

**CANDIDATE OATH -
CANDIDATE WITH PARTY AFFILIATION**

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Stephanie Eller
(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 office of Sheriff, _____, _____, _____,
(office) (district #) (circuit #)
_____ ; I am a qualified elector of Lee County, Florida; I am qualified
(group or seat #)

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.

Candidate's Florida Voter Registration Number (located on your voter information card): 111481198

* 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):

Ste-fan-ee El-er

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Republican Party; I have not been a registered member of any other political party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.

X Stephanie Eller (239)823-4494 seller4lee@gmail.com
Signature of Candidate Telephone Number Email Address

P. O. Box 3559 N. Ft. Myers FL 33918
Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF LEE

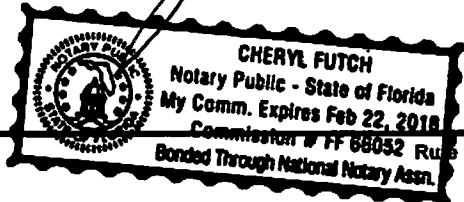
Sworn to (or affirmed) and subscribed before me this 8th day of June, 2016.

Personally Known: X or _____

Produced Identification: _____

Type of Identification Produced: _____

[Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public



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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
 Eller, Stephanie H.

MAILING ADDRESS:
 P. O. Box 3559

CITY: ZIP: COUNTY:
 N. Ft. Myers 33918 Lee

NAME OF AGENCY:
 Lee County Sheriff's Office

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
 Sheriff

CHECK IF THIS IS A FILING BY A CANDIDATE

15 JUN 2016 4 43 SDE LEE CO FL
 15 JUN 2016 4 43 SDE LEE CO FL

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 May 31, 20 16 was \$ 345,703.00.

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 \$ 75,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
18601 Lectana Road, N. Ft. Myers, FL	\$133,703.00
Retirement Accounts	\$117,000.00
Cash in Banks	\$20,000.00

PART C – LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
	None

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
	None

PART D -- INCOME

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2015 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2015 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2015 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	None		
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

STATE OF FLORIDA
 COUNTY OF LEE

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.

Sworn to (or affirmed) and subscribed before me this 8th day of June, 2016 by Cheryl Futch
Stephanie Eller
 (Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioner's Name of Notary Public)
 Personally Known Or
 Type of Identification Produced 

Stephanie Eller
 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, 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

16 JUN 20 PM 4 44 SOE LEE CO F1

Form **1040A** U.S. Individual Income Tax Return (99) **2015**

Department of the Treasury — Internal Revenue Service

IRS Use Only — Do not write or staple in this space.

Your first name and initial: **TERRY L. ELLER** Last name: **ELLER** OMB No. 1545-0074
 Your social security number: ****-**-****
 If a joint return, spouse's first name and initial: **STEPHANIE H. ELLER** Last name: **ELLER**
 Spouse's social security number: ****-**-****
 Home address (number and street). If you have a P.O. box, see instructions. **18601 LEETANA ROAD** Apartment no.:
 City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **N. FT. MYERS, FL 33917**
 Foreign country name: Foreign province/state/county: Foreign postal code:
 Presidential Election Campaign: Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

Filing status
 Check only one box.
 1 Single
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above and full name here. ▶
 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
 5 Qualifying widow(er) with dependent child (see instructions)

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

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qual for child tax cr (see instrs)	No. of children on 6c who: <input type="checkbox"/> lived with you <input type="checkbox"/> did not live with you due to divorce or separation (see instructions)

 d Total number of exemptions claimed. Add numbers on lines above. **2**

Income
 7 Wages, salaries, tips, etc. Attach Form(s) W-2. **7 87,943.**
 8a Taxable interest. Attach Schedule B if required. **8a 122.**
 b Tax-exempt interest. Do not include on line 8a. **8b**
 9a Ordinary dividends. Attach Schedule B if required. **9a**
 b Qualified dividends (see instructions). **9b**
 10 Capital gain distributions (see instructions). **10**
 11a IRA distributions. **11a** 11b Taxable amount (see instructions). **11b**
 Rollover 12a Pensions and annuities. **12a 48,808.** 12b Taxable amount (see instructions). **12b 6,850.**
 13 Unemployment compensation and Alaska Permanent Fund dividends. **13**
 14a Social security benefits. **14a** 14b Taxable amount (see instructions). **14b**
 15 Add lines 7 through 14b (far right column). This is your total income. **15 94,915.**

