

CANDIDATE OATH -
SCHOOL BOARD
NONPARTISAN OFFICE

16 JUN 2016 05:57 SUE LEE COP

OFFICE USE ONLY

OATH OF CANDIDATE

(Sections 99.021 and 105.031, Florida Statutes)

I, Melisa W Giovannelli

(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 School Board, 2,
(office) (district #)

NA, NA; 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.

Melisa W Giovannelli (239) 470-7487 melisagiovannelli@gmail.com
Signature of Candidate Telephone Number Email Address

5083 Lexington Blvd Fort Myers FL 33919
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 11156714

* 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):

MEELISA GOVANNELLI

STATE OF FLORIDA
COUNTY OF LEE

Sworn to (or affirmed) and subscribed before me this 22ND day of June, 2016.

Personally Known: _____ or

Produced Identification: X

Type of Identification Produced: FLDL

Cheryl Futch
Signature of Notary Public
Print Name of Notary Public
Notary Public - State of Florida
My Comm. Expires Feb 22, 2018
Commission # FF 66052
Bonded Through National Notary Assn.

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:
Giovanelli Melisa Watts

MAILING ADDRESS:
5083 Lexington Blvd

CITY: ZIP: COUNTY:
Fort Myers 33919 Lee

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
School Board District 2

CHECK IF THIS IS A FILING BY A CANDIDATE

1611022015/57 SALE Lee Co-F

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 22, 20 16 was \$ 1,132,991.87.

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 \$ 92,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
5083 Lexington Blvd Ft. Myers FL 33919	350,000.00
233 Vermont Way Lehigh Acres FL 33936	80,000.00
4385 Cortina Cir #121, Fort Myers FL 33916	50,000.00
211 Fox Mountain Run, Blue Ridge GA 30513	300,000.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Regions Bank- PO BOX 18001 Hattiesburg, MS 39404	168,540.83
Wells Fargo Home Mortgage - PO Box 14411 Des Moines IA 50306	37,447.81
Capital One Auto - Honda PO Box 60511 City of Industry CA 91716	14,250.80
CitiMortgage PO BOX 6243 Sioux Falls, SD 57117	175,398.87

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
American Express - PO BOX 650448 Dallas TX 75265	6,000.00

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
NA		

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
NA			

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	NA		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
DO 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 22ND day of June, 2016 by Melisa W. Giuvannelli

(Signature of Notary Public--State of Florida)
 (Print, Type, or Stamp Commissioned Name of Notary Public)
CHERYL FUTCH
 Notary Public - State of Florida
 My Comm. Expires Feb 22, 2018
 Commission # FF-66052
 Bonded Through National Notary Assn.

Personally Known _____ OR Produced Identification

Type of Identification Produced FLDL

Melisa W. Giuvannelli
 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

ADDITIONAL ASSETS

Promissory **Note & Mortgage** owed by Clarence and Dorrena Carder
2505 50TH ST W
LEHIGH ACRES FL 33971

\$30,000.00

Vacant Land

10420 Deer Run Farms Rd. Ft Myers FL 33912 \$175,000.00
1848 Octavia Street Lehigh Acres FL \$4000.00
1917 Dixie Way Lehigh Acres FL \$4000.00
1900 Dixie Way Lehigh Acres FL \$4000.00
410 Williams Ave Lehigh Acres FL \$3000.00
511 Wilson Drive, Interlachen FL 32148 \$3000.00

Sub Total 193,000.00

Honda Pilot 2013 \$25,000.00
Jeep Patriot 2014 \$17,000.00
Ford Pickup Truck 2010 \$20,000.00

Sub Total \$62,000.00

TOTAL \$255,000.00

Cash in accounts: \$9,749.02
5,000.00
2,022.16
21,220.69
\$37,991.87

Furniture & Assets: **\$30,000.00**

TOTAL \$352,991.87

1-14-11 11:22:03 AM / SALE LEAGUE

LEE COUNTY ELECTIONS
 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.	6	13180 S. TAMIAHMI TRAIL, #105, BONITA SPRINGS	7.
2.	7.	CAPE CORAL - ELECTIONS OFFICE	8.
3.	8.	CAPE CORAL LEE COUNTY LIBRARY	9.
4.	9.	CAPE CORAL - ELECTIONS OFFICE	10.
5.	10.	ESTERO RECREATION CENTER	

