

FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 1999

LAST NAME — FIRST NAME — MIDDLE NAME: <i>Paige, Sonya Felicia</i>		NAME OF AGENCY: <i>Lee Co. School Board</i>	
MAILING ADDRESS: <i>P.O. Box 51215</i>		OFFICE HELD: <input type="checkbox"/> OFFICER	
CITY: <i>Fort Myers</i>	ZIP: <i>33994</i>	COUNTY: <i>Lee</i>	OFFICE SOUGHT: <input checked="" type="checkbox"/> CANDIDATE <i>Lee Co. School Board Dist 2</i>
		POSITION: <input type="checkbox"/> OTHER	

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet. OTHER FORMS you may need to file are described on page 6.

NOTICE: Under provisions of Sec. 112.317, Florida Statutes, a failure to make any required disclosure constitutes grounds for and may be punished by one or more of the following: disqualification from being on the ballot, impeachment, removal or suspension from office or employment, demotion, reduction in salary, reprimand, or a civil penalty not exceeding \$10,000.

PART A — NET WORTH

Please enter the value of your net worth as of December 31, 1999, 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 July 17, 19 2000 was \$ 47,174.38

PART B- ASSETS WORTH MORE THAN \$1,000

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.

The aggregate value of my household goods and personal effects (described above) is \$ _____

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET	VALUE OF ASSET
<i>CAR - (Blue Honda Accord 1990)</i>	<i>6,000</i>

PART C- LIABILITIES IN EXCESS OF \$1,000

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<i>Mortgage - Aurora Loan Services P.O. Box 1706 Scottsbluff NE. 69343-1706</i>	<i>35,200</i>
<i>Student Loan - Sallie Mae Servicing P.O. Box 1677 Lawrence, Kansas 66044</i>	<i>5,974.38</i>

PART D — INCOME

You may **EITHER** (1) file a complete copy of your 1999 federal income tax return, including all attachments, OR (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D on page 2 of this form.

I elect to file a copy of my 1999 federal income tax return. [If you check this box and attach a copy of your 1999 tax return, you need not complete the remainder of Part D.]

For the year Jan. 1-Dec. 31, 1999, or other tax year beginning , 1999, ending OMB No. 15450074

Use the IRS label. Otherwise, please print or type.

SONYA F PAIGE

414 BUENE VISTA BLVD
Fort Myers FL 33905-

Your social security number
265-85-7921

Spouse's social security no.

▲ You must enter your SSN(s). ▲

Presidential Election Campaign Do you want \$3 to go to this fund? Yes No

If a joint return, does your spouse want \$3 to go to this fund? Yes No

Note: Checking "Yes" will not change your tax or reduce your refund.

Filing Status

1 Single

2 Married filing joint return (even if only one had income)

3 Married filing separate return. Enter spouse's SSN above & full name here. ▶

4 Head of household (with qualifying person). (See inst.) If the qualifying person is a child but not your dependent, enter child's name here. ▶

5 Qualifying widow(er) with dependent child (yr. spouse died 19). (See instructions.)

Exemptions

6 a Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a

b Spouse

c Dependents: If more than six dependents, see instructions.

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see inst.)	No. of boxes checked on 6a and 6b	No. of your children on 6c who: <input checked="" type="checkbox"/> lived with you <input type="checkbox"/> did not live with you due to divorce or separation (see inst.)
CHRISTOPHR	ROBERTS	590-24-3438	SON	<input checked="" type="checkbox"/>	1	3
REGINALD	DAVIS JR	595-44-2940	SON	<input checked="" type="checkbox"/>		
PRINCESS	JACKSON	591-56-1786	DAUGHTER	<input checked="" type="checkbox"/>		0
						0
d Total number of exemptions claimed.						4

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7** 17,480.

8a Taxable interest. Attach Schedule B if required. **8a**

b Tax-exempt interest. DO NOT include on line 8a **8b**

9 Ordinary dividends. Attach Schedule B if required. **9**

10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions). **10**

11 Alimony received **11**

12 Business income or (loss). Attach Schedule C or C-EZ. **12**

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ **13**

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

15a Total IRA distributions **15a** **b Taxable amount inst.)** **15b**

16a Total pensions and annuities **16a** **b Taxable amount inst.)** **16b**

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17**

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

19 Unemployment compensation. **19**

20a Social security benefits **20a** **b Taxable amount (see inst.)** **20b**

21 Other income. **21**

22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶ **22** 17,480.

