

CANDIDATE OATH – NONPARTISAN OFFICE

(Not for use by Judicial or
School Board Candidates)

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Carmen Salomé

(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 Supervisor of Elections, _____,
(office) (district #)

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

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.

Carmen Salomé (239)745-5127 carmen.salome4@gmail.com
Signature of Candidate Telephone Number Email Address

157 SE 27th Terrace Cape Coral FL 33904
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 111401542

* 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):

Carmen Sal-o-may (rhyme:resumé)

STATE OF FLORIDA

COUNTY OF LEE

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

Personally Known: _____ or

Produced Identification: X

Type of Identification Produced: FL DL

[Signature]
Signature of Notary Public
Print, Type, or Stamp Complete Name of Notary Public
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF131843
Expires 6/11/2018

*16JUN08PM1234 SOE Lee Co F1

FORM 6

FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS

2015

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Salomé, - Carmen - Socorro

MAILING ADDRESS:

157 SE 27th Terrace

CITY:

Cape Coral

ZIP:

33904

COUNTY:

Lee

NAME OF AGENCY:

Lee County Supervisor of Elections

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Lee County Supervisor of Elections

CHECK IF THIS IS A FILING BY A CANDIDATE ☒

PART A — NET WORTH

Please enter the value of your net worth as of December 31, 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 December 31, 20 15 was \$ 276,500.

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 \$ 276,500

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
house	200,000
deferred comp	36,000
Roth IRA	3,500
2 vehicles	37,000

PART C — LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D – INCOME

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

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

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

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

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

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

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

PART F - TRAINING

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

☐ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

Carmen Salome
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF LEE

Sworn to (or affirmed) and subscribed before me this 8th day of

JUNE, 2016 by TAMARIS A. LIPA

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

NOTARY PUBLIC
(Print, Type, or Stamp, Notary Public)

Personally Known FF131843 OR Produced Identification FL DV
Expires 6/11/2018

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.

Carmen Salome
Signature

6/8/16
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 ☐

Form 1040		Department of the Treasury — Internal Revenue Service (99)		2015		OMB No. 1545-0074		IRS Use Only — Do not write or staple in this space.	
For the year Jan. 1 - Dec. 31, 2015, or other tax year beginning , 2015, ending , 20						See separate instructions.			
Your first name and initial John D. Salome						Your social security number 502-00-0175			
Last name Salome						Spouse's social security number 502-00-0175			
Home address (number and street). If you have a P.O. box, see instructions. 157 S.E. 27th Terrace						Apt. no. 			
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Cape Coral, FL 33904						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. <input type="checkbox"/> You <input type="checkbox"/> Spouse			
Foreign country name 						Foreign province/state/county 			
Foreign postal code 									
Filing Status									
1 <input type="checkbox"/> Single						4 <input type="checkbox"/> 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. ▶			
2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income)						5 <input type="checkbox"/> Qualifying widow(er) with dependent child			
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above & full name here. ▶									
Exemptions									
6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a						Boxes checked on 6a and 6b. No. of children on 6c who:			
b <input checked="" type="checkbox"/> Spouse						2			
c Dependents:									
(1) First name Last name						(2) Dependent's social security number			
						(3) Dependent's relationship to you			
						(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)			
More than four dependents, see instructions and check here. ▶ <input type="checkbox"/>						• lived with you			
						• did not live with you due to divorce or separation (see instructions)			
						Dependents on 6c not entered above.			
						Add numbers on lines above. ▶ 2			
d Total number of exemptions claimed									
Income									
7 Wages, salaries, tips, etc. Attach Form(s) W-2						7			
8a Taxable interest. Attach Schedule B if required						8a			
b Tax-exempt interest. Do not include on line 8a						8b			
9a Ordinary dividends. Attach Schedule B if required						9a			
b Qualified dividends						9b			
10 Taxable refunds, credits, or offsets of state and local income taxes						10			
11 Alimony received						11			
12 Business income or (loss). Attach Schedule C or C-EZ						12			
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here. ▶ <input type="checkbox"/>						13			
14 Other gains or (losses). Attach Form 4797						14			
15a IRA distributions 15a 2,000. b Taxable amount						15b 850.			
16a Pensions and annuities 16a 69,846. b Taxable amount						16b 69,791.			
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E						17			
18 Farm income or (loss). Attach Schedule F						18			
19 Unemployment compensation						19			
20a Social security benefits 20a 20,555. b Taxable amount						20b 17,472.			
21 Other income. List type and amount						21			
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income. ▶						22 88,113.			
Adjusted Gross Income									
23 Educator expenses						23			
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ						24			
25 Health savings account deduction. Attach Form 8889						25			
26 Moving expenses. Attach Form 3903						26			
27 Deductible part of self-employment tax. Attach Schedule SE						27			
28 Self-employed SEP, SIMPLE, and qualified plans						28			
29 Self-employed health insurance deduction						29			
30 Penalty on early withdrawal of savings						30			
31a Alimony paid b Recipient's SSN						31a			
32 IRA deduction						32			
33 Student loan interest deduction						33			
34 Tuition and fees. Attach Form 8917						34			
35 Domestic production activities deduction. Attach Form 8903						35			
36 Add lines 23 through 35						36			
37 Subtract line 36 from line 22. This is your adjusted gross income. ▶						37 88,113.			