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

DATE	TIME	EVENT	LOCATION	PURPOSE
10-19-16	9:00 AM	logic and accuracy testing	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	immediately following	test vote by mail ballot tabulators	Lee County Elections Office	Test the vote by mail ballot tabulating equipment to be used in the election
10-26-16	9:00 AM	initial canvass of the vote by mail	Lee County Elections Office	Initial Canvass the vote by mail ballots received to date for the election
10-28-16	Friday at 9:00 AM	Thursday at 9:00 AM	Lee County Elections Office	Review of vote-by-mail ballots
11-03-16	Monday at 7:00 PM	Monday at 7:00 PM	Lee County Elections Office	Review of vote-by-mail ballots
11-08-16	Tuesday	review of vote-by-mail ballots	Lee County Elections Office	Review of vote-by-mail ballots and receive "unofficial" election night results
11-11-16	3:00 PM	canvass of write-in votes	Lee County Elections Office	Canvass of provisional ballots, if any
11-18-16	9:00 AM	canvass and count overseas vote-by-mail ballots	Lee County Elections Office	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	9:00 AM	post election manual audit	Lee County Elections Office	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

LEE COUNTY ELECTIONS
 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.	6.	13180 S. TAMIAHMI TRAIL, #105, BONITA SPRINGS	7.
2.	7.	CAPE CORAL - ELECTIONS OFFICE	8.
3.	8.	CAPE CORAL LEE COUNTY LIBRARY	9.
4.	9.	CAPE CORAL - ELECTIONS OFFICE	10.
5.	10.	ESTERO RECREATION CENTER	

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

DATE	TIME	EVENT	LOCATION	PURPOSE
08-17-16	9:00 AM	logic and accuracy testing	Lee County Election Center	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	immediately following	test vote by mail ballot	Lee County Elections Office	Test the vote by mail ballot tabulating equipment to be used in the election
08-17-16	Thursday at 9:00 AM	Thursday at 9:00 AM	Lee County Elections Office	Review of vote-by-mail ballots
08-25-16	Monday at 3:00 PM	Monday at 3:00 PM	Lee County Elections Office	Review of vote-by-mail ballots
08-30-16	4:00 PM	review of vote-by-mail ballots	Lee County Elections Office	Review of vote-by-mail ballots and receive "unofficial" election night results
09-02-16	1:00 PM	canvass of provisional ballots	Lee County Elections Office	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	9:00 AM	post-election manual audit	Lee County Elections Office	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: *Sharon L. Harrington*
 Print Name: Sharon L. Harrington

Date Signed: 8/22/16
 Print Name: Melissa W. Grovansell

U.S. Income Tax Return for an S Corporation

2015

Department of the Treasury Internal Revenue Service

Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.

Information about Form 1120S and its separate instructions is at www.irs.gov/form1120s.

For calendar year 2015 or tax year beginning ending

Header section containing: A Selection effective date (1/1/2013), B Business activity code number (531210), C Check if Sch. M-3 attached, D Employer identification number (46-2172684), E Date incorporated (1/1/2013), F Total assets, G Is the corporation electing to be an S corporation, H Check if: (1) Final return, (2) Name change, (3) Address change, (4) Amended return, (5) S election termination or revocation, I Enter the number of shareholders.

Caution: Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Main table with columns for Income, Deductions, and Tax and Payments. Rows include: 1a Gross receipts or sales (96,132), 1b Returns and allowances, 1c Balance (96,132), 2 Cost of goods sold, 3 Gross profit (96,132), 4 Net gain (loss), 5 Other income (loss), 6 Total income (loss) (96,132), 7-21 Deductions (Total 75,548), 22a-22b Excess net passive income or LIFO recapture tax, 22c Add lines 22a and 22b (0), 23a-23c 2015 estimated tax payments and 2014 overpayment credited to 2015, 23d Add lines 23a through 23c (0), 24 Estimated tax penalty, 25 Amount owed (0), 26 Overpayment (0), 27 Enter amount from line 26 Credited to 2016 estimated tax (0).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, 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.