Adjusted Gross Income

23 IRA deduction (see instructions) **23**

24 Student loan interest deduction (see instructions). **24**

25 Medical savings account deduction. Attach Form 6653. **25**

26 Moving expenses. Attach Form 3903. **26**

27 One-half of self-employment tax. Attach Schedule SE. **27**

28 Self-employed health insurance deduction (see inst.). **28**

29 Keogh and self-employed SEP and SIMPLE plans. **29**

30 Penalty on early withdrawal of savings. **30**

31a Alimony paid **b Recipient's SSN** ▶ **31a**

32 Add lines 23 through 31a. **32**

33 Subtract line 32 from line 22. This is your adjusted gross income ▶ **33** 17,480.

Tax and Credits	34 Amount from line 33 (adjusted gross income)	34	17,480.
	35a Check if: <input type="checkbox"/> You were 65/older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here ▶ 35a		
	b If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see instructions and check here. ▶ 35b <input type="checkbox"/>		
Standard Deduction for Most People	36 Enter your itemized deductions from Schedule A, line 28, OR standard deduction shown on the left. But see instructions to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent.	36	6,350.
Single: \$4,300	37 Subtract line 36 from line 34.	37	11,130.
Head of household: \$6,350	38 If line 34 is \$94,975 or less, multiply \$2,750 by the total number of exemptions claimed on line 6d. If line 34 is over \$94,975, see the worksheet in the instructions for the amount to enter	38	11,000.
Married filing jointly or Qualifying widow(er): \$7,200	39 Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-	39	130.
Married filing separately: \$3,600	40 Tax (see inst.). Check if any tax is from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972. ▶	40	21.
	41 Credit for child & dependent care expenses. Attach Form 2441	41	
	42 Credit for the elderly or the disabled. Attach Schedule R.	42	
	43 Child tax credit (see instructions).	43	21.
	44 Education credits. Attach Form 8863	44	
	45 Adoption credit. Attach Form 8839.	45	
	46 Foreign tax credit. Attach Form 1116 if required.	46	
	47 Other. Check if from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form	47	
	48 Add lines 41 through 47. These are your total credits	48	21.
	49 Subtract line 48 from line 40. If line 48 is more than line 40, enter -0- ▶	49	
Other Taxes	50 Self-employment tax. Attach Schedule SE.	50	
	51 Alternative minimum tax. Attach Form 6251	51	
	52 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	52	
	53 Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required.	53	
	54 Advance earned income credit payments from Form(s) W-2.	54	
	55 Household employment taxes. Attach Schedule H.	55	
	56 Add lines 49 through 55. This is your total tax ▶	56	
Payments	57 Federal income tax withheld from Forms W-2 and 1099	57	69.
	58 1999 estimated tax payments & amt. applied from 1998 return	58	
	59a Earned income credit. Attach sch. EIC if you have a qualifying child b Nontaxable earned income: amt. ▶ <u>600.</u> & type ▶ FROM W2	59a	2,633.
	60 Additional child tax credit. Attach Form 8812	60	
	61 Amount paid with request for extension to file (see instructions)	61	
	62 Excess social security and RRTA tax withheld (see instructions)	62	
	63 Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136	63	
	64 Add lines 57, 58, 59a, and 60 through 63. These are your total payments ▶	64	2,702.
Refund	65 If line 64 is more than line 56, subtract line 56 from line 64. This is the amount you OVERPAID	65	2,702.
Have it directly deposited! See inst. and fill in 66b, 66c, and 66d.	66a Amount of line 65 you want REFUNDED TO YOU ▶ ▶ b Routing no. <u>263182817</u> ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings ▶ d Account no. <u>2505631503</u>	66a	2,702.
	67 Amt. of line 65 you want APPLIED TO YOUR 2000 EST. TAX ▶ 67	67	
Amount You Owe	68 If line 56 is more than line 64, subtract line 64 from line 56. This is the AMOUNT YOU OWE . For details on how to pay, see instructions ▶	68	
	69 Estimated tax penalty. Also include on line 68	69	

JUL 10 11 15 AM '99
 SUPERVISOR

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

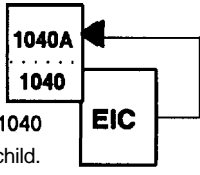
Your signature _____ Spouse's signature. If a joint return, BOTH must sign.	Date	Your occupation SOCIAL WORKER ASST.	Daytime telephone number (optional)
Preparer's signature	Date	Preparer's SSN or PTIN	

Paid Preparer's Use Only

Firm's name (or yours if self-employed) and address	PREPARED, BUT NOT AUDITED IRS	EIN	ZIP code
---	----------------------------------	-----	----------

SCHEDULE EIC
(Form 1040A or 1040)

**Earned Income Credit
Qualifying Child Information**



O M B No. 1545-0074
1999

Department of the Treasury
Internal Revenue Service

Complete and attach to Form 1040A or 1040
only if you have a qualifying child.