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. FDIA0112L 12/30/15 Form 1040 (2015)

16JUN20PM0738 SOE Lee Co FI

Tax and Credits

Standard Deduction for —

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:

Single or Married filing separately, \$6,300

Married filing jointly or Qualifying widow(er), \$12,600

Head of household, \$9,250

38	Amount from line 37 (adjusted gross income).	38	88,113.
39a	Check if: <input checked="" type="checkbox"/> You were born before January 2, 1951, <input type="checkbox"/> Spouse was born before January 2, 1951, <input type="checkbox"/> Blind. <input type="checkbox"/> Blind. Total boxes checked 39a 1		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	17,561.
41	Subtract line 40 from line 38.	41	70,552.
42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instrs.	42	8,000.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	62,552.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 c <input type="checkbox"/> b <input type="checkbox"/> Form 4972	44	8,464.
45	Alternative minimum tax (see instructions). Attach Form 6251.	45	0.
46	Excess advance premium tax credit repayment. Attach Form 8962.	46	
47	Add lines 44, 45, and 46	47	8,464.
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 crs from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	8,464.

Other Taxes

57	Self-employment tax. Attach Schedule SE.	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919.	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required.	59	85.
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 <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instrs; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax.	63	8,549.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099.	64	6,409.
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 <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments.	74	6,409.

Refund

Direct deposit? See instructions.

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. <input type="checkbox"/>	76a	
b	Routing number. <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number. <input type="text"/>		
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	2,166.
79	Estimated tax penalty (see instructions).	79	26.

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 **Michael J. Cudlipp** Phone no. **585-383-6555** Personal identification number (PIN) **32360**

Sign Here

Joint return? See instructions.

Keep a copy for your records.

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	Date	Your occupation	Daytime phone number
Michael J. Cudlipp		Retired	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		Retired	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Michael J. Cudlipp				000160074
Firm's name	Firm's EIN			
Cudlipp Financial Services, Inc.	000000000			
Firm's address	Phone no.			
125 Sully's Trail, Suite 2	585-383-6555			
Pittsford, NY 14534				

SCHEDULE A
(Form 1040)

Itemized Deductions

OMB No. 1545-0074

2015

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

John D. and Carmen S. Salome

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see instructions)	1	1,259.	
	2	Enter amount from Form 1040, line 38. 2 88,113.			
	3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1951, multiply line 2 by 7.5% (.075) instead	3	6,608.	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	0.	
Taxes You Paid	5 State and local (check only one box):		5	917.	
	a	<input type="checkbox"/> Income taxes, or			
	b	<input checked="" type="checkbox"/> General sales taxes	6	1,469.	
	6	Real estate taxes (see instructions)	7		
	7	Personal property taxes	8		
	8	Other taxes. List type and amount ►			
	9	Add lines 5 through 8	9	2,386.	
	Interest You Paid	10	Home mtg interest and points reported to you on Form 1098	10	4,386.
11		Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►	11		
12		Points not reported to you on Form 1098. See instrs for spcl rules	12		
13		Mortgage insurance premiums (see instructions)	13		
14		Investment interest. Attach Form 4952 if required. (See instrs.)	14		
15		Add lines 10 through 14	15	4,386.	
Gifts to Charity		16	Gifts by cash or check. If you made any gift of \$250 or more, see instrs.	16	10,789.
		17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500.	17	
		18	Carryover from prior year	18	
		19	Add lines 16 through 18	19	10,789.
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20	0.	
Job Expenses and Certain Miscellaneous Deductions	21	Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►	21		
	22	Tax preparation fees	22	150.	
	23	Other expenses — investment, safe deposit box, etc. List type and amount ►	23		
	24	Add lines 21 through 23	24	150.	
	25	Enter amount from Form 1040, line 38. 25 88,113.	25		
	26	Multiply line 25 by 2% (.02)	26	1,762.	
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27		
Other Miscellaneous Deductions	28	Other — from list in instructions. List type and amount ►	28	0.	
Total Itemized Deductions	29	Is Form 1040, line 38, over \$154,950? <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29	17,561.	
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>			

