

CANDIDATE OATH -
SCHOOL BOARD
NONPARTISAN OFFICE

OFFICE USE ONLY

OATH OF CANDIDATE

(Sections 99.021 and 105.031, Florida Statutes)

I, Stephen F Solak
(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, 2
(office) (district #)

2; 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.

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 Stephen F Solak (239) 292-8039 stevesolak@aol.com
Signature of Candidate Telephone Number Email Address

7146 S. Brentwood Rd FM FL 33919
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 111517198

* 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 23rd day of JUNE, 2016.

Personally Known: _____ or
Produced Identification: X
Type of Identification Produced: FL DL

Tamara L. Lynn
Signature of Notary Public

Print, Type, or Stamp Commission Expires _____
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF131843
Expires 11/12/2016, F.A.C.



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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Solak Stephen F

MAILING ADDRESS:

7146 S Brentwood Rd

Fort Myers 33919 Lee

CITY: ZIP: COUNTY:

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Lee County School Board Seat 2

CHECK IF THIS IS A FILING BY A CANDIDATE

16JUN23PM0215 SOE 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 JUNE 1st, 2016 was \$ - 35000.⁰⁰

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 \$ 3000.⁰⁰

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
2001 Ford F-150	2500. ⁰⁰
Private house at 7146 S Brentwood Rd, FM, FL 33919	500,000. ⁰⁰
Condo/Townhouse at 2520 Graves Rd #206 Tallahassee, FL 32303	75,000. ⁰⁰
Checking Acct Bank of America	2,000. ⁰⁰

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Home Mortgage of 7146 S. Brentwood	400,000. ⁰⁰
2nd Mortgage " "	100,000. ⁰⁰
Mortgage of Graves Rd Condo	70,000. ⁰⁰

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NA	

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	N/A		
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

PART F - TRAINING

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

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

OATH

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

STATE OF FLORIDA
 COUNTY OF LEE

Sworn to (or affirmed) and subscribed before me this 23rd day of

JUNE, 20 16 by STEPHEN F. SOLAK.

TAMARIS A. LIPA
 (Signature of Notary Public--State of Florida)

TAMARIS A. LIPA
 NOTARY PUBLIC
 STATE OF FLORIDA
 (Print, Type, or Stamp Commission Number)

Personally Known _____ OR Produced Identification X

Type of Identification Produced FL DL

Stephen F. Solak
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

 Signature Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

or other tax year beginning _____, 2015, ending _____, 20

See separate instructions.

Your social security number
 [REDACTED]

Spouse's social security number
 [REDACTED]

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

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

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
 7146 S BRENTWOOD

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
 FT MYERS FL 33919

Foreign country name Foreign province/state/country Foreign postal code

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). (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

Check only one box.

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a

b Spouse

Boxes checked on 6a and 6b 2

No. of children on 6c who:

- 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

(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)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

d Total number of exemptions claimed

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 92,593.

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 ▶ 13

14 Other gains or (losses). Attach Form 4797 14

15a IRA distributions 15a b Taxable amount 15b

16a Pensions and annuities 16a b Taxable amount 16b 30,642.

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 -9,642.

18 Farm income or (loss). Attach Schedule F 18

19 Unemployment compensation 19

20a Social security benefits 20a b Taxable amount 20b

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 ▶ 22 113,593.

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 ▶ 37 113,593.

	38 Amount from line 37 (adjusted gross income)		38	113,593.														
Tax and Credits	39a Check <input type="checkbox"/> You were born before January 2, 1951, 16 JUNE 1962 <input type="checkbox"/> Spouse was born before January 2, 1951, <input type="checkbox"/> Blind. <input checked="" type="checkbox"/> checked ▶ 39a <input type="checkbox"/>																	
	b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>																	
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	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40	19,825.														
	41 Subtract line 40 from line 38		41	93,768.														
	42 Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions		42	8,000.														
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	85,768.														
	44 Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>		44	13,031.														
	45 Alternative minimum tax (see instructions). Attach Form 6251		45															
	46 Excess advance premium tax credit repayment. Attach Form 8962		46															
	47 Add lines 44, 45, and 46		47	13,031.														
	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 <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	13,031.															
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															
	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"/> Instructions; enter code(s)		62															
63 Add lines 56 through 62. This is your total tax		63	13,031.															
Payments	64 Federal income tax withheld from Forms W-2 and 1099	64		13,286.														
	65 2015 estimated tax payments and amount applied from 2014 return	65																
	66a Earned income credit (EIC) No <input checked="" type="checkbox"/>	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	13,286.															
Refund	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid		75	255.														
	76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ▶ <input type="checkbox"/>		76a	255.														
	b Routing number <table border="1" style="display: inline-table;"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X							
	X	X	X	X	X	X	X	X	X	X								
d Account number <table border="1" style="display: inline-table;"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
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															
	79 Estimated tax penalty (see instructions)		79															
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No																	
	Designee's name WILLARD S THOMAS	Phone no. (239) 415-2662	Personal identification number (PIN) 81241															
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	Date	Your occupation TEACHER	Daytime phone number														
Joint return? See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.			Date														
	Spouse's occupation NURSE			If the IRS sent you an Identity Protection PIN, enter it here (see inst.)														
Paid Preparer Use Only	Print/Type preparer's name WILLARD S THOMAS	Preparer's signature <i>Willard S Thomas</i>	Date 04/03/2016	Check <input checked="" type="checkbox"/> if self-employed														
	Firm's name ▶ WILLARD S THOMAS CPA PA			PTIN P01330763														
	Firm's address ▶ PO BOX 5077 FT MYERS BEACH FL 33932			Firm's EIN ▶ 65-1071615														
				Phone no. (239) 415-2662														