Adjusted gross income
 16 Educator expenses (see instructions). **16**
 17 IRA deduction (see instructions). **17**
 18 Student loan interest deduction (see instructions). **18**
 19 Tuition and fees. Attach Form 8917. **19**
 20 Add lines 16 through 19. These are your total adjustments. **20 0.**
 21 Subtract line 20 from line 15. This is your adjusted gross income. **21 94,915.**

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040A (2015)

Tax, credits, and payments	22	Enter the amount from line 21 (adjusted gross income)	22	94,915.
	23a	Check <input type="checkbox"/> if: You were born before January 2, 1951, Spouse was born before January 2, 1951, <input type="checkbox"/> Blind <input type="checkbox"/> Blind Total boxes checked ..	23a	
		b If you are married filing separately and your spouse itemizes deductions, check here	23b	<input type="checkbox"/>
	24	Enter your standard deduction	24	12,600.
	25	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-	25	82,315.
	26	Exemptions. Multiply \$4,000 by the number on line 6d	26	8,000.
	27	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your taxable income	27	74,315.
	28	Tax, including any alternative minimum tax (see instructions)	28	10,226.
	29	Excess advance premium tax credit repayment. Attach Form 8962	29	
	30	Add lines 28 and 29	30	10,226.
31	Credit for child and dependent care expenses. Attach Form 2441	31		
32	Credit for the elderly or the disabled. Attach Schedule R	32		
33	Education credits from Form 8863, line 19	33		
34	Retirement savings contributions credit. Attach Form 8880	34		
35	Child tax credit. Attach Schedule 8812, if required	35		
36	Add lines 31 through 35. These are your total credits	36		
37	Subtract line 36 from line 30. If line 36 is more than line 30, enter -0-	37	10,226.	
38	Health care: individual responsibility (see instructions). Full-year coverage <input checked="" type="checkbox"/>	38		
39	Add line 37 and line 38. This is your total tax	39	10,226.	
40	Federal income tax withheld from Forms W-2 and 1099	40	12,103.	
41	2015 estimated tax payments and amount applied from 2014 return	41		
42a	Earned income credit (EIC)	42a		
	b Nontaxable combat pay election. 42b	42b		
43	Additional child tax credit. Attach Schedule 8812	43		
44	American opportunity credit from Form 8863, line 8	44		
45	Net premium tax credit. Attach Form 8962	45		
46	Add lines 40, 41, 42a, 43, 44, and 45. These are your total payments	46	12,103.	
Refund	47	If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you overpaid	47	1,877.
	48a	Amount of line 47 you want refunded to you. If Form 8888 is attached, check here	48a	1,877.
		b Routing number: 063000047 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number: 001631416840			
49	Amount of line 47 you want applied to your 2016 estimated tax	49		
Amount you owe	50	Amount you owe. Subtract line 46 from line 39. For details on how to pay, see instructions	50	
	51	Estimated tax penalty (see instructions)	51	

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

Designee's name **ROBERT M. NEELD** Phone no. **(239) 549-9588** Personal identification number (PIN) **72491**

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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature: _____ Date: _____ Your occupation: **SERGEANT** Daytime phone number: _____

Spouse's signature. If a joint return, both must sign. _____ Date: _____ Spouse's occupation: **SERGEANT** If the IRS sent you an Identity Protection PIN, enter it here (see inst.): _____

Paid preparer use only

Print/type preparer's name: **ROBERT M. NEELD** Preparer's signature: **ROBERT M. NEELD** Date: _____ Check if self-employed if PTIN: **P00072491**

Firm's name: **Aida Management Corp.** Firm's EIN: **65-0927635**

Firm's address: **1426 SE 44th Street Cape Coral, FL 33904** Phone no.: **239-549-9588**