SCHEDULE B
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

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**

Name(s) shown on return

John D. and Carmen S. Salome

Your social security number

308-28-5177

Part I

Interest

See
instructions for
Form 1040A, or
Form 1040,
line 8a.)

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

- 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 on back and list this interest first. Also show that buyer's social security number and address ►

1

Amount

- 2 Add the amounts on line 1. 2
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 0.

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

Amount

Part II

**Ordinary
Dividends**

See
instructions on
back and the
instructions for
Form 1040A, or
Form 1040,
line 9a.)

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 List name of payer ►

5

- 6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a. 6 0.

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

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

**Part III
Foreign
Accounts
and Trusts**

See
instructions
on back.)

- 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 on back. X

Form 5329

Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts

► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2015

Department of the Treasury
Internal Revenue Service (99)Information about Form 5329 and its separate instructions is at www.irs.gov/form5329.Attachment
Sequence No. 29

Name of individual subject to additional tax. If married filing jointly, see instructions.

Your social security number

Carmen S. Salome

651-84-4055

Home address (number and street), or P.O. box if mail is not delivered to your home

Apt. no.

**Fill in Your Address Only
if You Are Filing This
Form by Itself and Not
With Your Tax Return**

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

If this is an amended
return, check here ☐

Foreign country name

Foreign province/state/county

Foreign postal code

If you only owe the additional 10% tax on early distributions, you may be able to report this tax directly on Form 1040, line 59, or Form 1040NR, line 57, without filing Form 5329. See the instructions for Form 1040, line 59, or for Form 1040NR, line 57.

Part I Additional Tax on Early Distributions.

Complete this part if you took a taxable distribution before you reached age 59-1/2 from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are reporting this tax directly on Form 1040 or Form 1040NR – see above). You may also have to complete this part to indicate that you qualify for an exception to the additional tax on early distributions or for certain Roth IRA distributions (see instructions).

1	Early distributions included in income. For Roth IRA distributions, see instructions.	1	850.
2	Early distributions included on line 1 that are not subject to the additional tax (see instructions). Enter the appropriate exception number from the instructions: _____	2	
3	Amount subject to additional tax. Subtract line 2 from line 1.	3	850.
4	Additional tax. Enter 10% (.10) of line 3. Include this amount on Form 1040, line 59, or Form 1040NR, line 57.	4	85.
Caution: If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10% (see instructions).			

Part II Additional Tax on Certain Distributions From Education Accounts and ABLER Accounts.

Complete this part if you included an amount in income, on Form 1040 or Form 1040NR, line 21, from a Coverdell education savings account (ESA), a qualified tuition program (QTP), or an ABLER account.

5	Distributions included in income from a Coverdell ESA, a QTP, or an ABLER account.	5	
6	Distributions included on line 5 that are not subject to the additional tax (see instructions).	6	
7	Amount subject to additional tax. Subtract line 6 from line 5.	7	
8	Additional tax. Enter 10% (.10) of line 7. Include this amount on Form 1040, line 59, or Form 1040NR, line 57.	8	

Part III Additional Tax on Excess Contributions to Traditional IRAs.

Complete this part if you contributed more to your traditional IRAs for 2015 than is allowable or you had an amount on line 17 of your 2014 Form 5329.

9	Enter your excess contributions from line 16 of your 2014 Form 5329 (see instructions). If zero, go to line 15.	9	
10	If your traditional IRA contributions for 2015 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-.	10	
11	2015 traditional IRA distributions included in income (see instructions).	11	
12	2015 distributions of prior year excess contributions (see instructions).	12	
13	Add lines 10, 11, and 12.	13	
14	Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0-.	14	
15	Excess contributions for 2015 (see instructions).	15	
16	Total excess contributions. Add lines 14 and 15.	16	
17	Additional tax. Enter 6% (.06) of the smaller of line 16 or the value of your traditional IRAs on December 31, 2015 (including 2015 contributions made in 2016). Include this amount on Form 1040, line 59, or Form 1040NR, line 57.	17	

Part IV Additional Tax on Excess Contributions to Roth IRAs.

