

**CANDIDATE OATH –
SCHOOL BOARD
NONPARTISAN OFFICE**

Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate

OFFICE USE ONLY

Candidate Oath

(Sections 99.021(1)(a) and 105.031, Florida Statutes)

I, Melisa W Giovannelli

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box . (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

I 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.

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

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): *[Not applicable to write-in candidates.]*
MEELISA GIOVANNELLI

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

STATE OF FLORIDA
COUNTY OF LEE

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



Sworn to (or affirmed) and subscribed before me by physical or online presence this 11 day of June, 20 20
Personally Known: or Produced Identification: _____
Type of Identification Produced: _____

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

Melisa W. Giovannelli

3. Address (include post office box or street, city, state, zip code)

5083 Lexington Blvd
Fort Myers, FL 33919

4. Telephone

(239) 470-7487

5. E-mail address

melisagiovannelli@gmail.com

6. Office sought (include district, circuit, group number)

Lee County School Board, District 2

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

~~Sandy King~~ Melisa W. Giovannelli

11. Mailing Address

5083 Lexington Blvd

12. Telephone

039 470-7487

13. City

Fort Myers

14. County

Lee

15. State

FL

16. Zip Code

33919

17. E-mail address

MelisaGiovannelli@gmail.com

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

Iberia Bank

20. Address

4670 Summerlin Rd

21. City

Fort Myers

22. County

Lee

23. State

Florida

24. Zip Code

33919

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

6/10/20

26. Signature of Candidate

Melisa W. Giovannelli

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Melisa W Giovannelli, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

6/10/20
Date

Sandra A King
Signature of Campaign Treasurer or Deputy Treasurer

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:
 Giovennelli 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

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2019 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 8, 20 2020 was \$ 1,240,000.00.

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 \$ 40,000.00

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	140,000.00
211 Fox Mountain Crossing, Blue Ridge GA 30513	325,000.00

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	94,000.00
Wells Fargo Home Mortgage PO BOX 14411 Des Moines IA 50306	23,000.00
Citi Mortgage PO BOX 6243 Sioux Falls SD 57117	153,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Citi - Costo PO BOX 790046 St Louis MO 63179	1,000.00
Fort Motor Credit PO BOX 650575 Dallas TX 75265	20,000.00

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 2019 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 2019 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2019 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
Lee County School District	2855 Colonial Blvd. Ft Myers FL 33966	40,500.00

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
See Attached	Real Estate		

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

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

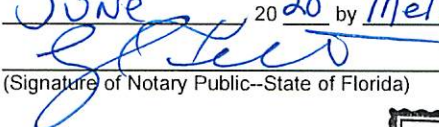
PART F - TRAINING

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

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

OATH

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

STATE OF FLORIDA
 COUNTY OF LEE
 Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 11 day of
JUNE 2020 by Melissa Giovannelli

 (Signature of Notary Public--State of Florida)


 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

(Print, Type, or Stamp Commissioned Name of Notary Public) **CHERYL FUTCH**
 MY COMMISSION # GG 154203
 Produced Identific **EXPIRES: February 22, 2022**
 Bonded Thru Notary Public Underwriters
 Personally Known X OR Produced Identific
 Type of Identification Produced _____

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

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

 Signature Date

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

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

**Federal
Tax Return**

Melisa Giovannelli PA

2019

**John C Joanides CPA PA
7345 Davis Blvd
Naples, FL 34104
Phone: (239) 775-6044
Fax: 813-4365247
john@joanidescpa.com**

U.S. Income Tax Return for an S Corporation

▶ Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.
▶ Go to www.irs.gov/Form1120S for instructions and the latest information.