Sign Here: Signature of officer (John C Joanides), Date, Title (President), and a box for 'May the IRS discuss this return with the preparer shown below (see instructions)?' with Yes checked.

Paid Preparer Use Only section containing: Print/Type preparer's name (John C Joanides), Preparer's signature (John C Joanides), Date (3/10/2016), Check if self-employed, PTIN (P00337642), Firm's name (John C Joanides CPA PA), Firm's address (7345 Davis Blvd), City (Naples), State (FL), Firm's EIN (20-8240956), Phone no. ((239) 775-6044), ZIP code (34104).

Schedule B Other Information (see instructions)

- 1 Check accounting method: a Cash b Accrual
c Other (specify) ▶ _____
- 2 See the instructions and enter the:
a Business activity ▶ Real Estate b Product or service ▶ Sales & Management
- 3 At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation X
- 4 At the end of the tax year, did the corporation:
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made

- b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below X

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

- 5 a At the end of the tax year, did the corporation have any outstanding shares of restricted stock? X
If "Yes," complete lines (i) and (ii) below.
(i) Total shares of restricted stock ▶ _____
(ii) Total shares of non-restricted stock ▶ _____
- b At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? X
If "Yes," complete lines (i) and (ii) below.
(i) Total shares of stock outstanding at the end of the tax year ▶ _____
(ii) Total shares of stock outstanding if all instruments were executed ▶ _____
- 6 Has this corporation filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction? X
- 7 Check this box if the corporation issued publicly offered debt instruments with original issue discount
If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.
- 8 If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (see instructions) ▶ \$ _____
- 9 Enter the accumulated earnings and profits of the corporation at the end of the tax year. \$ _____
- 10 Does the corporation satisfy both of the following conditions?
a The corporation's total receipts (see instructions) for the tax year were less than \$250,000 X
b The corporation's total assets at the end of the tax year were less than \$250,000 X
If "Yes," the corporation is not required to complete Schedules L and M-1.
- 11 During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? X
If "Yes," enter the amount of principal reduction \$ _____
- 12 During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions X
- 13 a Did the corporation make any payments in 2015 that would require it to file Form(s) 1099? X
b If "Yes," did the corporation file or will it file required Forms 1099? X

Schedule K		Shareholders' Pro Rata Share Items (continued)	Total amount	
Other Information	17a	Investment income	17a	
	b	Investment expenses	17b	
	c	Dividend distributions paid from accumulated earnings and profits	17c	
	d	Other items and amounts (attach statement)		
Reconciliation	18	Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14l	18	75,548

Schedule L		Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)		
1	Cash						
2a	Trade notes and accounts receivable						
b	Less allowance for bad debts		0				0
3	Inventories						
4	U.S. government obligations						
5	Tax-exempt securities (see instructions)						
6	Other current assets (attach statement)						
7	Loans to shareholders						
8	Mortgage and real estate loans						
9	Other investments (attach statement)						
10a	Buildings and other depreciable assets						
b	Less accumulated depreciation		0				0
11a	Depletable assets						
b	Less accumulated depletion		0				0
12	Land (net of any amortization)						
13a	Intangible assets (amortizable only)						
b	Less accumulated amortization		0				0
14	Other assets (attach statement)						
15	Total assets		0				0
Liabilities and Shareholders' Equity							
16	Accounts payable						
17	Mortgages, notes, bonds payable in less than 1 year						
18	Other current liabilities (attach statement)						
19	Loans from shareholders						
20	Mortgages, notes, bonds payable in 1 year or more						
21	Other liabilities (attach statement)						
22	Capital stock						
23	Additional paid-in capital						
24	Retained earnings						
25	Adjustments to shareholders' equity (attach statement)						
26	Less cost of treasury stock						
27	Total liabilities and shareholders' equity		0				0