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

▶ Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.

▶ Attach to Form 1040.

OMB No. 1545-0074

2015

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

STEPHEN F & NANCY J SOLAK		[REDACTED]	
Caution: Do not include expenses reimbursed or paid by others.			
Medical and Dental Expenses	1 Medical and dental expenses (see instructions)	1	12,202.
	2 Enter amount from Form 1040, line 38	2	113,593.
	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	11,359.
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	843.
Taxes You Paid	5 State and local (check only one box):	5	994.
	a <input type="checkbox"/> Income taxes, or		
	b <input checked="" type="checkbox"/> General sales taxes		
	6 Real estate taxes (see instructions)	6	3,385.
	7 Personal property taxes	7	
8 Other taxes. List type and amount ▶	8		
9 Add lines 5 through 8	9	4,379.	
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	14,103.
	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 instructions for special rules	12	
	13 Mortgage insurance premiums (see instructions)	13	
	14 Investment interest. Attach Form 4952 if required. (See instructions.)	14	
	15 Add lines 10 through 14	15	14,103.
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	500.
	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	500.
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20	
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	
	23 Other expenses—investment, safe deposit box, etc. List type and amount ▶	23	
	24 Add lines 21 through 23	24	
	25 Enter amount from Form 1040, line 38	25	
	26 Multiply line 25 by 2% (.02)	26	
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	
Total Itemized Deductions	29 Is Form 1040, line 38, over \$154,950?	29	19,825.
	X 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.		
30 If you elect to itemize deductions even though they are less than your standard deduction, check here			

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

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

OMB No. 1545-0074

2015

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

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

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

Name(s) shown on return

Your social security number

STEPHEN F & NANCY J SOLAK

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 2520 GRAVES RD TALLAHASSEE FL 32301

B

C

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	B	C
A	1			360	0	<input type="checkbox"/>
B						<input type="checkbox"/>
C						<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence
- 2 Multi-Family Residence
- 3 Vacation/Short-Term Rental
- 4 Commercial
- 5 Land
- 6 Royalties
- 7 Self-Rental
- 8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3	8,900.		
4 Royalties received	4			

Expenses:

5 Advertising	5			
6 Auto and travel (see instructions)	6	875.		
7 Cleaning and maintenance	7	1,000.		
8 Commissions.	8			
9 Insurance	9	203.		
10 Legal and other professional fees	10	200.		
11 Management fees	11	930.		
12 Mortgage interest paid to banks, etc. (see instructions)	12	2,241.		
13 Other interest.	13			
14 Repairs.	14			
15 Supplies	15			
16 Taxes	16	1,647.		
17 Utilities.	17			
18 Depreciation expense or depletion	18	5,073.		
19 Other (list) ▶ See Line 19 Other Expenses	19	2,565.		
20 Total expenses. Add lines 5 through 19	20	14,734.		

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** -5,834.

22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) **22** (9,642.) () ()

23a Total of all amounts reported on line 3 for all rental properties	23a	8,900.		
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	2,241.		
d Total of all amounts reported on line 18 for all properties	23d	5,073.		
e Total of all amounts reported on line 20 for all properties	23e	14,734.		

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** (9,642.)

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** -9,642.

Passive Activity Loss Limitations

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions for Form 1041 or Form 1041-SS.

▶ Attach to Form 1040 or Form 1041.

▶ Information about Form 8582 and its instructions is available at www.irs.gov/form8582.

2015

Attachment
Sequence No. **88**

Name(s) shown on return

STEPHEN F & NANCY J SOLAK

Identifying number

[REDACTED]

Part I 2015 Passive Activity Loss

Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.)

1a	Activities with net income (enter the amount from Worksheet 1, column (a))	1a	0.	
1b	Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	(5,834.)	
1c	Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c	(3,808.)	
1d	Combine lines 1a, 1b, and 1c	1d	-9,642.	