Complete this part if you contributed more to your Roth IRAs for 2015 than is allowable or you had an amount on line 25 of your 2014 Form 5329.

18	Enter your excess contributions from line 24 of your 2014 Form 5329 (see instructions). If zero, go to line 23.	18	
19	If your Roth IRA contributions for 2015 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-.	19	
20	2015 distributions from your Roth IRAs (see instructions).	20	
21	Add lines 19 and 20.	21	
22	Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0-.	22	
23	Excess contributions for 2015 (see instructions).	23	
24	Total excess contributions. Add lines 22 and 23.	24	
25	Additional tax. Enter 6% (.06) of the smaller of line 24 or the value of your Roth IRAs on December 31, 2015 (including 2015 contributions made in 2016). Include this amount on Form 1040, line 59, or Form 1040NR, line 57.	25	

PAYER'S name, street address, city, state and ZIP code

NYS. & LOCAL POLICE & FIRE RETIREMENT SYSTEM
110 STATE STREET
ALBANY NY 12244

PAYER'S Federal Identification Number

161500000

RECIPIENT'S identification number

XXXXXXXXXX

RECIPIENT'S name and street address (incl. apt. no.), city, state and ZIP code

JOHN D SALOME
157 SE 27TH TER
CAPE CORAL FL 33904-2730

10 Amount allocable to IRR within 5 years

11 1st year of desig. Roth contrib.

Account number (optional)

XXXXXXXXXX

File this copy with your state, city, or local income tax return, when required.

1 Gross distribution

26,657.52

2a Taxable amount

26,602.90

2b Taxable amount not determined

OMB No. 1545-0119

2015

Form 1099-R

Total Distribution

3 Capital gain (included in Box 2a)

0.00

4 Federal income tax withheld

2,584.12

5 Employee Contributions

54.62

6 Net unrealized appreciation in employer's securities

7 Distribution code

7

IRA/SEP/SIMPLE

8 Other

9a Your percentage of total distribution

9b Total employee contributions

0.00

12 State tax withheld

EXEMPT

13 State/Payer's state no.

69-0210001

14 State distribution

NY

15 Local tax withheld

16 Name of locality

17 Local distribution

Department of the Treasury - Internal Revenue Service

Distributions From
Pensions, Annuities,
Retirement
Profit-Sharing
Plans, IRAs,
Insurance
Contracts, etc.

Records

16 JUN 20 10 12 33 AM '16
SOF Lee Co FI

This information is
being furnished to
the Internal
Revenue Service.

PAYER'S federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a)	4 Federal income tax withheld	<p>14 State distribution</p> <p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p>
80-1010101	XXXXXX-XXXX	\$	\$ 925.02	
RECIPIENT'S name JOHN D SALOME 157 SE 27 TERRACE CAPE CORAL, FL 33904-2730		5 Employee contributions	6 Net unrealized appreciation in employer's securities	
		\$ 0.00	\$	
		7 Distribution code(s)	8 Other	
7	IRA/SEP/SIMPLE	\$	%	
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
XXXXXXXXXX		\$		\$
		\$		\$

Form 1099-R (keep for your records)

www.irs.gov/form1099r

Department of the Treasury - Internal Revenue Service

Control Number RET0621283

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code.

DEFENSE FINANCE AND ACCOUNTING SERVICE
US MILITARY RETIREMENT PAY
PO BOX 7130
LONDON KY 40742-7130

1 Gross distribution

\$ 20826.96

2a Taxable amount

\$ 20826.96

OMB No. 1545-0119

2015Form **1099-R**Distributions From
Pensions, Annuities
Retirement, or
Profit-Sharing
Plans, IRAs,
Insurance
Contracts, etc.

PAYER'S Federal identification number

RECIPIENT'S identification number

2b

☐ Taxable amount not
determined☐ Total Distribution

RECIPIENT'S name, street address, city, state, and ZIP code.

JOHN D SALOME
157 SOUTHEAST 27TH TERRACE
CAPE CORAL FL 33904-2730

4 Federal income tax withheld

\$ 2317.68

7 Distribution code

7

9 Your percentage of total distribution

%

12 State tax withheld

\$

13 State/Payer's state no.

\$

This information
is being
furnished to the
Internal Revenue
Service.