1-10-15 11:15 AM EST

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note: The corporation may be required to file Schedule M-3 (see instructions)

1	Net income (loss) per books		5	Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):		a	Tax-exempt interest \$	0
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14l (itemize):		6	Deductions included on Schedule K, lines 1 through 12 and 14l, not charged against book income this year (itemize):	
a	Depreciation \$		a	Depreciation \$	0
b	Travel and entertainment \$	0	7	Add lines 5 and 6	0
4	Add lines 1 through 3	0	8	Income (loss) (Schedule K, line 18). Line 4 less line 7	0

Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1 Balance at beginning of tax year	64,727		
2 Ordinary income from page 1, line 21	75,548		
3 Other additions			
4 Loss from page 1, line 21			
5 Other reductions	737		
6 Combine lines 1 through 5	139,538	0	0
7 Distributions other than dividend distributions			
8 Balance at end of tax year. Subtract line 7 from line 6	139,538	0	0

11/11/2015 10:03:03 AM SEE LEE C01-1

**Schedule K-1
(Form 1120S)**
Department of the Treasury
Internal Revenue Service

2015

For calendar year 2015, or tax
year beginning _____, 2015
ending _____, 20____

**Shareholder's Share of Income, Deductions,
Credits, etc.** ▶ See back of form and separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number
46-2172684

B Corporation's name, address, city, state, and ZIP code
Melisa Giovannelli PA
5083 Lexington Blvd
Ft Myers, FL 33919

C IRS Center where corporation filed return
e-file

Part II Information About the Shareholder

D Shareholder's identifying number Shareholder: 1
266-83-0823

E Shareholder's name, address, city, state, and ZIP code
Melisa Giovannelli
5083 Lexington Blvd.
Ft Myers, FL 33919

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

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

1	Ordinary business income (loss)	13	Credits
	75,548		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
11	Section 179 deduction	16	Items affecting shareholder basis
		C	737
12	Other deductions		
		17	Other information

For IRS Use Only

* See attached statement for additional information.

Melisa Giovannelli

K-1 Statement (Sch K-1, Form 1120S)

Line 16 - Items affecting shareholder basis

C Code C - Nondeductible expenses

C

737

266-83-0823

1407227 2175 80901422011131

Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns

OMB No. 1545-0233

▶ **File a separate application for each return.**
▶ **Information about Form 7004 and its separate instructions is at www.irs.gov/form7004.**

Print or Type	Name	Identifying number
	Melisa Giovannelli PA	46-2172684
	Number, street, and room or suite no. (If P.O. box, see instructions.)	
	5083 Lexington Blvd	
City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)).		
Ft Myers, FL 33919		

Note. File request for extension by the due date of the return for which the extension is granted. See instructions before completing this form.

Part I Automatic 5-Month Extension

1a Enter the form code for the return that this application is for (see below)

Application Is For:	Form Code	Application Is For:	Form Code
Form 1065	09	Form 1041 (estate other than a bankruptcy estate)	04
Form 8804	31	Form 1041 (trust)	05

Part II Automatic 6-Month Extension

b Enter the form code for the return that this application is for (see below) 25

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND (section 4951 taxes)	20
Form 706-GS(n)	02	Form 1120-PC	21
Form 1041 (bankruptcy estate only)	03	Form 1120-POL	22
Form 1041-N	06	Form 1120-REIT	23
Form 1041-QFT	07	Form 1120-RIC	24
Form 1042	08	Form 1120S	25
Form 1065-B	10	Form 1120-SE	26
Form 1066	11	Form 3520-A	27
Form 1120	12	Form 8612	28
Form 1120-C	34	Form 8613	29
Form 1120-F	15	Form 8725	30
Form 1120-FSG	16	Form 8831	32
Form 1120-H	17	Form 8876	33
Form 1120-L	18	Form 8924	35
Form 1120-ND	19	Form 8928	36

2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here

3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here

If checked, attach a statement, listing the name, address, and Employer Identification Number (EIN) for each member covered by this application.