a Employer's SSN	1 Wages, tips, other compensation	2 Federal income tax withheld
OMB No. 1545-0008	52,182.42	8,258.23
b Employer identification number	3 Social security wages	4 Social security tax withheld
59-6000705	59,082.42	3,663.11
	5 Medicare wages and tips	6 Medicare tax withheld
	59,082.42	856.70
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	Last name	Suff.
TERRY	L ELLER	
18601 LEETANA ROAD N FT MYERS FL 33917		
f Employee's address and ZIP code		
d Control number	7 Social security tips	8 Allocated tips
9	10 Dependent care benefits	11 Nonqualified plans
12a C	36.31	14 Other
12b G	6,900.00	
12c DD	9,141.36	
12d		
13	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 Employer's SSN	1 Wages, tips, other compensation	2 Federal income tax withheld
OMB No. 1545-0008	52,182.42	8,258.23
b Employer identification number	3 Social security wages	4 Social security tax withheld
59-6000705	59,082.42	3,663.11
	5 Medicare wages and tips	6 Medicare tax withheld
	59,082.42	856.70
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	Last name	Suff.
TERRY	L ELLER	
18601 LEETANA ROAD N FT MYERS FL 33917		
f Employee's address and ZIP code		
d Control number	7 Social security tips	8 Allocated tips
9	10 Dependent care benefits	11 Nonqualified plans
12a C	36.31	14 Other
12b G	6,900.00	
12c DD	9,141.36	
12d		
13	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 Employer's SSN	1 Wages, tips, other compensation	2 Federal income tax withheld
OMB No. 1545-0008	52,182.42	8,258.23
b Employer identification number	3 Social security wages	4 Social security tax withheld
59-6000705	59,082.42	3,663.11
	5 Medicare wages and tips	6 Medicare tax withheld
	59,082.42	856.70
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	Last name	Suff.
TERRY	L ELLER	
18601 LEETANA ROAD N FT MYERS FL 33917		
f Employee's address and ZIP code		
d Control number	7 Social security tips	8 Allocated tips
9	10 Dependent care benefits	11 Nonqualified plans
12a C	36.31	14 Other
12b G	6,900.00	
12c DD	9,141.36	
12d		
13	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 Employer's SSN	1 Wages, tips, other compensation	2 Federal income tax withheld
OMB No. 1545-0008	52,182.42	8,258.23
b Employer identification number	3 Social security wages	4 Social security tax withheld
59-6000705	59,082.42	3,663.11
	5 Medicare wages and tips	6 Medicare tax withheld
	59,082.42	856.70
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	Last name	Suff.
TERRY	L ELLER	
18601 LEETANA ROAD N FT MYERS FL 33917		
f Employee's address and ZIP code		
d Control number	7 Social security tips	8 Allocated tips
9	10 Dependent care benefits	11 Nonqualified plans
12a C	36.31	14 Other
12b G	6,900.00	
12c DD	9,141.36	
12d		
13	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 Employee'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.

a Employee's SSN	1 Wages, tips, other compensation	2 Federal income tax withheld
OMB No. 1545-0008	3 Social security wages	4 Social security tax withheld
b Employer identification number	5 Medicare wages and tips	6 Medicare tax withheld
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	Last name	Suff.
STEPHANIE	H	ELLER
f Employee's address and ZIP code		
18601 LEETANA ROAD N FT MYERS FL 33917		
d Control number	7 Social security tips	8 Allocated tips
9	10 Dependent care benefits	11 Nonqualified plans
12a C	22.24	14 Other
12b G	5,090.00	
12c DD	6,094.24	
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	1 Wages, tips, other compensation	2 Federal income tax withheld
OMB No. 1545-0008	3 Social security wages	4 Social security tax withheld
b Employer identification number	5 Medicare wages and tips	6 Medicare tax withheld
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	Last name	Suff.
STEPHANIE	H	ELLER
f Employee's address and ZIP code		
18601 LEETANA ROAD N FT MYERS FL 33917		
d Control number	7 Social security tips	8 Allocated tips
9	10 Dependent care benefits	11 Nonqualified plans
12a C	22.24	14 Other
12b G	5,090.00	
12c DD	6,094.24	
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 2 - To be Filed With Employer's State, City, or Local Income Tax Return.

a Employee's SSN	1 Wages, tips, other compensation	2 Federal income tax withheld
OMB No. 1545-0008	3 Social security wages	4 Social security tax withheld
b Employer identification number	5 Medicare wages and tips	6 Medicare tax withheld
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	Last name	Suff.
STEPHANIE	H	ELLER
f Employee's address and ZIP code		
18601 LEETANA ROAD N FT MYERS FL 33917		
d Control number	7 Social security tips	8 Allocated tips
9	10 Dependent care benefits	11 Nonqualified plans
12a C	22.24	14 Other
12b G	5,090.00	
12c DD	6,094.24	
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	1 Wages, tips, other compensation	2 Federal income tax withheld
OMB No. 1545-0008	3 Social security wages	4 Social security tax withheld
b Employer identification number	5 Medicare wages and tips	6 Medicare tax withheld
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	Last name	Suff.
STEPHANIE	H	ELLER
f Employee's address and ZIP code		
18601 LEETANA ROAD N FT MYERS FL 33917		
d Control number	7 Social security tips	8 Allocated tips
9	10 Dependent care benefits	11 Nonqualified plans
12a C	22.24	14 Other
12b G	5,090.00	
12c DD	6,094.24	
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 2 - 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.