RETIRED

01012015-12312015

Keep this copy for your records.

Form **1099-R**

Department of the Treasury - Internal Revenue Service

Control Number RET0621283

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code.

DEFENSE FINANCE AND ACCOUNTING SERVICE
US MILITARY RETIREMENT PAY
PO BOX 7130
LONDON KY 40742-7130

1 Gross distribution

\$ 20826.96

2a Taxable amount

\$ 20826.96

OMB No. 1545-0119

2015Form **1099-R**Distributions From
Pensions, Annuities
Retirement, or
Profit-Sharing
Plans, IRAs,
Insurance
Contracts, etc.

PAYER'S Federal identification number

RECIPIENT'S identification number

2b

☐ Taxable amount not
determined☐ Total Distribution

RECIPIENT'S name, street address, city, state, and ZIP code.

JOHN D SALOME
157 SOUTHEAST 27TH TERRACE
CAPE CORAL FL 33904-2730

4 Federal income tax withheld

\$ 2317.68

7 Distribution code

7

9 Your percentage of total distribution

%

12 State tax withheld

\$

13 State/Payer's state no.

\$

Copy 2
File this copy
with your
state, city, or
Local Income
tax return,
when required.

RETIRED

01012015-12312015

This information is being
furnished to the Internal
Revenue ServiceForm **1099-R**

Department of the Treasury - Internal Revenue Service

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2015

• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name JOHN D SALOME		Box 2. Beneficiary's Social Security Number 000-00-0155
Box 3. Benefits Paid in 2015 \$20,554.80	Box 4. Benefits Repaid to SSA in 2015 NONE	Box 5. Net Benefits for 2015 (Box 3 minus Box 4) \$20,554.80
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or direct deposit \$19,296.00 Medicare Part B premiums deducted from your benefits \$1,258.80 Total Additions \$20,554.80 Benefits for 2015 \$20,554.80		DESCRIPTION OF AMOUNT IN BOX 4 NONE
		Box 6. Voluntary Federal Income Tax Withheld NONE
		Box 7. Address JOHN D SALOME 157 SE 27TH TERRACE CAPE CORAL FL 33904-2730
		Box 8. Claim Number (Use this number if you need to contact SSA.) 000-00-0155

Form SSA-1099-SM (1-2016)

DO NOT RETURN THIS FORM TO SSA OR IRS

16JUN20PM0736 SDE Lee Co FI

16JUN20PM1233 SDE Lee Co FI

Information about Form 8606 and its separate instructions is at www.irs.gov/form8606.
 Attach to Form 1040, Form 1040A, or Form 1040NR.

Married, file a separate form for each spouse required to file Form 8606. See instructions.

Your social security number

Carmen S. Salome

Home address (number and street, or P.O. box if mail is not delivered to your home)

Apartment number

File in Your Address
Only If You Are Filing
This Form by Itself
and Not With Your
Tax Return

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

State ZIP code

Foreign country name

Foreign province/state/county

Foreign postal code

Part I Nondeductible Contributions to Traditional IRAs and Distributions From Traditional, SEP, and SIMPLE IRAs

Complete this part only if one or more of the following apply.

- You made nondeductible contributions to a traditional IRA for 2015.
- You took distributions from a traditional, SEP, or SIMPLE IRA in 2015 and you made nondeductible contributions to a traditional IRA in 2015 or an earlier year. For this purpose, a distribution does not include a rollover, one-time distribution to fund an HSA, conversion, recharacterization, or return of certain contributions.
- You converted part, but not all, of your traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2015 (excluding any portion you recharacterized) and you made nondeductible contributions to a traditional IRA in 2015 or an earlier year.

1 Enter your nondeductible contributions to traditional IRAs for 2015, including those made for 2015 from January 1, 2016, through April 18, 2016 (see instructions).....

1

2 Enter your total basis in traditional IRAs (see instructions).....

2

3 Add lines 1 and 2.....

3

In 2015, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion?

No

Enter the amount from line 3 on line 14.
Do not complete the rest of Part I.

Yes

Go to line 4.

4 Enter those contributions included on line 1 that were made from January 1, 2016, through April 18, 2016....

4

5 Subtract line 4 from line 3.....

5

6 Enter the value of all your traditional, SEP, and SIMPLE IRAs as of December 31, 2015, plus any outstanding rollovers (see instructions).....

