEAN QUACKENBUSH, PA	45000.	7638.			2790.	653.
TOTALS	91759.	10487.			5776.	1351.



SCHEDULE A CASH CONTRIBUTIONS STATEMENT 3

DESCRIPTION	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT
MISCELLANEOUS	2075.	
FROM K-1 - RITA J. QUACKENBUSH, P.A.	100.	
SUBTOTALS	2175.	
TOTAL TO SCHEDULE A, LINE 16		2175.

SCHEDULE A CONTRIBUTIONS OTHER THAN CASH OR CHECK STATEMENT 4

DESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT	AMOUNT 20% LIMIT
GOODWILL		300.		
SUBTOTALS		300.		
TOTAL TO SCHEDULE A, LINE 17				300.

SCHEDULE A REAL ESTATE TAXES STATEMENT 5

DESCRIPTION	AMOUNT
REAL ESTATE TAXES	8150.
10016 SKY VIEW WAY	813.
TOTAL TO SCHEDULE A, LINE 6	8963.

SCHEDULE A

GENERAL SALES TAX DEDUCTION WORKSHEET

STATEMENT 6

1	ENTER YOUR STATE GENERAL SALES TAXES FROM THE APPLICABLE TABLE. FLORIDA IF, FOR ALL OF 2015, YOU LIVED ONLY IN CONNECTICUT, THE DISTRICT OF COLUMBIA, INDIANA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, MICHIGAN, NEW JERSEY, OR RHODE ISLAND, SKIP LINES 2 THROUGH 5, ENTER -0- ON LINE 6, AND GO TO LINE 7. OTHERWISE, GO TO LINE 2.	1285.
2	DID YOU LIVE IN ALASKA, ARIZONA, ARKANSAS, COLORADO, GEORGIA, ILLINOIS, LOUISIANA, MISSISSIPPI, MISSOURI, NEW YORK, NORTH CAROLINA, SOUTH CAROLINA, TENNESSEE, UTAH, OR VIRGINIA IN 2015? IF NO, ENTER -0-. IF YES, ENTER YOUR LOCAL GENERAL SALES TAXES FROM THE APPLICABLE TABLE.	0.
3	DID YOUR LOCALITY IMPOSE A LOCAL GENERAL SALES TAX IN 2015? RESIDENTS OF CALIFORNIA AND NEVADA SEE INSTRUCTIONS. IF NO, SKIP LINES 3 THROUGH 5, ENTER -0- ON LINE 6 AND GO TO LINE 7. IF YES, ENTER YOUR LOCAL GENERAL SALES TAX RATE, BUT OMIT THE PERCENTAGE SIGN. FORT MYERS	
4	DID YOU ENTER -0- ON LINE 2 ABOVE? IF NO, SKIP LINES 4 AND 5 AND GO TO LINE 6. IF YES, ENTER YOUR STATE GENERAL SALES TAX RATE, BUT OMIT THE PERCENTAGE SIGN.	6.0000
5	DIVIDE LINE 3 BY LINE 4. ENTER THE RESULT AS A DECIMAL (ROUNDED TO AT LEAST THREE PLACES).	.0000
6	DID YOU ENTER -0- ON LINE 2 ABOVE? IF NO, MULTIPLY LINE 2 BY LINE 3. IF YES, MULTIPLY LINE 1 BY LINE 5.	0.
6A	ADD LINE 1 AND LINE 6.	<u>1285.</u>
6B	PART-YEAR DAYS RATE.	1.000000
6C	MULTIPLY LINE 6A BY LINE 6B.	<u>1285.</u>
7	ENTER YOUR GENERAL SALES TAXES PAID ON SPECIFIED ITEMS, IF ANY.	
8	DEDUCTION FOR GENERAL SALES TAXES. ADD LINES 6C AND 7. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 5 AND CHECK BOX "B" ON THAT LINE.	<u>1285.</u>