For calendar year 2019 or tax year beginning _____, ending _____

A S election effective date 1/1/2013	TYPE OR PRINT	Name Melisa Giovannelli PA	D Employer identification number 46-██████████
B Business activity code number (see instructions) 531210		Number, street, and room or suite no. If a P.O. box, see instructions. 5083 Lexington Blvd	E Date incorporated 1/1/2013
C Check if Sch. M-3 attached <input type="checkbox"/>		City or town State ZIP code Ft Myers FL 33919	F Total assets (see instructions) 0
		Foreign country name Foreign province/state/county Foreign postal code	

G Is the corporation electing to be an S corporation beginning with this tax year? Yes No If "Yes," attach Form 2553 if not already filed

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 who were shareholders during any part of the tax year **1**

J Check if corporation: (1) Aggregated activities for section 465 at-risk purposes (2) Grouped activities for section 469 passive activity purposes

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

Income	1a	Gross receipts or sales	1a	53,537
	b	Returns and allowances	1b	
	c	Balance. Subtract line 1b from line 1a	1c	53,537
	2	Cost of goods sold (attach Form 1125-A)	2	
	3	Gross profit. Subtract line 2 from line 1c	3	53,537
	4	Net gain (loss) from Form 4797, line 17 (attach Form 4797)	4	
5	Other income (loss) (see instructions—attach statement)	5		
6	Total income (loss). Add lines 3 through 5	6	53,537	
Deductions (see instructions for limitations)	7	Compensation of officers (see instructions — attach Form 1125-E)	7	
	8	Salaries and wages (less employment credits)	8	
	9	Repairs and maintenance	9	
	10	Bad debts	10	
	11	Rents	11	
	12	Taxes and licenses	12	
	13	Interest (see instructions)	13	
	14	Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	14	
	15	Depletion (Do not deduct oil and gas depletion.)	15	1,639
	16	Advertising	16	
	17	Pension, profit-sharing, etc., plans	17	2,414
	18	Employee benefit programs	18	
	19	Other deductions (attach statement)	19	
	20	Total deductions. Add lines 7 through 19	20	15,941
	21	Ordinary business income (loss). Subtract line 20 from line 6	21	19,994
Tax and Payments	22a	Excess net passive income or LIFO recapture tax (see instructions)	22a	
	b	Tax from Schedule D (Form 1120-S)	22b	
	c	Add lines 22a and 22b (see instructions for additional taxes)	22c	0
	23a	2019 estimated tax payments and 2018 overpayment credited to 2019	23a	
	b	Tax deposited with Form 7004	23b	
	c	Credit for federal tax paid on fuels (attach Form 4136)	23c	
	d	Reserved for future use	23d	
	e	Add lines 23a through 23d	23e	0
	24	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	24	0
	25	Amount owed. If line 23e is smaller than the total of lines 22c and 24, enter amount owed	25	0
26	Overpayment. If line 23e is larger than the total of lines 22c and 24, enter amount overpaid	26	0	
27	Enter amount from line 26: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	27	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 3/25/2020	President Title
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May the IRS discuss this return with the preparer shown below? See instructions. Yes No

Paid Preparer Use Only

Print/Type preparer's name John C Joanides	Preparer's signature John C Joanides	Date 3/25/2020	Check <input type="checkbox"/> if self-employed PTIN P00337642
Firm's name John C Joanides CPA PA		Firm's EIN 20-8240956	
Firm's address 7345 Davis Blvd		Phone no. (239) 775-6044	
City Naples	State FL	ZIP code 34104	

Schedule B Other Information (see instructions) (continued)

	Yes	No
12 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 ▶ \$		
13 During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		X
14a Did the corporation make any payments in 2019 that would require it to file Form(s) 1099?		X
b If "Yes," did the corporation file or will it file required Form(s) 1099?		X
15 Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
If "Yes," enter the amount from Form 8996, line 14 ▶ \$		