6

7 Enter your distributions from traditional, SEP, and SIMPLE IRAs in 2015. Do not include rollovers, a one-time distribution to fund an HSA, conversions to a Roth IRA, certain returned contributions, or recharacterizations of traditional IRA contributions (see instructions).....

7

8 Enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2015. Do not include amounts converted that you later recharacterized (see instructions). Also enter this amount on line 16.....

8

9 Add lines 6, 7, and 8.....

9

10 Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3 places. If the result is 1.000 or more, enter '1.000'.....

10

X

11 Multiply line 8 by line 10. This is the nontaxable portion of the amount you converted to Roth IRAs. Also enter this amount on line 17.....

11

12 Multiply line 7 by line 10. This is the nontaxable portion of your distributions that you did not convert to a Roth IRA.....

12

13 Add lines 11 and 12. This is the nontaxable portion of all your distributions.....

13

14 Subtract line 13 from line 3. This is your total basis in traditional IRAs for 2015 and earlier years.....

14

15 Taxable amount. Subtract line 12 from line 7. If more than zero, also include this amount on Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b.....

15

Note. You may be subject to an additional 10% tax on the amount on line 15 if you were under age 59-1/2 at the time of the distribution (see instructions).

Part II 2015 Conversions From Traditional, SEP, or SIMPLE IRAs to Roth IRAs

Complete this part if you converted part or all of your traditional, SEP, and SIMPLE IRAs to a Roth IRA in 2015 (excluding any portion you recharacterized).

16	If you completed Part I, enter the amount from line 8. Otherwise, enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2015. Do not include amounts you later recharacterized back to traditional, SEP, or SIMPLE IRAs in 2015 or 2016 (see instructions)	16	
17	If you completed Part I, enter the amount from line 11. Otherwise, enter your basis in the amount on line 16 (see instructions)	17	
18	Taxable amount. Subtract line 17 from line 16. If more than zero, also include this amount on Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b	18	

Part III Distributions From Roth IRAs

Complete this part only if you took a distribution from a Roth IRA in 2015. For this purpose, a distribution does not include a rollover, one-time distribution to fund an HSA, recharacterization, or return of certain contributions (see instructions).

19	Enter your total nonqualified distributions from Roth IRAs in 2015, including any qualified first-time homebuyer distributions (see instructions)	19	2,000.
20	Qualified first-time homebuyer expenses (see instructions). Do not enter more than \$10,000.	20	
21	Subtract line 20 from line 19. If zero or less, enter -0-	21	2,000.
22	Enter your basis in Roth IRA contributions (see instructions). If line 21 is zero, stop here	22	1,150.
23	Subtract line 22 from line 21. If zero or less, enter -0- and skip lines 24 and 25. If more than zero, you may be subject to an additional tax (see instructions)	23	850.
24	Enter your basis in conversions from traditional, SEP, and SIMPLE IRAs and rollovers from qualified retirement plans to a Roth IRA (see instructions)	24	
25	Taxable amount. Subtract line 24 from line 23. If more than zero, also include this amount on Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b	25	850.

Sign Here Only If You
Are Filing This Form
by Itself and Not With
Your Tax Return

Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

John D. and Carmen S. Salome

Pension and Annuities Schedule

Taxpayer - Payer	Total Received	Taxable Amount	Federal W/H	State W/H
NYS & Local Police & Fire	26,658.	26,603.	2,584.	
Defense Finance & Accounting	20,827.	20,827.	2,318.	
Florida Retirement System	11,514.	11,514.	925.	
Total	58,999.	58,944.	5,827.	0.
Spouse - Payer	Total Received	Taxable Amount	Federal W/H	State W/H
NYS & Local ERS	5,700.	5,700.	301.	
Florida Retirement System	5,147.	5,147.	281.	
Total	10,847.	10,847.	582.	0.
Grand Total	69,846.	69,791.	6,409.	0.

IRA Distribution Schedule

Spouse - Payer	Total Received	Taxable Amount	Federal W/H	State W/H
T. Rowe Price Trust Co.	2,000.	***.		
Taxable amount from Form 8606		850.		
Grand Total	2,000.	850.	0.	0.