SCHEDULE D CAPITAL LOSS CARRYOVER STATEMENT 7

1. ENTER THE AMOUNT FROM FORM 1040, LINE 41	143239.
2. ENTER THE LOSS FROM SCHEDULE D, LINE 21, AS A POSITIVE AMOUNT	3000.
3. COMBINE LINES 1 AND 2. IF ZERO OR LESS, ENTER -0-	146239.
4. ENTER THE SMALLER OF LINE 2 OR LINE 3	3000.
5. ENTER THE LOSS FROM SCHEDULE D, LINE 7, AS A POSITIVE AMOUNT	
6. ENTER THE GAIN, IF ANY, FROM SCHEDULE D, LINE 15	
7. ADD LINES 4 AND 6	
8. SHORT-TERM CAPITAL LOSS CARRYOVER TO NEXT YEAR. SUBTRACT LINE 7 FROM LINE 5. IF ZERO OR LESS, ENTER -0-	
9. ENTER THE LOSS FROM SCHEDULE D, LINE 15, AS A POSITIVE AMOUNT	124661.
10. ENTER THE GAIN, IF ANY, FROM SCHEDULE D, LINE 7	17748.
11. SUBTRACT LINE 5 FROM LINE 4. IF ZERO OR LESS, ENTER -0-	3000.
12. ADD LINES 10 AND 11	20748.
13. LONG-TERM CAPITAL LOSS CARRYOVER TO NEXT YEAR. SUBTRACT LINE 12 FROM LINE 9. IF ZERO OR LESS, ENTER -0-	103913.

SCHEDULE E OTHER EXPENSES STATEMENT 8

RESIDENTIAL RENTAL - 5012 27TH STREET SW, LEHIGH ACRES, FL

DESCRIPTION	AMOUNT
MISC TAXES AND LICENSES	139.
TOTAL TO SCHEDULE E, PAGE 1, LINE 19	139.

SCHEDULE E RECONCILIATION FOR REAL ESTATE PROFESSIONALS STATEMENT 9

FORM	DESCRIPTION	AMOUNT
SCH E P1	RESIDENTIAL RENTAL - 5012 27TH STREET SW, LEHIGH ACRES, FL	-1244.
TOTAL TO SCHEDULE E, LINE 43		-1244.

a Employee's social security number		OMB No. 1545-0008		Safe, accurate, FASTI Use		IRS e-file		Visit the IRS website at www.irs.gov/efile		
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld					
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld					
RITA JEAN QUACKENBUSH, P.A. 9045 Prosperity Way FORT MYERS, FL 33913-7094			6 Medicare wages and tips		6 Medicare tax withheld					
			7 Social security tips		8 Allocated tips					
d Control number			9		10 Dependent care benefits					
e Employee's first name and initial		Last name		SuB		11 Nonqualified plans		12a See instructions for box 12		
Rita J		Quackenbush				13 Statutory employee		12b		
9045 Prosperity Way		Fort Myers, FL 33913				14 Other		12c		
f Employee's address and ZIP code			16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax	
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										

Form **W-2** Wage and Tax Statement 2015 Department of the Treasury—Internal Revenue Service
 Copy B - To Be Filed With Employee's FEDERAL Tax Return.
 This information is being furnished to the Internal Revenue Service.

a Employee's social security number		OMB No. 1545-0008		Safe, accurate, FASTI Use		IRS e-file		Visit the IRS website at www.irs.gov/efile		
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld					
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld					
RITA JEAN QUACKENBUSH, P.A. 9045 Prosperity Way FORT MYERS, FL 33913-7094			6 Medicare wages and tips		6 Medicare tax withheld					
			7 Social security tips		8 Allocated tips					
d Control number			9		10 Dependent care benefits					
e Employee's first name and initial		Last name		SuB		11 Nonqualified plans		12a See instructions for box 12		
						13 Statutory employee		12b		
						14 Other		12c		
f Employee's address and ZIP code			16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax	
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										

Form **W-2** Wage and Tax Statement 2015 Department of the Treasury—Internal Revenue Service
 Copy B - To Be Filed With Employee's FEDERAL Tax Return.
 This information is being furnished to the Internal Revenue Service.

16 JUN 21 PM 02:54 SDF Lee Co Fl

a Employee's SSN [REDACTED]	1 Wages, tips, other compensation 46,759.04	2 Federal income tax withheld 2,849.33
OMB No. 1545-0008	3 Social security wages 48,155.25	4 Social security tax withheld 2,985.63
b Employer identification number 59-6000705	5 Medicare wages and tips 48,155.25	6 Medicare tax withheld 698.25
c Employer's name, address, and ZIP code Lee County Office of the Sheriff 14750 SIX MILE CYPRESS PARKWAY FORT MYERS FL 33912		
e Employee's first name and initial CHARLES W		Last name QUACKENBUSH
f Employee's address and ZIP code 9045 PROSPERITY WAY FORT MYERS FL 33913		
d Control number	7 Social security tips	8 Allocated tips
9	10 Dependent care benefits	11 Nonqualified plans
12a DD 17,646.00	14 Other	
12b	12c	
12d	13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	
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