Attachment
Sequence No. **43**

Name(s) shown on return
SONYA F PAIGE

Your social security no.
265-85-7921

Before you begin: See the instructions for Form **1040A**, lines 37a and **37b**, or Form 1040, lines 59a and **59b**, to make sure that **(1)** you can take the EIC and **(2)** you have a qualifying child.



- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See page 2 for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.
- If you do not enter the child's correct social security number on line 4, at the time we process your return, we may reduce or disallow your EIC.

Qualifying Child Information

Child 1

Child 2

	First name Last name	First name Last name
1 Child's name If you have more than two qualifying children, you only have to list two to get the maximum credit.	CHRISTOPH ROBERTS	REGINALD DAVIS JR
2 Child's year of birth	Year <u> 1983 </u> If born after 1990, skip lines 3a and 3b; go to line 4.	Year <u> 1986 </u> If born after 1960, skip lines 3a and 3b; go to line 4.
3 If the child was born before 1981 -- a Was the child under age 24 at the end of 1999 and a student?	<input type="checkbox"/> Yes. Go to line 4. <input type="checkbox"/> No. Continue	<input type="checkbox"/> Yes. Go to line 4. <input type="checkbox"/> No. Continue
b Was the child permanently and totally disabled during any part of 1999?	<input type="checkbox"/> Yes Continue <input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes. Continue <input type="checkbox"/> No. The child is not a qualifying child.
4 Child's social security number (SSN) The child must have an SSN as defined in the Form 1040A instructions or the Form 1040 instructions unless the child was born and died in 1999. If your child was born and died in 1999 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate.	590-24-3438	595-44-2940
5 Child's relationship to you (for example, son, daughter, grandchild, foster child, etc.)	SON	SON
6 Number of months child lived with you in the United States during 1999 • If the child lived with you for more than half of 1999 but less than 7 months, enter "7". • If the child was born or died in 1999 and your home was the child's home for the entire time he or she was alive during 1999, enter "12".	<u> 12 </u> months Do not enter more than 12 months.	<u> 12 </u> months Do not enter more than 12 months.

Do you **want** part of the EIC added to your take-home pay in **2000**? To see if you qualify, get Form W-5 from your employer or by calling the IRS at **1-800-TAX-FORM (1-800-829-3676)**.

For Paperwork Reduction Act Notice, see Form 1040A or 1040 instructions.

Schedule EIC (Form 1040A or 1040) 1999

CAA **9 EIC1** NTF 22955 GLD 5785

Copyright1999 Greatland/Nelco LP - Forms Software Only

Name: **SONYA F PAIGE**

SS Number: **265-85-7921**

Questions to see if you can take the earned income credit

- 1. Is your filing status Married Filing a Separate return?
 Yes - STOP. You cannot take the credit No - Go to question 2.
- 2. Were you or your spouse a qualifying child of another person in 1999?
 Yes - STOP. You cannot take the credit No - Go to question 3.
- 3. Was your home in the United States for more than half of 1999?
 No - STOP. You cannot take the credit Yes -Go to question 4.
- 4. Is your disqualified income (taxable and tax-exempt interest + dividends + net rent and royalty income + capital gains + passive income = _____) over \$2350?
 Yes - STOP. You cannot take the credit No - Go to question 5.
- 5. Do you have at least one qualifying child? If the child is married, the child must be claimed as a dependent on your return to qualify.
 Yes - Go to question 6 No - Go to question 8.

Questions 6 - 7 Apply to Taxpayers having Qualifying Children

- 6. Is the total of your taxable and nontaxable earned income less than \$26928 (less than \$30580 if you have more than one qualifying child)?
 No - STOP. You cannot take the credit Yes -Go to question 7.
- 7. Is your modified adjusted gross income less than \$26928 (30580)?
 No - STOP. You cannot take the credit Yes -Figure credit.

Questions 8-11 Apply to Taxpayers Having No Qualifying Children

- 8. Were you (or your spouse if filing jointly) at least 25 years of age but under 65 at the end of 1999?
 No - STOP. You cannot take the credit Yes -Go to question 9.
- 9. Can someone else claim you as a dependent?
 Yes - STOP. You cannot take the credit No - Go to question 10.
- 10. Is the total of your taxable and nontaxable earned income less than \$10200?
 No - STOP. You cannot take the credit Yes -Go to question 11.
- 11. Is your modified adjusted gross income less than \$10200?
 No - STOP. You cannot take the credit Yes -Figure credit.