*** denotes that the taxable amount
was computed on Form 8606

Social Security Benefits Worksheet (Form 1040, Line 20b)

1. Social security benefits (SSA-1099, box 5)	20,555.
2. Enter one-half of line 1	10,278.
3. Add amounts from Form 1040, lines 7, 8a, 9a, 10 through 14, 15b, 16b, 17 through 19, and 21 (add back excludable interest from Form 8815)	70,641.
4. Enter the amount from Form 1040, line 8b	0.
5. Add lines 2, 3 and 4	80,919.
6. Add amounts from Form 1040, lines 23 through 32, and any amount entered on the dotted line next to line 36	0.
7. Subtract line 6 from line 5 (not less than 0)	80,919.
8. Threshold for your filing status	32,000.
9. Subtract line 8 from line 7 (not less than 0)	48,919.
10. Additional threshold for your filing status	12,000.
11. Subtract line 10 from line 9 (not less than 0)	36,919.
12. Enter the smaller of line 9 or line 10	12,000.
13. Enter one-half of line 12	6,000.
14. Enter the smaller of line 2 or line 13	6,000.
15. Multiply line 11 by 85% (.85)	31,381.
16. Add lines 14 and 15	37,381.
17. Multiply line 1 by 85% (.85)	17,472.

2015

Federal Worksheets

Page 2

John D. and Carmen S. Salome

Social Security Benefits Worksheet (Form 1040, Line 20b) (continued)

18. Taxable social security benefits
(the smaller of line 16 or line 17) 17,472.

Earned Income for Roth IRA Contribution Purposes

1. Wages, alimony, and nontaxable combat pay 0.
 2. Self-employed earned income minus the deductible
 self-employment tax adjustment and the self-employed
 retirement plan adjustment. 0.
 3. Total earned income 0.

Federal Income Tax Withheld

NYS & Local Police & Fire 2,584.
 Defense Finance & Accounting 2,318.
 Florida Retirement System 925.
 NYS & Local ERS 301.
 Florida Retirement System 281.
 Total 6,409.

State and Local Taxes (Schedule A, Line 5)

State and Local Sales Taxes Using the Optional Sales Tax Tables

Available Income:
 Adjusted gross income per Form 1040 88,113.
 Tax-exempt interest 0.
 Nontaxable combat pay 0.
 Nontaxable social security benefits 3,083.
 Nontaxable pensions 55.
 Nontaxable IRAs 1,150.
 Prior year refundable credits (refundable portion only) 0.
 Additional nontaxable amounts 0.
 Total Available Income (not less than zero) 92,401.

Number of Exemptions

2

2015

Federal Worksheets

John D. and Carmen S. Salome

State and Local Taxes (Schedule A, Line 5) (continued)

- 1. State general sales taxes per Tables 917.
- 2. Local general sales taxes per Tables for certain residents of AK, AZ, AR, CO, GA, IL, LA, MO, MS, NC, NY, SC, TN, UT, and VA (based on a rate of 1%) 0.
- 3. Local general sales tax rate
- 4. If line 2 is zero, enter your state general sales tax rate. Otherwise, skip line 4 and 5, and go to line 6 6.0000
- 5. Divide line 3 by line 4
- 6. Local general sales taxes. If line 2 is zero, multiply line 1 by line 5. Otherwise, multiply line 2 by line 3. 0.
- 7. State and local general sales taxes (add lines 1 and 6) 917.
- 8. Sales taxes paid on vehicles, boats, etc. 0.
- 9. Sales tax deduction when using Tables (add lines 7 and 8) 917.

State and Local Sales Tax Deduction
(Greater of Taxes Paid or Table Amount)

- 1. General sales taxes paid 0.
- 2. Use taxes paid 0.
- 3. Total actual taxes paid (add lines 1 and 2) 0.
- 4. Sales taxes using Tables 917.
- 5. Greater of sales taxes paid or Table amount 917.

Form 5329, Line 1 Roth IRA Distribution Amount Subject to Penalty

Spouse	Prior Yr Allocation	Current Yr Allocation	Amount Subj To Penalty
Taxable distributions (Form 8606, Line 25)			\$ 850.
Nonqualified Distributions From Form 8606, Line 19		2,000.	
Qualified First-time Homebuyer Expenses From Form 8606		0.	0.
Basis in Contributions From Form 8606, Line 22		-1,150.	
Distribution after allocation		\$ 850.	
Net distribution subject to 10% penalty			\$ 850.