Commercial Revitalization Deductions From Rental Real Estate Activities

2a	Commercial revitalization deductions from Worksheet 2, column (a)	2a	()	
2b	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b	()	
2c	Add lines 2a and 2b	2c	()	

All Other Passive Activities

3a	Activities with net income (enter the amount from Worksheet 3, column (a))	3a	()	
3b	Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	()	
3c	Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	3c	()	
3d	Combine lines 3a, 3b, and 3c	3d	()	

4	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used	4	-9,642.	
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- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

5	Enter the smaller of the loss on line 1d or the loss on line 4	5	9,642.
6	Enter \$150,000. If married filing separately, see instructions	6	150,000.
7	Enter modified adjusted gross income, but not less than zero (see instructions)	7	123,235.
8	Subtract line 7 from line 6	8	26,765.
9	Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see instructions	9	13,383.
10	Enter the smaller of line 5 or line 9	10	9,642.

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11	
12	Enter the loss from line 4	12	
13	Reduce line 12 by the amount on line 10	13	
14	Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14	

Part IV Total Losses Allowed

15	Add the income, if any, on lines 1a and 3a and enter the total	15	0.
16	Total losses allowed from all passive activities for 2015. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16	9,642.

Caution: The worksheets must be filed with your tax return. ~~Keep a copy of your records.~~

Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
2520 GRAVES RD	0.	5,834.	3,808.		9,642.
Total. Enter on Form 8582, lines 1a, 1b, and 1c	0.	5,834.	3,808.		

Worksheet 2—For Form 8582, Lines 2a and 2b (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b			

Worksheet 3—For Form 8582, Lines 3a, 3b, and 3c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 3a, 3b, and 3c					

Worksheet 4—Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
2520 GRAVES RD	E Ln 22	9,642.	1.00000000	9,642.	0.
Total		9,642.	1.00	9,642.	0.

Worksheet 5—Allocation of Unallowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total			1.00	

Preparer Explanation for Not Filing Electronically

OMB No. 1545-2200

▶ Attach to taxpayer's Form 1040, 1040A, 1040EZ, or Form 1041.
 ▶ Information about Form 8948 and its instructions is available at www.irs.gov/form8948.

Attachment
 Sequence No. **173**

Name(s) on tax return STEPHEN F & NANCY J SOLAK	Tax year of return 2015	Taxpayer's identifying number [REDACTED]
Preparer's name WILLARD S THOMAS	Preparer Tax Identification Number (PTIN) P01330763	

Three out of four taxpayers now use IRS e-file. Go to www.irs.gov/efile for details on using IRS e-file. The benefits of electronic filing include the following.

- Faster refunds
- More accurate returns
- Secure transmissions
- Easier filing method
- E-payment options
- Receipt acknowledged

Check the applicable box to indicate the reason this return is not being filed electronically. Do not check more than one box.

- 1 Taxpayer chose to file this return on paper.
- 2 The preparer received a waiver from the requirement to electronically file the tax return.
 Waiver Reference Number _____ Approval Letter Date _____
- 3 The preparer is a member of a recognized religious group that is conscientiously opposed to filing electronically.
- 4 This return was rejected by IRS e-file and the reject condition could not be resolved.
 Reject code: _____ Number of attempts to resolve reject: _____
- 5 The preparer's e-file software package does not support Form _____ or Schedule _____ attached to this return.
- 6 Check the box that applies and provide additional information if requested.
 - a The preparer is ineligible to file electronically because IRS e-file does not accept foreign preparers without social security numbers who live and work abroad.
 - b The preparer is ineligible to participate in IRS e-file.
 - c Other: Describe below the circumstances that prevented the preparer from filing this return electronically.

Additional information from your 2015 Federal Tax Return

Schedule E: Supplemental Income and Loss

Line 19 Other Expenses: Property (A)

Continuation Statement

Expense Description	Amount
CONDO DUES	2,470.
LEASE DOC FEE	95.
Total	2,565.

Tallahassee Condo (Graves Rd)

Rent collected - $\$750.00 \times 12 = 8900.00$

Management Fees (Lauer Real Estate) $\$77.50 \times 12 = 930.00$

Maintenance Costs (Replaced Hot Water Heater, Dishwasher, mold removal, etc) = $\$1000.00$

Medical Expenses

Dr. Visits = $\$1000.00$ per year

Prescriptions = $\$1500.00$ per year

Lab work, etc = $\$500.00$ per year

Hospital Stay = $\$2000.00$ this year

Work-related expenses (office supplies, tolls, etc)

Total in 2015 = $\$500.00$

(Also bought a computer used mainly for work - $\$675.00$)

} $\$15000.00$
in total }

Charities / Donations

Total in 2015 = $\$500.00$

We are currently paying the Feds $\$100.00$ a month since June to pay off last year's tax bill.