Figure Your Credit

1. Enter the amount from 1040 or 1040A, line 7, 1040EZ, line 1	17,480.
* Enter the amount included in line 1 that was paid:	
a to penal institution inmates for their work	
b as workfare payments	
2. Taxable scholarship or fellowship grant not reported on W2	
3. Line 1 minus line 1a, line 1b, and line 2	17,480.
4. If you received any NONTAXABLE EARNED INCOME (such as military housing, subsistence allowances, rental or housing for clergy, tax-free combat pay, deferred comp, dependent care benefits, cafeteria plans, meals and lodging furnished by employer, etc. Amount from W-25, boxes 10 and 13: _____ 600. Other types: _____ and amount: _____	600.
5. If you were self-employed or reported income and expenses on Schedule C as a statutory employee, see instructions <input type="checkbox"/> Check if clergy	
6. Add lines 3, 4, and 5	18,080.
7. Credit from EIC table on line 6 income	2,633.
8. Adjusted gross income <u>17,480.</u> + modifications _____	17,480.
9. EIC amount on line 8 if line 8 is greater than \$5700 (no child) or 912500 (at least 1 qualifier) _____	2,760.
10. EARNED INCOME CREDIT. If line 8 is less than \$5700 (\$12500) then line 7; otherwise enter the smaller of lines 7 or 9	2,633.

Name: **SONYA F PAIGE**

ID number: **265-85-792:**

Student Loan Interest (Post-Secondary Education)

1 Amount paid in 1999. See instructions for limitations and definition of qualified student loan interest. The Total column is limited to \$1500

TP	SP	Total

Modified AGI for this computation including excluded income from Forms 2555 and 4563 and excluded income from Puerto Rico

Rico _____

Married filing separately and dependent of another cannot take this deduction. Loan deduction phases out when modified AGI exceeds \$40000 (\$60000 married joint) and is -0- when AGI exceeds \$55000 (\$75000 joint)

2 STUDENT LOAN INTEREST DEDUCTION

--	--	--

Child Tax Credit

1 \$500 X 3 qualifying children

1,500.

2 Modified AGI. If excluding income from Puerto Rico or American Samoa, enter amount:

17,480.

3 \$110,000 married joint; \$55000 married separate; all other \$75000

75,000.

4 Subtract line 3 from line 2. If -0-, go to line 7

5 Divide line 4 by \$1000. Round up to whole number

6 Multiply line 5 by \$50

1,500.

7 Subtract line 6 from line 1. You CANNOT take the credit if -0-

21.

g If line 1 is more than \$800 and you are claiming adoption, mortgage interest, or DC first-time homebuyer credits, see worksheet below. Others: add dependent care + elderly + education

1 Dependent care + elderly + education credits

2 Amount from line 7 above

3 Social Security (RR/Tier 1) + Medicare

4 Form 1040, line 27 + line 52 + uncollected Social Security/Medicare listed on w-2

5 Add lines 3 and 4

6 Form 1040 line 59 + line 62

7 Subtract line 6 from line 5. If -0-, enter line 1 on line 9 above

8 Subtract line 7 from line 2. This is the child tax credit for the purpose of figuring Forms 8396, 8839, or 8859. Use this line in place of Child Tax Credit, on these credit forms

9 Total of adoption credit, mortgage interest credit and DC home-buyer credit, as refigured

10 Add lines 1 and 9 and enter on line 9 above

21.

10 Subtract line 9 from line 8

11 CHILD TAX CREDIT.EDIT

21.

Amount paid with Federal extension (Form 4868)

00. HT 11 01 707
 50
 SUPPLEMENTALS
 08 11 18

265-85-7921

W-2 DETAIL REPORT - 1999

Employer	TP SP	Gross Wages	Federal With.	FICA	Medicare	St	State Wages	State With.	Locality	Local With.
SCHOOL DISTRICT OF LEE COUNTY	X	17480	69	1121	262					
		-----	--	-----	---					
		17480	69	1121	262		0	0		0