Schedule K Shareholders' Pro Rata Share Items

		Total amount
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1 33,543
	2 Net rental real estate income (loss) (attach Form 8825)	2
	3a Other gross rental income (loss) 3a	
	b Expenses from other rental activities (attach statement) 3b	
	c Other net rental income (loss). Subtract line 3b from line 3a 3c	0
	4 Interest income 4	
	5 Dividends: a Ordinary dividends 5a	
	b Qualified dividends 5b	
	6 Royalties 6	
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120-S)) 7	
8a Net long-term capital gain (loss) (attach Schedule D (Form 1120-S)) 8a		
b Collectibles (28%) gain (loss) 8b		
c Unrecaptured section 1250 gain (attach statement) 8c		
9 Net section 1231 gain (loss) (attach Form 4797) 9		
10 Other income (loss) (see instructions) Type ▶ 10		
Deductions	11 Section 179 deduction (attach Form 4562) 11	
	12a Charitable contributions 12a	
	b Investment interest expense 12b	
	c Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶ 12c(2)	
d Other deductions (see instructions) Type ▶ 12d		
Credits	13a Low-income housing credit (section 42(j)(5)) 13a	
	b Low-income housing credit (other) 13b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) 13c	
	d Other rental real estate credits (see instructions) Type ▶ 13d	
	e Other rental credits (see instructions) Type ▶ 13e	
	f Biofuel producer credit (attach Form 6478) 13f	
	g Other credits (see instructions) Type ▶ 13g	
Foreign Transactions	14a Name of country or U.S. possession ▶	
	b Gross income from all sources 14b	
	c Gross income sourced at shareholder level 14c	
	Foreign gross income sourced at corporate level	
	d Reserved for future use 14d	
	e Foreign branch category 14e	
	f Passive category 14f	
	g General category 14g	
	h Other (attach statement) 14h	
	Deductions allocated and apportioned at shareholder level	
	i Interest expense 14i	
	j Other 14j	
	Deductions allocated and apportioned at corporate level to foreign source income	
	k Reserved for future use 14k	
	l Foreign branch category 14l	
	m Passive category 14m	
	n General category 14n	
	o Other (attach statement) 14o	
Other information		
p Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued ▶ 14p		
q Reduction in taxes available for credit (attach statement) 14q		
r Other foreign tax information (attach statement)		

Schedule K		Shareholders' Pro Rata Share Items (continued)	Total amount	
Alternative Minimum Tax (AMT) Items	15a	Post-1986 depreciation adjustment	15a	
	b	Adjusted gain or loss	15b	
	c	Depletion (other than oil and gas)	15c	
	d	Oil, gas, and geothermal properties—gross income	15d	
	e	Oil, gas, and geothermal properties—deductions	15e	
	f	Other AMT items (attach statement)	15f	
Items Affecting Shareholder Basis	16a	Tax-exempt interest income	16a	
	b	Other tax-exempt income	16b	
	c	Nondeductible expenses	16c	
	d	Distributions (attach statement if required) (see instructions)	16d	2,154
	e	Repayment of loans from shareholders	16e	
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 14p	18	33,543

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

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.

<p>1 Net income (loss) per books</p> <p>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)</p> <p>3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14p (itemize):</p> <p style="padding-left: 20px;">a Depreciation \$</p> <p style="padding-left: 20px;">b Travel and entertainment \$</p> <p>4 Add lines 1 through 3</p>	0	0	<p>5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):</p> <p style="padding-left: 20px;">a Tax-exempt interest \$</p> <p>6 Deductions included on Schedule K, lines 1 through 12 and 14p, not charged against book income this year (itemize):</p> <p style="padding-left: 20px;">Depreciation \$</p> <p style="padding-left: 20px;">a</p> <p>7 Add lines 5 and 6</p> <p>8 Income (loss) (Schedule K, line 18). Subtract line 7 from line 4</p>	0	0	0	0
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Schedule M-2 Analysis of Accumulated Adjustments Account, Shareholders' Undistributed Taxable Income Previously Taxed, Accumulated Earnings and Profits, and Other Adjustments Account
(see instructions)

	(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
1 Balance at beginning of tax year	269,457			
2 Ordinary income from page 1, line 21	33,543			
3 Other additions				
4 Loss from page 1, line 21				
5 Other reductions	2,154			
6 Combine lines 1 through 5	300,846	0	0	0
7 Distributions				
8 Balance at end of tax year. Subtract line 7 from line 6	300,846	0	0	0

Schedule K-1 (Form 1120-S)

Department of the Treasury Internal Revenue Service

2019

For calendar year 2019, or tax year

beginning [] ending []

Shareholder's Share of Income, Deductions, Credits, etc.

See back of form and separate instructions.

Table with 4 columns: Line number, Description, Column number, and Amount. Rows include Ordinary business income (loss) 33,543, Net rental real estate income (loss), Interest income, Ordinary dividends, Qualified dividends 14, Foreign transactions, Net short-term capital gain (loss), Net long-term capital gain (loss), Collectibles (28%) gain (loss), Unrecaptured section 1250 gain, Net section 1231 gain (loss), Other income (loss) 15, Alternative minimum tax (AMT) items, Section 179 deduction 16, C, Items affecting shareholder basis, Other deductions, Other information V*, See Attached Stmt, AA, 33,543. Includes checkboxes for at-risk and passive activity purposes.