FLORIDA DEPARTMENT OF MANAGEMENT SERVICES

retirement

We serve those who serve Florida

16 JUN 23 PM 02:14 SOE Lee Co F1

Bureau of Benefit Payments

Retired Payroll Section

P.O. Box 9000

Tallahassee, Florida 32315-9000

Tel: 850-907-6500 | Fax: 850-410-2010 | Toll-Free: 844-377-1888

Rick Scott, Governor

Chad Poppell, Secretary

Jan. 15, 2016



331898

331898**P27**T1481*****AUTO**5-DIGIT 33919

STEPHEN F SOLAK

7146 S BRENTWOOD RD

FORT MYERS, FL 33919-6804

Dear Benefit Recipient:

Attached is your 2015 Internal Revenue Service Form 1099-R and Retiree Annual Statement (RAS), a year-end summary of your Florida Retirement System (FRS) pension income and deductions. Copy B of Form 1099-R should be submitted with your federal tax return, if applicable, and copy C is for your personal records. If you live outside of Florida and must file state income taxes, you will need to make a copy of Form 1099-R to file with your state tax form. See page 4 for Form 1099-R instructions.

Your 2015 Form 1099-R and RAS documents are also available to view or print from your FRS Online account and can be accessed at your convenience from the Division of Retirement's secure website, www.frs.MyFlorida.com. You may also update your federal tax withholding preference by logging in to your secure FRS Online account. To log in to your online account, go to the Division of Retirement's website (www.frs.MyFlorida.com); click on "Retirees"; and then click on "FRS Online" to log in. Once you have logged in, click on "Account Information," and scroll down to the Federal Tax Withholding Information section to find links for your 1099-R history, tax withholding history and an online Form W-4P that you may use to submit your federal tax withholding changes electronically.

Also enclosed is the 2016 Retiree Newsletter. This newsletter contains important information including a schedule of monthly FRS payment dates and information on services available through your FRS Online account.

If you need further assistance, please call the Division of Retirement toll free at 844-377-1888 or locally at 850-907-6500. You may also email your questions to Retirement@dms.MyFlorida.com.

Best wishes for 2016!

Sincerely,

Dan Drake
State Retirement Director

Employer-Provided Health Insurance Offer and Coverage

Information about Form 1095-C and its separate instructions is at www.irs.gov/form1095c

VOID
 CORRECTED

2015

Part I Employee

1 Name of employee
 Nancy J Solak

2 Social security number (SSN)
 [REDACTED]

3 Street address (including apartment no.)
 7146 South Brentwood Road

4 City or town
 Fort Myers

5 State or province
 FL

6 Country and ZIP or foreign postal code
 US 33919

Applicable Large Employer Member (Employer)

7 Name of employer
 Florida Cancer Specialists, PL

8 Employer identification number (EIN)
 65-0825133

9 Street address (including room or suite no.)
 4371 Veronica S. Shoemaker Blvd.

10 Contact telephone number
 239-274-2162

11 City or town
 Fort Myers

12 State or province
 FL

13 Country and ZIP or foreign postal code
 US 33916

Part II Employee Offer and Coverage

Plan Start Month (Enter 2-digit number):

14 Offer of Coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
	15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Applicable Section 4980H Safe Harbor (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C

Part III Covered Individuals

If Employer provided self-insured coverage, check the box and enter the information for each covered individual.

(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months	(e) Months of Coverage											
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
17 Nancy J Solak	269-66-8145		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16JUN2015 02:14 SDE Lee Co FI

Annual Tax and Interest Statement

2543

Reporting Date 12/31/2015

*16 JUN 23 PM 02:14 SOE Lee Co FI

Loan ID 9606974801

Central Mortgage Company
801 John Barrow, Suite 1
Little Rock, AR 72205

Tax ID Number XXXXXXXXXX

OMB No. 1545-0901 Mortgage Interest
Statement
2015 Form 1098

Tax ID 62-1684387

Direct telephone no. of person to call with questions about this form: (800) 366-2132



2543 0.4500 AT 0.416 8 1 225AUTO**SCH 3-DIGIT 339
STEPHEN F SOLAK
NANCY J SOLAK
7146 BRENTWOOD RD
FT MYERS FL 33919-6804

Principal Balance Information	
Ending Principal Balance	\$75,027.61
Principal Applied	\$3,040.63
Negative Amortization	\$0.00
Assistance Amount	\$0.00

Escrow Information	
Beginning Balance	\$480.28
Deposits	\$1,984.17
Property Taxes	\$1,646.76
Insurance	\$203.16
Other Disbursements	\$528.33
Ending Balance	\$86.20
Escrow Int Paid	\$0.00
Escrow Int Withheld	\$0.00
Int On Loss Draft Paid	\$0.00
Int On Loss Draft Withheld	\$0.00

Tax and Interest Information	
1 Mortgage interest received from payer(s)/borrower(s) *	\$2,241.02
2 Points paid on purchase of principal residence	\$0.00
3 Refund of overpaid interest	\$0.00
4 Mortgage insurance premiums	\$0.00
5 Real estate taxes paid	\$1,646.76

Property: 2520 GRAVES ROAD, TALLAHASSEE, FL 32303

**Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.*

Copy B For Payer/Borrower

The information in boxes 1, 2, 3, and 4 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points or because you did not report this refund of interest on your return.