Form W-2 Wage and Tax Statement 2015 Department of the Treasury Internal Revenue Service Copy B - To Be Filed With Employer's FEDERAL Tax Return

a Employee's SSN [REDACTED]	1 Wages, tips, other compensation 46,759.04	2 Federal income tax withheld 2,849.33
OMB No. 1545-0008	3 Social security wages 48,155.25	4 Social security tax withheld 2,985.63
b Employer identification number 59-6000705	5 Medicare wages and tips 48,155.25	6 Medicare tax withheld 698.25
c Employer's name, address, and ZIP code Lee County Office of the Sheriff 14750 SIX MILE CYPRESS PARKWAY FORT MYERS FL 33912		
e Employee's first name and initial CHARLES W		Last name QUACKENBUSH
f Employee's address and ZIP code 9045 PROSPERITY WAY FORT MYERS FL 33913		
d Control number	7 Social security tips	8 Allocated tips
9	10 Dependent care benefits	11 Nonqualified plans
12a DD 17,646.00	14 Other	
12b	12c	
12d	13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	
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

Form W-2 Wage and Tax Statement 2015 Department of the Treasury Internal Revenue Service Copy B - To Be Filed With Employer's State, City, or Local Income Tax Return

a Employee's SSN [REDACTED]	1 Wages, tips, other compensation 46,759.04	2 Federal income tax withheld 2,849.33
OMB No. 1545-0008	3 Social security wages 48,155.25	4 Social security tax withheld 2,985.63
b Employer identification number 59-6000705	5 Medicare wages and tips 48,155.25	6 Medicare tax withheld 698.25
c Employer's name, address, and ZIP code Lee County Office of the Sheriff 14750 SIX MILE CYPRESS PARKWAY FORT MYERS FL 33912		
e Employee's first name and initial CHARLES W		Last name QUACKENBUSH
f Employee's address and ZIP code 9045 PROSPERITY WAY FORT MYERS FL 33913		
d Control number	7 Social security tips	8 Allocated tips
9	10 Dependent care benefits	11 Nonqualified plans
12a DD 17,646.00	14 Other	
12b	12c	
12d	13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	
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

Form W-2 Wage and Tax Statement 2015 Copy C - For EMPLOYEE'S RECORDS.

a Employee's SSN [REDACTED]	1 Wages, tips, other compensation 46,759.04	2 Federal income tax withheld 2,849.33
OMB No. 1545-0008	3 Social security wages 48,155.25	4 Social security tax withheld 2,985.63
b Employer identification number 59-6000705	5 Medicare wages and tips 48,155.25	6 Medicare tax withheld 698.25
c Employer's name, address, and ZIP code Lee County Office of the Sheriff 14750 SIX MILE CYPRESS PARKWAY FORT MYERS FL 33912		
e Employee's first name and initial CHARLES W		Last name QUACKENBUSH
f Employee's address and ZIP code 9045 PROSPERITY WAY FORT MYERS FL 33913		
d Control number	7 Social security tips	8 Allocated tips
9	10 Dependent care benefits	11 Nonqualified plans
12a DD 17,646.00	14 Other	
12b	12c	
12d	13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	
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

Form W-2 Wage and Tax Statement 2015 Department of the Treasury Internal Revenue Service Copy C - To Be Filed With Employer's State, City, or Local Income Tax Return

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.

Schedule K-1
(Form 1120S)

2015

Department of the Treasury
Internal Revenue Service

For calendar year 2015, or tax
year beginning _____
ending _____

Final K-1 Amended K-1 OMB No. 1545-0123

Shareholder's Share of Income, Deductions, Credits, etc. See 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
RITA JEAN QUACKENBUSH, PA
9045 PROSPERITY WAY
FORT MYERS, FL 33913

C IRS Center where corporation filed return
E-FILE

Part II Information About the Shareholder

D Shareholder's identifying number
[REDACTED]

E Shareholder's name, address, city, state and ZIP code
RITA J. QUACKENBUSH
9045 PROSPERITY WAY
FORT MYERS, FL 33913

F Shareholder's percentage of stock ownership for tax year 100.000000%

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

1	Ordinary business income (loss)	13	Credits
	10,971.		
2	Net rental real estate inc (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured sec 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative min tax (AMT) items
11	Section 179 deduction	16	Items affecting shareholder basis
		C*	14.
12	Other deductions		
A	100.		
		17	Other information

For IRS Use Only

*See attached statement for additional information.