Part I Information About the Corporation

A Corporation's employer identification number 46-... 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 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%

For IRS Use Only

* See attached statement for additional information.



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

Line 16 - Items affecting shareholder basis

C Code C - Nondeductible expenses C 2,154

Line 17 - Other Information

AA Code AA - Excess taxable income AA 33,543

Section 199A Information (Code V)

Income Items	Non-SSTB	SSTB
Ordinary Income	<u>33,543</u>	<u>0</u>

Additional Information

Section 199A unadjusted basis	<u>34,564</u>	<u>0</u>
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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.**
 ► **Go to www.irs.gov/Form7004 for instructions and the latest information.**

**Print
or
Type**

Name Melisa Giovannelli PA	Identifying number 46-██████████
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. See instructions before completing this form.

Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns. See instructions.

1 Enter the form code for the return listed below that this application is for **25**

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND, section 1951(a), 25	
Form 1041 (bankruptcy estate only)	03	Form 1120-PC	21
Form 1041 (trust)	05	Form 1120-REIT	23
Form 1041-QFT	07	Form 1120S	25
Form 1065	09	Form 3520-A	27
Form 1120	12	Form 8613	29
Form 1120-F	15	Form 8804	31
Form 1120-H	17	Form 8876	33
Form 1120-ND	19	Form 8928	36

Part II All Filers Must Complete This Part

- 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.
- 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 19, or tax year beginning _____, 20 _____, and ending _____, 20 _____
- b **Short tax year.** If this tax year is less than 12 months, check the reason: Initial return Final return
 Change in accounting period Consolidated return to be filed 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

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment
Sequence No. **179**

Name(s) shown on return Melisa Giovannelli PA	Business or activity to which this form relates 1120S - Real Estate	Identifying number 46-██████████
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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
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		
		8
9 Tentative deduction. Enter the smaller of line 5 or line 8		
		9
10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562.		
		10
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions		
		11
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11		
		12
13 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12		
		13

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't 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 (Don't include listed property. See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2019	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"/>	18	

Section B - Assets Placed in Service During 2019 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	
				MM	S/L	

Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	1,500
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	1,639
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	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, 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? <input type="checkbox"/> Yes <input type="checkbox"/> No					24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/ investment use only)	(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	80.00%	35,727	22,182	5	200DB - HY	1,500		
27 Property used 50% or less in a qualified business use:									
		%				S/L -			
		%				S/L -			
		%				S/L -			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	1,500	
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.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't 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?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

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 aren't 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
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		
39 Do you treat all use of vehicles by employees as personal use?		
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?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(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 2019 tax year (see instructions):					
43 Amortization of costs that began before your 2019 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44
					0

Limitation on Business Interest Expense Under Section 163(j)

▶ Attach to your tax return.
 ▶ Go to www.irs.gov/Form8990 for instructions and the latest information.

Taxpayer name(s) shown on tax return Melisa Giovannelli PA	Identification number 46-██████████
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Part I Computation of Allowable Business Interest Expense

Part I is completed by all taxpayers subject to section 163(j). Schedule A and Schedule B need to be completed before Part I when the taxpayer is a partner or shareholder of a pass-through entity subject to section 163(j).

Section I - Business Interest Expense

1 Current year business interest expense (not including floor plan financing interest expense), before the section 163(j) limitation	1			
2 Disallowed business interest expense carryforwards from prior years. (Does not apply to a partnership)	2			
3 Partner's excess business interest expense treated as paid or accrued in current year (Schedule A, line 44, column (h))	3			
4 Floor plan financing interest expense. See instructions	4			
5 Total business interest expense. Add lines 1 through 4		▶	5	0

Section II - Adjusted Taxable Income

Taxable Income

6 Taxable income. See instructions			6	33,543
---	--	--	---	--------

Additions (adjustments to be made if amounts are taken into account on line 6)