Instructions for Payer/Borrower

A person (including a financial institution, a governmental unit, and a cooperative housing corporation) who is engaged in a trade or business and, in the course of such trade or business, received from you at least \$600 of mortgage interest (including certain points) on any one mortgage in the calendar year must furnish this statement to you.

If you received this statement as the payer of record on a mortgage on which there are other borrowers, furnish each of the other borrowers with information about the proper distribution of amounts reported on this form. Each borrower is entitled to deduct only the amount he or she paid and points paid by the seller that represent his or her share of the amount allowable as a deduction. Each borrower may have to include in income a share of any amount reported in box 3.

If your mortgage payments were subsidized by a government agency, you may not be able to deduct the amount of the subsidy. See the instructions for Form 1040, Schedule A, C, or E for how to report the mortgage interest. Also, for more information, see Pub. 936 and Pub. 535.

Payer's/Borrower's identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the issuer has reported your complete identification number to the IRS.

Account number. May show an account or other unique number the lender has assigned to distinguish your account.

Box 1. Shows the mortgage interest received by the recipient/lender during the year. This amount includes interest on any obligation secured by real property, including a home equity, line of credit, or credit card loan. This amount does not include points, government subsidy payments, or seller payments on a "buydown" mortgage. Such amounts are deductible by you only in certain circumstances. *Caution: If you prepaid interest in 2015 that accrued in full by January 15, 2016, this prepaid interest may be included in box 1. However, you cannot deduct the prepaid amount in 2015 even though it may be included in box 1.* If you hold a mortgage credit certificate and can claim the mortgage interest credit, see Form 8396. If the interest was paid on a mortgage, home equity, line of credit, or credit card loan secured by your personal residence, you may be subject to a deduction limitation.

Box 2. Not all points are reportable to you. Box 2 shows points you or the seller paid this year for the purchase of your principal residence that are required to be reported to you. Generally, these points are fully deductible in the year paid, but you must subtract seller-paid points from the basis of your residence. Other points not reported in box 2 may also be deductible. See Pub. 936 to figure the amount you can deduct.

Box 3. Do not deduct this amount. It is a refund (or credit) for overpayment(s) of interest you made in a prior year or years. If you itemized deductions in the year(s) you paid the interest, you may have to include part or all of the box 3 amount on the "Other income" line of your 2015 Form 1040. No adjustment to your prior year(s) tax return(s) is necessary. For more information, see Pub. 936 and *Itemized Deduction Recoveries* in Pub. 525.

Box 4. Shows mortgage insurance premiums which may qualify to be treated as deductible mortgage interest. See the Schedule A (Form 1040) instructions.

Box 5. The interest recipient may use this box to give you the other information, such as the address of the property that secures the debt, real estate taxes, or insurance paid from escrow.

Future developments. For the latest information about developments related to Form 1098 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form1098.

a Employee's Social Security Number [REDACTED]		b Employer Identification Number (EIN) 04-2468469	
c Employer's Name, Address and ZIP code American Residuals & Talent 26 Greggs Way Tamworth, NH 03886		1 Wages, Tips, other compensation 715.66	
d Control Number 124515		2 Federal Income Tax Withheld 23.10	
		4 Social Security Tax Withheld 44.37	
e Employee's first name and initial STEPHEN F SOLAK		5 Medicare wages and tips 715.66	
		6 Medicare tax withheld 10.38	
f Employee's address and ZIP code 7146 S BRENTWOOD RD FORT MYERS FL 33919		7 Social Security tips /	
		8 Allocated tips /	
g Employee's state ID number FL		9 Advanced EIC payment /	
		10 Dependent care benefits /	
h Employee's state ID number FL		11 Nonqualified plan /	
		12a See instructions for box 12 /	
i Employee's address and ZIP code 7146 S BRENTWOOD RD FORT MYERS FL 33919		13 Statutory Emp Retire Plan 3rd-party sick pay /	
		12b /	
j Employee's address and ZIP code 7146 S BRENTWOOD RD FORT MYERS FL 33919		14 Other /	
		12c /	
k Employee's address and ZIP code 7146 S BRENTWOOD RD FORT MYERS FL 33919		15 State FL	
		12d /	
16 State wages, tips, etc. 715.66		17 State income tax 0.00	
18 Local wages, tips, etc. /		19 Local income tax /	
20 Locality name /		/	

Form **W-2** Wage and Tax Data 2015 Department of Treasury --Internal Revenue

STEPHEN F SOLAK
 7146 S BRENTWOOD RD
 FORT MYERS FL 33919

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 \$ 30,642.42		OMB No. 1545-0119 2015 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy C For Recipient's Records	
		2a Taxable amount \$ 30,642.42				2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>
PAYER'S federal identification number ██████████	RECIPIENT'S identification number ██████████	3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 2,653.56		This information is being furnished to the Internal Revenue Service.
RECIPIENT'S name STEPHEN F SOLAK 7146 S BRENTWOOD RD FORT MYERS, FL 33919-6804		5 Employee contributions \$ 0.00		6 Net unrealized appreciation in employer's securities \$		
		7 Distribution code(s) 7	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 \$	13 State/Payer's state no.	14 State distribution \$		
Account number (see instructions) XXX-XX-██████		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