51271 10-26-15 JWA For Paperwork Reduction Act Notice, see Instructions for Form 1120S.

IRS.gov/form1120s

Schedule K-1 (Form 1120S) 2015

1

09410330 783488 1771.1

2015.03020 RITA JEAN QUACKENBUSH, PA 1771_1_1



RITA JEAN QUACKENBUSH, PA

'16 JUN 21 PM 0254 90EL [REDACTED]

SCHEDULE K-1 NONDEDUCTIBLE EXPENSES, BOX 16, CODE C

DESCRIPTION	AMOUNT	SHAREHOLDER FILING INSTRUCTIONS
EXCLUDED MEALS AND ENTERTAINMENT EXPENSES		14. SEE SHAREHOLDERS INSTRUCTIONS
TOTAL	14.	

09410330 783488 1771.1

2015.03020 RITA JEAN QUACKENBUSH, PA 1771_1_1

COF

11 JUN 21 PM 02:54 SOE Lee Co Fl



Canvassing Board Meetings and Logic and Accuracy Testing Schedule

Sharon L. Harrington, Supervisor of Elections
04/25/16

(239) LEE-VOTE (533-8683)
www.lee.vote

**Primary Election
August 30, 2016**

Early Voting Schedule and Information Dates, Times and Locations			
Saturday, August 20, 2016 THROUGH Saturday, August 27, 2016 (Including Sunday, August 21, 2016) 10:00 a.m. to 7:00 p.m.			
1.	BONITA SPRINGS—ELECTIONS OFFICE 25987 S. TAMIAMI TRL., #105, BONITA SPRINGS	6.	LEE COUNTY ELECTIONS CENTER 13180 S. CLEVELAND AVE., FORT MYERS
2.	CAPE CORAL—ELECTIONS OFFICE 1039 SE 9TH AVE., CAPE CORAL	7.	NORTH FORT MYERS RECREATION CENTER 2021 N. TAMIAMI TRL., N. FORT MYERS
3.	CAPE CORAL-LEE COUNTY LIBRARY 921 SW 39TH TER., CAPE CORAL	8.	NORTHWEST REGIONAL LIBRARY 519 CHIQUITA BLVD. N., CAPE CORAL
4.	EAST COUNTY REGIONAL LIBRARY 881 GUNNERY RD., LEHIGH ACRES	9.	SCHANDLER HALL COMMUNITY PARK 419 ROYAL PALM PARK RD., FORT MYERS
5.	ESTERO RECREATION CENTER 9200 CORKSCREW PALMS BLVD., ESTERO	10.	VETERANS PARK RECREATION CENTER 55 SOUTH HOMESTEAD RD., LEHIGH ACRES

I, Sharon L. Harrington, Supervisor of Elections for Lee County, Florida do hereby give official notice of the Canvassing Board Meetings and Logic and Accuracy Testing Schedule as follows:

DATE	TIME	EVENT	LOCATION	PURPOSE
08-17-16 Wednesday	9:00 AM	logic and accuracy testing	Lee County Election Center 13180 S Cleveland Ave., Fort Myers	Test, by a random method of selection, the voting machines to be used in the election during early voting and at the precincts on Election Day.
08-17-16 Wednesday	immediately following	test vote-by-mail ballot tabulators initial canvass of the vote-by-mail ballots received to date	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Test the vote-by-mail ballot tabulating equipment to be used in the election and initial canvass of the vote-by-mail ballots received to date.
08-25-16 Thursday	Thursday at 9:00 AM	review of vote-by-mail ballots	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Review of vote-by-mail ballots.
08-29-16 Monday	Monday at 3:00 PM	review of vote-by-mail ballots	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Review of vote-by-mail ballots
08-30-16 Election Day	4:00 PM	receive "unofficial" election night results	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Review of vote-by-mail ballots and receive "unofficial" election night results.
09-02-16 Friday	1:00 PM	canvass of provisional ballots certification of the election	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Canvass of provisional ballots, if any. Official certification of the election. Canvassing Board to randomly select a race and precinct(s) to be audited in the post-election manual audit.
09-07-16 Wednesday	9:00 AM	post-election manual audit	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Post-election manual audit. The results will be announced immediately following the completion of the post-election manual audit.