7 Any item of loss or deduction which is not properly allocable to a trade or business of the taxpayer. See instructions	7			
8 Any business interest expense not from a pass-through entity. See instructions	8			
9 Amount of any net operating loss deduction under section 172	9			
10 Amount of any qualified business income deduction allowed under section 199A	10			
11 Deduction for depreciation, amortization, or depletion attributable to a trade or business. See instructions	11			
12 Amount of any loss or deduction items from a pass-through entity. See instructions	12			
13 Other additions. See instructions	13			
14 Total current year partner's excess taxable income (Schedule A, line 44, column (f))	14			
15 Total current year S corporation shareholder's excess taxable income (Schedule B, line 46, column (c))	15			
16 Total. Add lines 7 through 15		▶	16	0

Reductions (adjustments to be made if amounts are taken into account on line 6)

17 Any item of income or gain which is not properly allocable to a trade or business of the taxpayer. See instructions	17	()		
18 Any business interest income not from a pass-through entity. See instructions	18	()		
19 Amount of any income or gain items from a pass-through entity. See instructions	19	()		
20 Other reductions. See instructions	20	()		
21 Total. Combine lines 17 through 20			▶	21 (0)
22 Adjusted taxable income. Combine lines 6, 16, and 21. (If zero or less, enter -0-.)			▶	22 33,543

Section III - Business Interest Income

23 Current year business interest income. See instructions	23			
24 Excess business interest income from pass-through entities (total of Schedule A, line 44, column (g); and Schedule B, line 46, column (d))	24			
25 Total. Add lines 23 and 24		▶	25	0

For Paperwork Reduction Act Notice, see the instructions.
 HTA

Section IV—Section 163(j) Limitation Calculations

Limitation on Business Interest Expense

26	Multiply adjusted taxable income (line 22) by 30% (0.30). See instructions	26	10,063	
27	Business interest income (line 25)	27		
28	Floor plan financing interest expense (line 4)	28		
29	Total. Add lines 26, 27, and 28	29		10,063

Allowable Business Interest Expense

30	Total current year business interest expense deduction. See instructions	30	
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Carryforward

31	Disallowed business interest expense. Subtract line 29 from line 5. (If zero or less, enter -0-.)	31	0
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Part II Partnership Pass-Through Items

Part II is only completed by a partnership that is subject to section 163(j). The partnership items below are allocated to the partners and are not carried forward by the partnership. See the instructions for more information.

Excess Business Interest Expense

32	Excess business interest expense. Enter amount from line 31	32	
----	--	----	--

Excess Taxable Income (If you entered an amount on line 32, skip lines 33 through 37.)

33	Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0-.)	33	0
34	Subtract line 33 from line 26. (If zero or less, enter -0-.)	34	0
35	Divide line 34 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-.)	35	0.0000
36	Excess Taxable Income. Multiply line 35 by line 22	36	0

Excess Business Interest Income

37	Excess business interest income. Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or less, enter -0-.)	37	0
----	---	----	---

Part III S Corporation Pass-Through Items

Part III is only completed by S corporations that are subject to section 163(j). The S corporation items below are allocated to the shareholders. See the instructions for more information.

Excess Taxable Income

38	Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0-.)	38	0
39	Subtract line 38 from line 26. (If zero or less, enter -0-.)	39	10,063
40	Divide line 39 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-.)	40	1.0000
41	Excess Taxable Income. Multiply line 40 by line 22	41	33,543

Excess Business Interest Income

42	Excess business interest income. Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or less, enter -0-.)	42	0
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SCHEDULE A Summary of Partner's Section 163(j) Excess Items

Any taxpayer that owns an interest in a partnership subject to section 163(j) should complete Schedule A before completing Part I.

	(a) Name of partnership	(b) EIN	Excess Business Interest Expense			(f) Current year excess taxable income	(g) Current year excess business interest income	(h) Excess business interest expense treated as paid or accrued (see instructions)	(i) Current year excess business interest expense carryforward ((e) minus (h))
			(c) Current year	(d) Prior year carryforward	(e) Total ((c) plus (d))				
43					0		0	0	
					0		0	0	
					0		0	0	
					0		0	0	
					0		0	0	
					0		0	0	
44	Total				0	0	0	0	

SCHEDULE B Summary of S Corporation Shareholder's Excess Taxable Income and Excess Business Interest Income

Any taxpayer that is required to complete Part I and is a shareholder in an S corporation that has excess taxable income or excess business interest income should complete Schedule B before completing Part I.