16JUN23PM021450E Lee JCF1

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return		38-2099803 OMB No. 1545-0008
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld
	5 Medicare wages and tips	6 Medicare tax withheld
c Employer's name, address, and ZIP code BACKSTAGE TECHNICIANS EMPLOYEE PAYROLLING INC. 3919 DEL PRADO BLVD S CAPE CORAL FL 33904-7150		
d Control number	1082	
e Employee's name, address, and ZIP code STEPHEN F SOLAK 7146 S BRENTWOOD FT MYERS FL 33919		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code
13 Statutory employee	14 Other	12b Code
Retirement plan		12c Code
Third-party sick pay		12d Code
FL	613.28	0.00
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 Dept. of the Treasury -- IRS
BW24UP NTF 2579558

Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)		38-2099803 OMB No. 1545-0008
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld
	5 Medicare wages and tips	6 Medicare tax withheld
c Employer's name, address, and ZIP code BACKSTAGE TECHNICIANS EMPLOYEE PAYROLLING INC. 3919 DEL PRADO BLVD S CAPE CORAL FL 33904-7150		
d Control number	1082	
e Employee's name, address, and ZIP code STEPHEN F SOLAK 7146 S BRENTWOOD FT MYERS FL 33919		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12
13 Statutory employee	14 Other	12b Code
Retirement plan		12c Code
Third-party sick pay		12d Code
FL	613.28	0.00
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 Dept. of the Treasury -- IRS
This information is being furnished to the IRS. 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.

W-2 Wage and Tax Statement 2015
 FL State Filing Copy
 OMB No. 1545-0008
 Copy 2 to be filed with employer's State Income Tax Return.

1	Wages, tips, other comp.	1117.73
2	Federal income tax withheld	21.00
3	Social security wages	1117.73
4	Social security tax withheld	69.30
5	Medicare wages and tips	1117.73
6	Medicare tax withheld	16.21
7	Social security tips	
8	Allocated tips	
9	Dependent care benefits	
10	Nonqualified plans	
11	Other	
12a	Stat emp.	
12b	Ret. plan	
12c	3rd party sick pay	

c/ Employer's name, address, and ZIP code
 PROFESSIONAL FACILITIES
 MANAGEMENT
 220 WEYBOSSSET STREET
 PROVIDENCE RI 02903

b/ Employer's FED ID number
 a/ Employer's SSA number

a/ Employer's name, address and ZIP code
 STEPHEN SOLAK
 7146 S BRENTWOOD RD
 FORT MYERS FL 33919

15 State Employer's state ID no. **16 State wages, tips, etc.**
FL

17 State income tax
18 Local wages, tips, etc.
19 Local income tax
20 Locality name

W-2 Wage and Tax Statement 2015
 FL State Reference Copy
 OMB No. 1545-0008
 Copy 2 to be filed with employee's State Income Tax Return.

1	Wages, tips, other comp.	1117.73
2	Federal income tax withheld	21.00
3	Social security wages	1117.73
4	Social security tax withheld	69.30
5	Medicare wages and tips	1117.73
6	Medicare tax withheld	16.21
7	Social security tips	
8	Allocated tips	
9	Dependent care benefits	
10	Nonqualified plans	
11	Other	
12a	Stat emp.	
12b	Ret. plan	
12c	3rd party sick pay	

c/ Employer's name, address, and ZIP code
 PROFESSIONAL FACILITIES
 MANAGEMENT
 220 WEYBOSSSET STREET
 PROVIDENCE RI 02903

b/ Employer's FED ID number
 a/ Employer's SSA number

a/ Employer's name, address and ZIP code
 STEPHEN SOLAK
 7146 S BRENTWOOD RD
 FORT MYERS FL 33919

15 State Employer's state ID no. **16 State wages, tips, etc.**
FL

17 State income tax
18 Local wages, tips, etc.
19 Local income tax
20 Locality name

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2015 W-2 and EARNINGS SUMMARY **Ultimate**
SOFTWARE

W-2 Employee Reference Copy **2015**
Wage and Tax Statement
Copy C for Employee Records

1 Wages, tips, other comp. 85239.27
2 Federal income tax withheld 10371.57
3 Social security wages 87951.57
4 Social security tax withheld 5453.00
5 Medicare wages and tips 87951.57
6 Medicare tax withheld 1275.30
d Control number Employer use only

e Employer's name, address, and ZIP code
FLORIDA CANCER SPECIALISTS, P.L.
4371 VERONICA S SHOEMA
FORT MYERS FL 33916

b Employer's FED ID number
65-0825133
7 Social security tips
8 Advance EIC payment
9 Dependent care benefits
10 Advance EIC payment
11 Nonqualified plans
11a See instructions for box 12
11b DD 2712.30
11c DD 6175.04
11d Other

33a emp inc pay 33b emp inc pay
X
z/1 Employer's name, address, and ZIP code
NANCY J SOLAK
7146 SOUTH BRENTWOOD ROAD
FORT MYERS FL 33919

15 State Employer's state ID no.
16 State wages, tips, etc.
17 State income tax
18 Local wages, tips, etc.
19 Local income tax
20 Locality name

This Earning Summary section is included with your W-2 to help describe portions in more detail.