RECEIVED
SCHOOL DISTRICT OF LEE COUNTY
JUL 10 11 35 AM '00

Taxpayer Information Sheet

This can be filed on form 1040A

SONYA F PAIGE

SSN 265-85-7921

414 BUENE VISTA BLVD
Fort Myers FL 33905-

SSN
Taxpayer day Phone 941-332-2512

Evening 941-694-7996

Spouse day Phone _____

Evening _____

Email Address _____

Dependents/Non-Dependents	SSN	Relation	Children living with you . .
<u>CHRISTOPHR ROBERTS</u>	<u>19 83 590-24-3438</u>	<u>SON</u>	<u>3</u>
<u>REGINALD DAVIS JR</u>	<u>19 86 595-44-2940</u>	<u>SON</u>	Children not
<u>PRINCESS JACKSON</u>	<u>19 87 591-56-1786</u>	<u>DAUGHTER</u>	living with you _____
_____	19 _____	_____	Other
_____	19 _____	_____	dependents .
_____	19 _____	_____	Total . . . <u>4</u>

TP: Birth 10/05/1965 Death _____ SP: Birth _____ Death _____

Preparer: _____ Date: _____

Preparer's Use: 1 _____ 4 _____ Time in return _____ min.
2 _____ 5 _____
3 _____ 6 _____

Preparer ID: _____

PRINTED 02/04/2000

Recap of 1999 Income Tax Return

	Federal	State <u>FL</u>
Earned Income . .	<u>17,480.</u>	_____
Federal AGI . . .	<u>17,480.</u>	_____
Taxable Income . .	<u>130.</u>	_____
EIC	<u>2,633.</u>	_____
Computed Tax . .	_____	_____
Withholding . . .	<u>69.</u>	_____
Refund/(Due) . .	<u>2,702.</u>	_____

Tax . . . _____
With . . . _____
Refund/Due . . _____
Federal Tax Bracket 15.0% Preparation Fee _____

00, FEB 11 01 70P
SUPER

00 - 6 5 5 3 0 2 - [] [] [] [] - 0

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

Form 8453

U.S. Individual Income Tax Declaration for an IRS e-file Return

OMB No. 1545-0936

For the year January 1 - December 31, 1999

1999

Department of the Treasury Internal Revenue Service

See instructions.

Use the IRS label. Otherwise, please print or type.

Form fields for taxpayer information: Name (SONYA F PAIGE), Social Security Number (265-85-7921), Home address (414 BUENE VISTA BLVD, Fort Myers, FL 33905), and Telephone number.

Table with 5 rows showing tax return information: Total income (17,480), Total tax (0), Federal income tax withheld (69), Refund (2,702), and Amount you owe.

Part II Declaration of Taxpayer (Sign only after Part I is completed.)

- 6a [X] I consent that my refund be directly deposited...
b I do not want direct deposit of my refund or I am not receiving a refund.
c [] I authorize the U.S. Treasury and its designated Financial Agents to initiate an ACH debit...

If I have filed a balance due return, I understand that if the IRS does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 1999 Federal income tax return.

Sign Here: Your signature (Sonya F Paige) and Date (2-4-00) and Spouse's signature and Date.

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (See instructions.)

I declare that I have reviewed the above taxpayer's return and that the entries on Form 8453 are complete and correct to the best of my knowledge.

Form fields for ERO information: Signature, Date (02/04/2000), Firm's name (INTERNAL REVENUE SERVICE), EIN, and ZIP code.

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Form fields for Paid Preparer information: Signature, Date, Firm's name, EIN, and ZIP code.

CANVASSING BOARD MEETINGS
For
FALL 2000 ELECTIONS

FIRST PRIMARY

Friday September 1 @ 8:00 am	Canvass absentee ballots
Friday September 1 @ 1:00 pm	Test the tabulating equipment
Tuesday September 5 @ 8:00 am	Canvass absentee ballots
Wednesday September 6 @ 8:00	Certify the Election

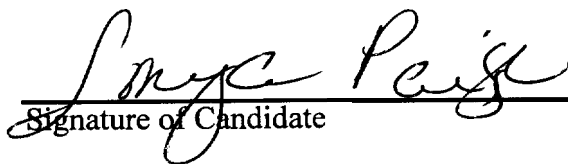
SECOND PRIMARY

Friday September 29 @ 8:00 am	Canvass absentee ballots
Monday October 2 @ 1:00 pm	Test the tabulating equipment
Tuesday October 3 @ 8:00 am	Canvass absentee ballots
Wednesday October 4 @ 8:00 am	Certify the Election

GENERAL ELECTION

Friday November 3 @ 8:00 am	Canvass absentee ballots
Monday November 6 @ 1:00 pm	Test the tabulating equipment
Tuesday November 7 @ 8:00 am	Canvass absentee ballots
Wednesday November 8 @ 8:00 am	Certify the Election

I acknowledge that I am in receipt of this notice.



Signature of Candidate

7-18-00

Date

JUL 10 11 20 AM '00
SUFF. CLERK OF
COURT