	(a) Name of S corporation	(b) EIN	(c) Current year excess taxable income	(d) Current year excess business interest income
45				
46	Total		0	0

The following questions should be answered in the context of the **FEDERAL** return being electronically filed.
 Responses for state efiles are below.

Form family applicability

1065	1120/F	1120S	1041
Y	Y	Y	Y

Check ("x") this column to see more information, when available.

Name of signing officer or fiduciary . . .Melissa . . .Giovannelli

Check ("X") if foreign officer and does not have a SSN/TIN

OR

Check ("X") if officer opts not to provide SSN/ITIN

OR

Enter SSN/EIN of signing officer or fiduciary266-83-0823

If a financial institution is the fiduciary then the financial institution's name should be entered.

Total Income from Prior Year return

If claiming deduction for Salary & Wages on current year return, mark this box and enter the count of original W2's reported to SSA for this tax year.

If claiming Compensation of Officers on current year return, mark this box and enter the number of officers

Parent Company Name
 Parent Company EIN

Business's Primary Physical Address:
 Street _____
 Line 2 _____
 City _____ St _____ Zip _____
 Country _____ Province _____ Postal Code _____

Grantor Name
 Grantor SSN

Indicate which, if any, of the following forms this entity is required to file.
 720 990 1042
 940 941 943 944 945

Were estimated tax payments made for this entity towards the current tax year's liability?
 Yes No

Y	Y	Y	Y
Y	Y	Y	
	Y	Y	
Y	Y	Y	
Y	Y	Y	
			Y
Y	Y	Y	Y
	Y	Y	Y

Note: For EFTPS Confirmation Number, if more than 15 digits, enter the first 15 digits.
First Payment, regardless of quarter or date paid.

Method Direct Debit/ACH Cash Check EFTPS

Amount paid with first quarter

Date payment was requested to be debited

For Cash payments, date cash was deposited. For Check payments, date on check.

Last 4 digits of account number for Direct Debit/ACH or EFTPS payment

EFTPS Confirmation Number

Note: For EFTPS Confirmation Number, if more than 15 digits, enter the first 15 digits.
Last Payment, regardless of quarter or date paid.

Do NOT use if only one estimated payment was made.

Method Direct Debit/ACH Cash Check EFTPS

Amount of last payment

Date payment was requested to be debited

For Cash payments, date cash was deposited. For Check payments, date on check.

Last 4 digits of account number for Direct Debit/ACH or EFTPS payment

EFTPS Confirmation Number

Line 19 (1120S) - Other Deductions

1	Travel, Meals and Entertainment		
	b Meals, subject to 50% limit	1b	4,307
	e Less disallowed	1e	2,154
	f Subtract line e from lines b, c and d	1f	2,153
2	Office expense	2	1,321
3	Supra Lock Box	3	166
4	Tolls / Parking	4	273
5	Brokerage fees & Insurance	5	4,712
6	Cellphone - 70%	6	1,359
7	Internet	7	630
8	Gifts to clients	8	740
9	Continuing Education	9	280
10	Convention and seminars	10	4,307
11	Total other deductions	11	15,941

Line 17d, Sch K (1120S) - Other Items and Amounts

AA	Code AA - Excess taxable income	AA	33,543
----	---------------------------------	----	--------

Section 199A Information

Income Items	Non-SSTB	SSTB
Ordinary Income	33,543	0
Additional Information		
Section 199A unadjusted basis	34,564	0

Use of Vehicles (4562 Part V, Section B) 1120S

12/31/2019

Melisa Giovannelli PA 46-2

Vehicle Description	Business Miles	Commuting Miles	Other Miles	Total Miles	Personal Use Off Duty?		More than 5% owner?		Another vehicle avail for use?	
					Y	N	Y	N	Y	N
1 2013 Honda	0	0	0	0						

Summary of Unadjusted Basis of Qualified Property (4562)

12/31/2019

Summary of Qualified Property by Activity

Activity		Unadjusted Cost or Basis
1	1120S	34,564

Detail of Qualified Property

	Activity	Asset Description	Date In Service	Recovery Period	Years in Service	Total Cost or Basis	Business/Time Use Percent	Unadjusted Cost or Basis
2	1120S	Leasehold Improvements	1/1/2013	27.5	7	3,826	100.00%	3,826
3	1120S	2013 Honda	6/14/2013	5	7	35,727	80.00%	28,582
4	1120S	Computer / Printers	7/1/2018	5	2	2,156	100.00%	2,156

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

Signature Method

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

Date return prepared

3/25/2020

Option (2) Scanned 8453

PIN Information (Enter information below)

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

If ERO entered taxpayer PIN, you must fill out the 8879-S (IRS e-file Signature Authorization Form).