16 JUN 20 PM 12:33 SOE Lee Co FI

☐ 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 \$ 5,146.98		OMB No. 1545-0119 2015 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount \$ 5,146.98				
		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>		
PAYER'S federal identification number [REDACTED]	RECIPIENT'S identification number [REDACTED]	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 281.15	This information is being furnished to the Internal Revenue Service.		
RECIPIENT'S name CARMEN S SALOME 157 SE 27TH TER CAPE CORAL, FL 33904-2730		5 Employee contributions \$ 0.00	6 Net unrealized appreciation in employer's securities \$			
		7 Distribution code(s) 2	IRA/SEP/SIMPLE <input type="checkbox"/>		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 (keep for your records)

www.irs.gov/form1099r

Department of the Treasury - Internal Revenue Service

Form 1099-R

PAYER'S name, street address, city, state and ZIP code NYS & LOCAL EMPLOYEES RETIREMENT SYSTEM 110 STATE STREET ALBANY NY 12244		1 Gross distribution 5,700.00		OMB No. 1545-0119 2015 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount 5,700.00				
PAYER'S Federal Identification Number [REDACTED]	RECIPIENT'S identification number [REDACTED]	2b Taxable amount not determined <input type="checkbox"/>	Total Distribution <input type="checkbox"/>	This information is being furnished to the Internal Revenue Service.		
RECIPIENT'S name and street address (incl. apt. no.), city, state and ZIP code CARMEN S SALOME 157 SE 27TH TERRACE CAPE CORAL FL 33904-2730		3 Capital gain (included in Box 2a) 0.00	4 Federal income tax withheld 301.25		5 Employee Contributions 0.00	
		6 Net unrealized appreciation in employer's securities	7 Distribution code 2		IRA/SEP/SIMPLE <input type="checkbox"/>	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 EXEMPT	13 State/Payer's state no. 69-0210001		14 State distribution NY	
Account number (optional) [REDACTED]		15 Local tax withheld	16 Name of locality	17 Local distribution		

Copy C For Recipient's Records

This information is being furnished to the Internal Revenue Service

Department of the Treasury - Internal Revenue Service

16JUN08PM1234 SOE Lee Co Fl



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**



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	
Saturday, August 20, 2016 THROUGH Saturday, August 27, 2016 (Including Sunday, August 21, 2016) 10:00 a.m. to 7:00 p.m.	
BONITA SPRINGS—ELECTIONS OFFICE 25987 S. TAMiami TRl., #105, BONITA SPRINGS	LEE COUNTY ELECTIONS CENTER 13180 S. CLEVELAND AVE., FORT MYERS
CAPE CORAL—ELECTIONS OFFICE 1039 SE 9TH AVE., CAPE CORAL	NORTH FORT MYERS RECREATION CENTER 2021 N. TAMiami TRl., FORT MYERS
CAPE CORAL LEE COUNTY LIBRARY 921 SW 39TH TER., CAPE CORAL	NORTHWEST REGIONAL LIBRARY 519 CHIKUITA BLVD. N., CAPE CORAL
EAST COUNTY REGIONAL LIBRARY 881 GUNNERY RD., LEHIGH ACRES	SCHANDLER HALL COMMUNITY PARK 419 ROYAL PALM PARK RD., FORT MYERS
ESTERO RECREATION CENTER 9200 CORKSCREW PALMS BLVD., ESTERO	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:

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.	
BONITA SPRINGS—ELECTIONS OFFICE 25987 S. TAMiami TRl., #105, BONITA SPRINGS	LEE COUNTY ELECTIONS CENTER 13180 S. CLEVELAND AVE., FORT MYERS
CAPE CORAL—ELECTIONS OFFICE 1039 SE 9TH AVE., CAPE CORAL	NORTH FORT MYERS RECREATION CENTER 2021 N. TAMiami TRl., FORT MYERS
CAPE CORAL LEE COUNTY LIBRARY 921 SW 39TH TER., CAPE CORAL	NORTHWEST REGIONAL LIBRARY 519 CHIKUITA BLVD. N., CAPE CORAL
EAST COUNTY REGIONAL LIBRARY 881 GUNNERY RD., LEHIGH ACRES	SCHANDLER HALL COMMUNITY PARK 419 ROYAL PALM PARK RD., FORT MYERS
ESTERO RECREATION CENTER 9200 CORKSCREW PALMS BLVD., ESTERO	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	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	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

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	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
11-01-16 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
11-02-16 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 and receive "unofficial" election night results.
11-05-16 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	2:00 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

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: Carmen Salome

Print Name: CARMEN SALOME

Date Signed: 6/8/16