Part III All Filers Must Complete This Part

4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here

5a The application is for calendar year 20 15, or tax year beginning _____, 20____, and ending _____, 20____

b **Short tax year.** If this tax year is less than 12 months, check the reason:

<input type="checkbox"/> Change in accounting period	<input type="checkbox"/> Consolidated return to be filed	<input type="checkbox"/> Initial return	<input type="checkbox"/> Final return
		<input type="checkbox"/> Other (see instructions-attach explanation)	

6 Tentative total tax	6	0
7 Total payments and credits (see instructions)	7	0
8 Balance due. Subtract line 7 from line 6 (see instructions)	8	0

Electronic Filing Information (1120/1120S/1120F)

Signature Method

Option (1) Using Practitioner PIN. Use Section (A) below.

Date return prepared

3/10/2016

Option (2) Scanned 8453

PIN Information (Enter information below)

(A) Practitioner PIN:			
	PIN (5 Digits)	TP entered	ERO entered
Taxpayer PIN:	12345	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ERO PIN:	73452		

EFIN

Enter your 6-digit EFIN number. You can enter EFINs in the Paid Preparer Table.

EFIN: 604447

Submission ID

The Submission ID for this e-File will be computed automatically when an EFIN is entered above. It will only be regenerated if a 'Rejected by EFC' or 'Rejected by Agency' acknowledgement is received and the e-File is recreated.

Submission ID: 6044472016039ock59bh

Name Control

[Click here to see Knowledge Base Document 14500, for more information on Name Controls](#)

MELI

Corporate Information

Name of corporation Melisa Giovannelli PA			Employer identification no. 46-2172684	
Street address 5083 Lexington Blvd				
Address continuation			In care of name	
City Ft Myers		State FL	ZIP code 33919	Daytime phone
Foreign country	Foreign province/county		Foreign postal code	Foreign phone number
Email address				
Officer first name Melisa	M.I. 	Officer last name Giovannelli	Title President	Date signed 3/10/2016
Email address		Phone	Foreign phone number	

ERO

(Enter data in the Preparer Manager)

ERO's name John C Joanides		Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN P00337642
Firm's name John C Joanides CPA PA			ERO's EIN 20-8240956
Address 7345 Davis Blvd			Phone (239) 775-6044
City Naples		State FL	ZIP code 34104
Email address john@joanidescpa.com		Foreign phone number	

Paid Preparer

(Enter data in the Preparer Manager)

Paid preparer's name John C Joanides		Non-paid prep type	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN P00337642
Firm's name John C Joanides CPA PA			EIN 20-8240956	
Address 7345 Davis Blvd			Phone (239) 775-6044	
City Naples		State FL	ZIP code 34104	Foreign country
Email address john@joanidescpa.com		Foreign phone number		

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

Attachment
Sequence No. 179

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return Melisa Giovannelli PA	Business or activity to which this form relates 1120S - Real Estate	Identifying number 46-2172684
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	0

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7 Listed property. Enter the amount from line 29	7		0
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7			0
9 Tentative deduction. Enter the smaller of line 5 or line 8			0
10 Carryover of disallowed deduction from line 13 of your 2014 Form 4562			
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)			
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11			0
13 Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	▶ 13	0	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2015	17	139
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	3,050
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	3,189
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? [X] Yes [] No
24b If "Yes," is the evidence written? [X] Yes [] No
Table with columns (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions). 25
26 Property used more than 50% in a qualified business use:
2013 Honda 6/14/2013 100.00% 35,727 29,327 5 200DB - HY 3,050
27 Property used 50% or less in a qualified business use:
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 3,050
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 0

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with columns (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6.
30 Total business/investment miles driven during the year (do not include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours? Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person? Yes No
36 Is another vehicle available for personal use? Yes No

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No X
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners Yes No X
39 Do you treat all use of vehicles by employees as personal use? X
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? X
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) X
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.
42 Amortization of costs that begins during your 2015 tax year (see instructions):
43 Amortization of costs that began before your 2015 tax year 43 30
44 Total. Add amounts in column (f). See the instructions for where to report 44 30



Reemployment Tax Rate Notice

RT-20
R. 11/15

This is not a bill, retain for your records.