EFIN

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

EFIN: ~~000000~~7

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: 6044472020071tpah8ja

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 3/25/2020			
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	Foreign country
Email address john@joanidescpa.com		Foreign phone number	

Preparer

(Enter data in the Preparer Manager)

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		

John C Joanides CPA PA
7345 Davis Blvd
Naples, FL 34104
Phone: (239) 775-6044
Fax: 813-4365247
john@joanidescpa.com

March 25, 2020

Melisa Giovannelli PA
5083 Lexington Blvd
Ft Myers, FL 33919

Dear Sir,

I have prepared your 2019 Form 1120S based on the information you provided. Please review the enclosed copy for Melisa Giovannelli PA, then sign the IRS e-file Signature Authorization Form 8879-S and return it to me. When I receive the signed authorization, I will e-file your return.

Melisa Giovannelli PA's 2019 federal taxes have been paid in full.

If you have any questions about the return(s) or about Melisa Giovannelli PA's tax situation during the year, please do not hesitate to call me at (239) 775-6044. I appreciate this opportunity to serve you.

Sincerely,

John C Joanides
John C Joanides CPA PA

CLERICAL COPY

IRS e-file Signature Authorization for Form 1120-S

Department of the Treasury
Internal Revenue Service

- ▶ ERO must obtain and retain completed Form 8879-S.
- ▶ Go to www.irs.gov/Form8879S for the latest information.

2019

For calendar year 2019, or tax year beginning _____, 2019, and ending _____, 20

Name of corporation

Melisa Giovannelli PA

Employer identification number

46-~~XXXXXX~~

Part I Tax Return Information (Whole dollars only)

1	Gross receipts or sales less returns and allowances (Form 1120-S, line 1c)	1	53,537
2	Gross profit (Form 1120-S, line 3)	2	53,537
3	Ordinary business income (loss) (Form 1120-S, line 21)	3	33,543
4	Net rental real estate income (loss) (Form 1120-S, Schedule K, line 2)	4	0
5	Income (loss) reconciliation (Form 1120-S, Schedule K, line 18)	5	33,543

Part II Declaration and Signature Authorization of Officer (Be sure to get a copy of the corporation's return)

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2019 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize John C Joanides CPA PA ERO firm name to enter my PIN 12345 Don't enter all zeros as my signature on the corporation's 2019 electronically filed income tax return.

As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2019 electronically filed income tax return.

Officer's signature ▶ _____ Date ▶ _____ Title ▶ President

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

60444773452

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ John C Joanides Date ▶ 3/25/2020

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

84-7041/2652

2002

DATE 6/9/20

PAY TO THE ORDER OF SUPERVISOR of Elections \$ 1724.24

Seventeen hundred twenty four and 24/100 DOLLARS

IBERIABANK

FOR Qualipays

Melba W. Gonzalez

⑆26527041⑆31⑆ 20002024519⑈

Filed 2019 - Present assets as of June 2020

Giovannelli, Melisa Watts
Page 2

ADDITIONAL ASSETS

Promissory Note & Mortgage owed by Clarence & Dorrena Carder 25,000.00

Vacant Land

1848 Octavia Street Lehigh Acres FL	\$ 7000.00	
1917 Dixie Way Lehigh Acres FL	\$ 7000.00	
1900 Dixie Way Lehigh Acres FL	\$ 7000.00	
410 Williams Ave Lehigh Acres FL	\$15,000.00	
511 Wilson Drive, Interlachen FL 32148	\$10,000.00	+
	46,000.00	
		+
		\$71,000.00