1. The following information reflects your final pay statement plus employer adjustments that comprise your W-2 statement

Earnings Description	Wages, Tips, Other Comp.	Social Security Wages	Medicare Wages
Gross Wages	90410.65	90410.65	90410.65
Less Exempt Wages			
Less Deferred Comp	2712.30		
Less Housing/Transportation			
Less Dependent Care			
Less Sec 125	2459.08	2459.08	2459.08
Less Excess Wages			
Taxable Wages (Reported on Form W-2)	85239.27 Box 1 of W-2	87951.57 Box 3 of W-2	87951.57 Box 5 of W-2

2. Employee W-4 Profile To change your employee W-4 profile information, file a new W-4 with the payroll department

FIT: M 2 SIT Res: FLSIT S 0 SIT Work: FLSIT S 0

F F

Form **W-2 Wage and Tax Statement** 2015

c Employer's name, address, and ZIP code
 SCHOOL DISTRICT OF LEE COUNTY
 2855 COLONIAL BLVD.
 FORT MYERS FL 33966

7 Social security tips	1 Wages, tips, other compensation 4906.80	2 Federal income tax withheld 266.14
8 Allocated tips	3 Social security wages	4 Social security tax withheld
9	5 Medicare wages and tips 4906.80	6 Medicare tax withheld 71.15
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
13 <small>Statutory employee Retirement plan Third-party sick pay</small>	14 Other	12b
b Employer identification number (EIN) 59-6000701		12c
a Employee's social security number XXXXXXXXXX		12d

e Employee's name, address, and ZIP code
 STEPHEN F SOLAK
 7146 SOUTH BRENTWOOD ROAD
 FORT MYERS FL 33919

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
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Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.) OMB No. 1545-0008 Dept. of the Treasury - IRS Visit the IRS website at www.irs.gov/efile.

Form **W-2 Wage and Tax Statement** 2015

c Employer's name, address, and ZIP code
 SCHOOL DISTRICT OF LEE COUNTY
 2855 COLONIAL BLVD.
 FORT MYERS FL 33966

7 Social security tips	1 Wages, tips, other compensation 4906.80	2 Federal income tax withheld 266.14
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13 <small>Statutory employee Retirement plan Third-party sick pay</small>	14 Other	12b
b Employer identification number (EIN) 59-6000701		12c
a Employee's social security number XXXXXXXXXX		12d

e Employee's name, address, and ZIP code
 STEPHEN F SOLAK
 7146 SOUTH BRENTWOOD ROAD
 FORT MYERS FL 33919

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
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Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008 Dept. of the Treasury - IRS

Form **W-2 Wage and Tax Statement** 2015

c Employer's name, address, and ZIP code
 SCHOOL DISTRICT OF LEE COUNTY
 2855 COLONIAL BLVD.
 FORT MYERS FL 33966

7 Social security tips	1 Wages, tips, other compensation 4906.80	2 Federal income tax withheld 266.14
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13 <small>Statutory employee Retirement plan Third-party sick pay</small>	14 Other	12b
b Employer identification number (EIN) 59-6000701		12c
a Employee's social security number XXXXXXXXXX		12d

e Employee's name, address, and ZIP code
 STEPHEN F SOLAK
 7146 SOUTH BRENTWOOD ROAD
 FORT MYERS FL 33919

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
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Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008 Dept. of the Treasury - IRS

16JUN23PM0213 SDF LEE Co FI

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Lauer Real Estate Group 539 E. Park Ave-1 Tallahassee, FL 32301 850-942-2980		1 Rents \$ 9,300.00	OMB No. 1545-0115 2015 Form 1099-MISC	Miscellaneous Income Copy B For Recipient
		2 Royalties \$		
		3 Other income \$	4 Federal income tax withheld \$	
PAYER'S federal identification number 30-0522991	RECIPIENT'S identification number XXXXXXXXXX	5 Fishing boat proceeds \$	6 Medical and health care payments \$	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S name, address, ZIP/postal code & country Solak, Stephen 7146 S Brentwood Rd, Fort Myers, FL 33919		7 Nonemployee compensation \$	8 Substitute payments in lieu of dividends or interest \$	
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	
		11	12	
Account number (see instructions)	FATCA filing requirement <input type="checkbox"/>	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no.	18 State income \$

Form **1099-MISC** (keep for your records)

38-2099803
Department of the Treasury - Internal Revenue Service

16JUN23PM0213SHEL ee Co FI

BANK OF AMERICA, N.A.
TAX REPORTING
PO BOX 31785
TAMPA, FL 33631-3785

TAX STATEMENT FOR YEAR 2015

THIS STATEMENT REPORT 8 1098 (OMB No. 1545-0901),
DEPARTMENT OF THE TREASURY-INTERNAL REVENUE SERVICE.