CORRECTED (if checked)



PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code FLORIDA RETIREMENT SYSTEM DIVISION OF RETIREMENT PO BOX 9000 TALLAHASSEE FL 32315-9000		1 Gross distribution \$ 41,957.97 2a Taxable amount \$ 0.00 2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>	OMB No. 1545-0119 2015 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S federal identification number 59-1354377	RECIPIENT'S identification number 	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 0.00	Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the Internal Revenue Service.
RECIPIENT'S name STEPHANIE H ELLER 18601 LEETANA RD N FT MYERS, FL 33917-4739		5 Employee contributions \$ 0.00	6 Net unrealized appreciation in employer's securities \$	
		7 Distribution code(s) G	8 Other \$ %	
		9a Your percentage of total distribution %	9b Total employee contributions \$ 0.00	
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	12 State tax withheld \$	13 State/Payer's state no.	14 State distribution \$
Account number (see instructions) 		15 Local tax withheld \$	16 Name of locality	17 Local distribution \$

Form 1099-R

www.irs.gov/form1099r

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code FLORIDA RETIREMENT SYSTEM DIVISION OF RETIREMENT PO BOX 9000 TALLAHASSEE FL 32315-9000		1 Gross distribution \$ 41,957.97 2a Taxable amount \$ 0.00 2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>	OMB No. 1545-0119 2015 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S federal identification number 59-1354377	RECIPIENT'S identification number 	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 0.00	Copy C For Recipient's Records This information is being furnished to the Internal Revenue Service.
RECIPIENT'S name STEPHANIE H ELLER 18601 LEETANA RD N FT MYERS, FL 33917-4739		5 Employee contributions \$ 0.00	6 Net unrealized appreciation in employer's securities \$	
		7 Distribution code(s) G	8 Other \$ %	
		9a Your percentage of total distribution %	9b Total employee contributions \$ 0.00	
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	12 State tax withheld \$	13 State/Payer's state no.	14 State distribution \$
Account number (see instructions) 		15 Local tax withheld \$	16 Name of locality	17 Local distribution \$

Form 1099-R

(keep for your records)

www.irs.gov/form1099r

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code FLORIDA RETIREMENT SYSTEM DIVISION OF RETIREMENT PO BOX 9000 TALLAHASSEE FL 32315-9000		1 Gross distribution \$ 6,849.76 2a Taxable amount \$ 6,849.76 2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>	OMB No 1545-0119 2015 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the Internal Revenue Service.
PAYER'S federal identification number 59-1354377	RECIPIENT'S identification number [REDACTED]	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 12.71	Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the Internal Revenue Service.
RECIPIENT'S name STEPHANIE H ELLER 18601 LEETANA RD N FT MYERS, FL 33917-4739		5 Employee contributions \$ 0.00	6 Net unrealized appreciation in employer's securities \$	
		7 Distribution code(s) 2	8 Other \$ %	
		9a Your percentage of total distribution %	9b Total employee contributions \$.00	
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	12 State tax withheld \$	13 State/Payer's state no.	14 State distribution \$
Account number (see instructions) [REDACTED]		15 Local tax withheld \$	16 Name of locality	17 Local distribution \$

Form 1099-R

www.irs.gov/form1099r

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

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Account number (see instructions) [REDACTED]		15 Local tax withheld \$	16 Name of locality	17 Local distribution \$

Form 1099-R

(keep for your records)

www.irs.gov/form1099r

Department of the Treasury - Internal Revenue Service

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16 JUN 20 PM 4 45 50 EE LEE CO.FI



Canvassing Board Meetings and Logic and Accuracy Testing Schedule

Sharon L. Harrington, Supervisor of Elections

(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.

Table with 2 columns: Location, Address. Locations include Bonita Springs, Tampa, Cape Coral, East County Regional Library, Estero Recreation Center, etc.

1. 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:

Table with 4 columns: DATE, TIME, EVENT, PURPOSE. Details voting and testing procedures for the Primary Election.

The public testing, canvassing and certification are open to the public. Florida Statute 101.5617

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: [Signature] Print Name: Stephanie H. Ellis

Date Signed: 6/8/16



Canvassing Board Meetings and Logic and Accuracy Testing Schedule

Sharon L. Harrington, Supervisor of Elections

(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.

Table with 2 columns: Location, Address. Locations include Bonita Springs, Tampa, Cape Coral, East County Regional Library, Estero Recreation Center, etc.

1. 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:

Table with 4 columns: DATE, TIME, EVENT, PURPOSE. Details voting and testing procedures for the General Election.

The public testing, canvassing and certification are open to the public. Florida Statute 101.5617