Ford Escape 2018	\$35,000.00	
Jeep Patriot 2014	\$7,000.00	
Ford Pickup Truck 2018	<u>\$35,000.00</u>	
	Sub Total	
		\$77,000.00

Furniture & Assets: \$40,000.00		+	40,000.00
Aggregate value of Household goods & Personal effects			

Cash in accounts: \$ 2,000.00		=	Sub Total	188,000.00
39,000.00				
68,000.00				
26,000.00				
2,000.00				
<u>100,000.00</u>				
\$237,000.00		+	237,000.00	
			425,000.00	SUB TOTAL

Real Estate	140,000		SUB TOTAL	\$ 425,000.00
	350,000			
	<u>+ 325,000</u>			

Assets	815,000	=	\$1,240,000.00	GRAND TOTAL
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Canvassing Board Meeting Dates – August 18, 2020, Primary Election

Initial Canvass of Vote-by-Mail Ballots:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901
• Monday, 07-27-20 at 9 AM

Logic and Accuracy Testing of the Tabulating Equipment or Voting Machines used at Early Voting and Election Day Precincts, and the Tabulating Equipment used for Vote-by-Mail Ballots:

Lee County Elections Center, 13180 S. Cleveland Ave., Fort Myers, 33907
• Wednesday, 07-29-20 at 9 AM – *Immediately Following Proceed to the Main Office (see below)*

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901
• Wednesday, 07-29-20

Review of Vote-by-Mail Ballots:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901
• 9 AM Each Meeting (see below)
• Friday, 07-31-20 • Monday, 08-03-20 • Wednesday, 08-05-20 • Friday, 08-07-20
• Monday, 08-10-20 • Wednesday, 08-12-20 • Friday, 08-14-20 • Monday, 08-17-20

Election Day

Review of Vote-by-Mail Ballots and Receive Preliminary Election Night Results:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901
• Tuesday, 08-18-20
o NOON, 4 PM, and 6 PM until finished

Canvass of Provisional Ballots, Review of Vote-by-Mail Ballots, Submit 1st Unofficial Results, Submit Official Results, Certify the Election, Submit Conduct of Election Report, Random Selection of Race and Precinct(s) for the Post-Election Manual Audit:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901
• Friday, 08-21-20 at 8 AM

Post-Election Manual Audit:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901
• Wednesday, 08-26-20 at 9 AM

In the event of a machine or manual recount, the additional dates of 08-22-20 through 08-25-20 will apply.

Canvassing Board Meeting Dates – November 3, 2020, General Election

Logic and Accuracy Testing of the Tabulating Equipment or Voting Machines used at Early Voting and Election Day Precincts, the Tabulating Equipment used for Vote-by-Mail Ballots, and the Initial Canvass of Vote-by-Mail Ballots:

Lee County Elections Center, 13180 S. Cleveland Ave., Fort Myers, 33907
• Monday, 10-12-20 at 9 AM – *Immediately Following Proceed to the Main Office (see below)*

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901
• Monday, 10-12-20

Review of Vote-by-Mail Ballots:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901
• 9 AM Each Meeting (see below)
• Wednesday, 10-14-20 • Friday, 10-16-20 • Monday, 10-19-20
• Wednesday, 10-21-20 • Friday, 10-23-20 • Monday, 10-26-20
• Wednesday, 10-28-20 • Friday, 10-30-20 • Monday, 11-02-20

Election Day

Review of Vote-by-Mail Ballots and Receive Preliminary Election Night Results:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901
• Tuesday, 11-03-20
o 9 AM, NOON, 3 PM, and 5 PM until finished

Canvass of Provisional Ballots, Review of Vote-by-Mail Ballots, Submit 1st Unofficial Results:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901
• Friday, 11-06-20 at 2 PM

Canvass of Overseas Vote-by-Mail Ballots, Submit Official Results, Certify the Election, Submit Conduct of Election Report, Random Selection of Race and Precinct(s) for the Post-Election Manual Audit:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901
• Friday, 11-13-20 at NOON

Post-Election Manual Audit:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901
• Wednesday, 11-18-20 at 9 AM

In the event of a machine or manual recount, the additional dates of 11-08-20 through 11-14-20 will apply.

I am a candidate for local office and have received a copy of the above schedules.

	Melisa W Giovannelli	6/8/20
Signature	Print Name	Date