The public testing, canvassing and certification are open to the public. Florida Statute 101.5612

I have received a copy of the Canvassing Board Meetings and Logic and Accuracy Testing Schedules for the August 30, 2016 Primary Election and the November 8, 2016 General Election. I understand that I can access OR receive a copy of these schedules at the Lee County Supervisor of Elections website www.lee.vote or by calling (239) LEE-VOTE (533-8683).

Candidate Signature: _____

Print Name: _____

Chris Quackenbush

Date Signed: _____

6/21/16



Canvassing Board Meetings and Logic and Accuracy Testing Schedule

Sharon L. Harrington, Supervisor of Elections
04/25/16

(239) LEE-VOTE (533-8683)
www.lee.vote

**General Election
November 8, 2016**

Early Voting Schedule and Information Dates, Times and Locations			
Monday, October 24, 2016 through Saturday, November 5, 2016 (Excluding Sunday, October 30, 2016) 10:00 a.m. to 7:00 p.m.			
1.	BONITA SPRINGS—ELECTIONS OFFICE 25987 S. TAMIAMI TRL., #105, BONITA SPRINGS	6.	LEE COUNTY ELECTIONS CENTER 13180 S. CLEVELAND AVE., FORT MYERS
2.	CAPE CORAL—ELECTIONS OFFICE 1039 SE 9TH AVE., CAPE CORAL	7.	NORTH FORT MYERS RECREATION CENTER 2021 N. TAMIAMI TRL., N. FORT MYERS
3.	CAPE CORAL-LEE COUNTY LIBRARY 921 SW 39TH TER., CAPE CORAL	8.	NORTHWEST REGIONAL LIBRARY 519 CHIQUITA BLVD. N., CAPE CORAL
4.	EAST COUNTY REGIONAL LIBRARY 881 GUNNERY RD., LEHIGH ACRES	9.	SCHANDLER HALL COMMUNITY PARK 419 ROYAL PALM PARK RD., FORT MYERS
5.	ESTERO RECREATION CENTER 9200 CORKSCREW PALMS BLVD., ESTERO	10.	VETERANS PARK RECREATION CENTER 55 SOUTH HOMESTEAD RD., LEHIGH ACRES

I, Sharon L. Harrington, Supervisor of Elections for Lee County, Florida do hereby give official notice of the Canvassing Board Meetings and Logic and Accuracy Testing Schedule as follows:

DATE	TIME	EVENT	LOCATION	PURPOSE
10-19-16 Wednesday	9:00 AM	logic and accuracy testing	Lee County Election Center 13180 S Cleveland Ave., Fort Myers	Test, by a random method of selection, the voting machines to be used in the election during early voting and at the precincts on Election Day.
10-19-16 Wednesday	immediately following	test vote-by-mail ballot tabulators	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Test the vote-by-mail ballot tabulating equipment to be used in the election.
10-26-16 Wednesday	9:00 AM	initial canvass of the vote-by-mail ballots received to date	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Initial Canvass the vote-by-mail ballots received to date for the election.
10-28-16 Friday	Friday at 9:00 AM	review of vote-by-mail ballots	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Review of vote-by-mail ballots.
11-03-16 Thursday	Thursday at 9:00 AM	review of vote-by-mail ballots	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Review of vote-by-mail ballots.
11-07-16 Monday	Monday at 2:00 PM	review of vote-by-mail ballots	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Review of vote-by-mail ballots
11-08-16 Tuesday Election Day	4:00 PM	receive "unofficial" election night results	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Review of vote-by-mail ballots and receive "unofficial" election night results.
11-11-16 Friday	3:00 PM	canvass of provisional ballots canvass of write-in votes	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Canvass of provisional ballots, if any. Canvass of write-in votes.
11-18-16 Friday	9:00 AM	canvass and count overseas vote-by-mail ballots certification of the election	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Canvass and count overseas vote-by-mail ballots. Official certification of the election. Canvassing Board to randomly select a race and precinct(s) to be audited in the post-election manual audit.
11-21-16 Monday	9:00 AM	post-election manual audit	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Post-election manual audit. The results will be announced immediately following the completion of the post-election manual audit.

The public testing, canvassing and certification are open to the public. Florida Statute 101.5612