BANK# 08075

STEPHEN F SOLAK
NANCY J SOLAK
7146 S BRENTWOOD RD
FORT MYERS FL 33919-6804

PAYER'S E.I.N. [REDACTED]

CUSTOMER SERVICE PHONE NUMBER 1-877-220-1098

TAXPAYER'S IDENTIFICATION NUMBER [REDACTED]
--

Form 1098: (1)*The information in boxes 1, 2, and 3 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points or because you did not report this refund of interest on your return.* (2)*Caution. The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.*



2015 - 1098, MORTGAGE INTEREST STATEMENT

ACCOUNT NUMBER	
RETAIL LINE 068218012297999	
BOX 1 MORTGAGE INTEREST*	4,616.76
PROPERTY DESCR: 7146 S BRENTWOOD RD	
STEPHEN F SOLAK	
NANCY J SOLAK	
TOTAL INTEREST/POINTS PAID	4,616.76

PLEASE NOTE: INQUIRIES REGARDING THESE ACCOUNTS SHOULD BE DIRECTED TO OUR CUSTOMER SERVICE PHONE NUMBER ABOVE. PLEASE CHECK YOUR TAXPAYER IDENTIFICATION NUMBER AND CALL THE NUMBER LISTED ABOVE IF IT IS INCORRECT.

TDD HEARING IMPAIRED PLEASE CALL 1-866-345-1260
THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE

W-2

Employee Reference Copy
 Wage and Tax
 Statement

2015

Copy C for Employee Records

1 Wages, tips, other comp.	85239.27	2 Federal income tax withheld	10371.57
3 Social security wages	87951.57	4 Social Security tax withheld	5453.00
5 Medicare wages and tips	87951.57	6 Medicare tax withheld	1275.30
d Control number	87951.57	Employer use only	

c Employer's name, address, and ZIP code
 FLORIDA CANCER SPECIALISTS, P.L.
 4371 VERONICA S SHOEMA
 FORT MYERS FL 33916

b Employer's EIN/ID number	a Employer's SSA number
7 Social security tips	g Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b
	12c
13a Start emp	13b
13c Inc date	13d
13e P-d party, etc. day	

e/f Employer's name, address, and ZIP code
 NANCY J SOLAK
 7146 SOUTH BRENTWOOD ROAD
 FORT MYERS FL 33919

15 State	Employer's state ID no.	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 & Tax Statement 2015 Dept. of the Treasury-IRS OMB No. 1545-0048

2015 W-2 and EARNINGS SUMMARY

Ultimate
 REPORT GROUP

This Earnings Summary section is included with your W-2 to help describe portions in more detail.
 1. The following information reflects your final pay statement plus employer adjustments that comprise your W-2 statement.

Earnings Description	Wages, Tips, Other Comp.	Social Security Wages	Medicare Wages
Gross Wages	90410.65	90410.65	90410.65
Less Exempt Wages			
Less Deferred Comp	2712.30		
Less Housing/Transportation			
Less Dependent Care			
Less Sec 125			
Less Excess Wages	2459.08	2459.08	2459.08
Taxable Wages (Reported on Form W-2)	85239.27 Box 1 of W-2	87951.57 Box 3 of W-2	87951.57 Box 5 of W-2

2. Employee W-4 Profile To change your employee W-4 profile information, file a new W-4 with the payroll department.

FIT: M 2 SIT Res: FLSIT S 0 SIT Work: FLSIT S 0

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Mortgage Interest Statement

2015

Form 1098

CAUTION: THIS INFORMATION may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number
NATIONSTAR MORTGAGE LLC
8950 CYPRESS WATERS BLVD
COPPELL, TX 75019,
1-888-480-2432

Copy B
For Payer/Borrower
The information in boxes 1, 2, and 3 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points or because you did not report this refund of interest on your return.

1	Mortgage interest received from payer(s)/borrower(s)*	\$ 9,485.51
2	Points paid on purchase of principal residence	\$ 0.00
3	Refund of overpaid interest	\$ 0.00
4	MIP	\$0.00
5		\$0.00
RECIPIENT'S federal identification no. PAYER'S social security number		[REDACTED]
Account number (see instructions)		[REDACTED]

PAYER'S/BORROWER'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code
STEPHEN F SOLAK
NANCY J SOLAK
7146 S BRENTWOOD RD
FORT MYERS FL 33919

16 JUN 2016 PM 02:13:50 E 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 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

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: _____

Stephen F Solak

Print Name: _____

Stephen F Solak

Date Signed: _____

6/23/16



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 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 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 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