0337893 T-01236 *****SCH 5-DIGIT 33916
 MELISA GIOVANNELLI
 PO BOX 61124
 FORT MYERS, FL 33906-1124



RT Account Number	Effective Date of Rate
3202091	01/01/2016
Mailed on or Before	Date to be Rated
12/15/2015	04/01/2016
Protest Deadline	Reason Code (see back)
01/04/2016	F

1	2	3	4	5	6	7
Multiplier	Benefit Charges (3 years below)	Rate Calculation Wages (3 years below)	Benefit Ratio	Variable Adj. Factor (4) X (1)	Final Adj. Factor	Tax Rate

.3091 0.00 ÷ 8,000.00 = .0000 + .0000 + .0007 = .0270

By law, no employer's rate can be lower than the minimum rate of .0010.

Current tax rates are computed using only the quarters listed below

Quarter	Year	Benefit Charges	Taxable Wages Reported Timely	Wages Used in Rate Calculation *
3	2012	0.00	0.00	0.00
4	2012	0.00	0.00	0.00
1	2013	0.00	0.00	0.00
2	2013	0.00	0.00	0.00
3	2013	0.00	0.00	0.00
4	2013	0.00	8,000.00	0.00
1	2014	0.00	5,000.00	5,000.00
2	2014	0.00	3,000.00	3,000.00
3	2014	0.00	0.00	0.00
4	2014	0.00	0.00	0.00
1	2015	0.00	0.00	0.00
2	2015	0.00	0.00	0.00

* Wages reported for the first payroll quarter are specifically excluded from the rate calculation.

IMPORTANT

APPEAL RIGHTS: This is official notification of your tax rate determination. If you disagree with the determination, you may file a written protest, which must include a short and concise statement of the facts and grounds for disagreement. To be considered timely, the protest must be postmarked on or before the protest deadline date listed on this notice. Mail the protest to **Department of Revenue, P.O. Box 6510, Tallahassee, Florida, 32314-6510.**

Section 443.131(3)(i), Florida Statutes (F.S.), does not allow an employer to contest the chargeability of benefits to the employer's account, in any proceeding involving the employer's tax rate, when the employer was a party to the determination, redetermination, or decision issued by the Department of Economic Opportunity, Reemployment Assistance Program, pursuant to s. 443.151, F.S.



Payrolls by Paychex, Inc.
TEAR THIS STUB OFF BEFORE FILING

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Form 1099-MISC MISCELLANEOUS INCOME 16-033 1690

Department of the Treasury - Internal Revenue Service

www.irs.gov/form1099misc

RECIPIENT'S name, street address, city or town, state or province, country, ZIP or and ZIP or foreign postal code.
 PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

RECIPIENT'S identification number 46-2172684
 PAYER'S Federal identification number 26-3788480

Account number (see instructions) 0903-18035413
 FATCA filing requirement 8 16020

RECIPIENT'S identification number 46-2172684
 PAYER'S Federal identification number 26-3788480

CALENDAR YEAR 2015

1	Rents	\$
2	Royalties	\$
3	Other income	\$
4	Federal income tax withheld	\$
5	Fishing boat proceeds	\$
6	Medical and health care payments	\$
7	Nonemployee compensation	96132.06
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	\$
10	Crop insurance proceeds	\$
11		\$
12		\$
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	\$

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.

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Form 1099-MISC MISCELLANEOUS INCOME 16-033 1690

PA
GIOVANNELLI: 2015 TAXES

PHONE/FAX/I-NET: \$ 1425.60 ✓

CELL PHONE: 2398.08 ✓

FEES / INSURANCE: 1343.80 ✓

HONDA: REPAIRS/SERVOCE/TIRES: 1269.76

GAS: 2006.32

ADVERTISING: 419.40 ✓

OFFICE SUPPLIES: 1572.21 ✓

TOLLS 123.00 ✓

CLIENT GIFTS 1619.33 ✓

RESTAURANT 1472.75 ✓

REAL ESTATE: GENERAL EXPENSES: \$ 4882.38 ✓

1-107ae } HFS 6370144228 11 21