FORM 1 STATEMENT OF				2005			
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS					
LAST NAME FIRST NAME MIDDLE BAHNSEN, CHRISTIAN, CARSTEN MAILING ADDRESS : P.O. BOX 9043	FOR OF USE OF						
			ode	<u></u>			
LAKESHORE, FL		ID N	ο.				
DISTRICT 21 MEDICAL EXAMINER			Cont	f. Code	it Ç		
NAME OF OFFICE OR POSITION HELD NONE SOUGHT, TECHNICALLY "PU			P. R	eq. Code	-		
		PPOINTEE		PDF 2	2005		
A FISCAL YEAR. PLEASE STATE BELO DECEMBER 31, 2005 MANNER OF CALCULATING REPORTA THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, C instructions for further details). PLEASE S COMPARATIVE (PERCENTAGE)	OR SPECIFY BLE INTERESTS: THE OPTION OF USING REPOR R USING COMPARATIVE THRES STATE BELOW WHETHER THIS ST	TAX YEAR IF OTHER THAN T RTING THRESHOLDS THAT A HOLDS, WHICH ARE USUAL FATEMENT REFLECTS EITHE	THE CALI ARE ABS LY BASE R (check	ENDAR YEAR: OLUTE DOLLAR VALUES, WH D ON PERCENTAGE VALUES	IICH (see		
PART A PRIMARY SOURCES OF INC NAME OF SOURCE OF INCOME	SOU	he reporting person] RCE'S RESS		SCRIPTION OF THE SOURCE'S			
INFORMATION & GRAPHICS MGMT,			COMPUTER CONSULTING				
		······					
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PART B SECONDARY SOURCES OF NAME OF BUSINESS ENTITY	INCOME [Major customers, clients, NAME OF MAJOR SOURCES OF BUSINESS' INCOME	and other sources of income to ADDRESS OF SOURCE	business	es owned by the reporting person PRINCIPAL BUSINESS ACTIVITY OF SOURCE	-		
			.				
PART C REAL PROPERTY [Land, buildings owned by the reporting person]				FILING INSTRUCTIONS for when and where to file this form are locat-			
15410 ALLEN WAY, FORT MYERS, FL (SOLD IN OCTOBER 2005)				ed at the bottom of page 2.			
1517 CLUB CIRCLE, LAKESHORE, FL				INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.			
A LOT IN WALK-IN-WATER ESTATES, LAKE WALES, FL				ge 3. ER FORMS you may need e described on page 6.	to		

PART D — INTANGIBLE PERSO TYPE OF INTANG	•	cks, bonds, certifica I	ates of deposit, etc.] BUSINESS ENTITY TO WHI			ATES	200
CHARLES SCHWAB BROKER	RAGE ACCOUNT	NONE (PERSC	DNAL ACCOUNT)				Ř
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PART E LIABILITIES [Major NAME OF CRE[1	ADDRESS	OF CREE	DITOR		<u>,</u>
NO MAJOR LIABILITIES							
		+			·····		
						-	
PART F — INTERESTS IN SPEC	IFIED BUSINESSES [C)wnership or positio	ons in certain types of businesses	s]			
	BUSINESS ENTITY # 1		BUSINESS ENTITY # 2	2	BUSINE	SS ENT	ITY # 3
NAME OF BUSINESS ENTITY	INFORMATION & GRAPHICS MG						
ADDRESS OF BUSINESS ENTITY	P.O. BOX 9043, LAKESHORE, FL						
PRINCIPAL BUSINESS ACTIVITY	COMPUTER CONS	ULTING					
POSITION HELD WITH ENTITY	OWNER						
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	I OWN 100%						
NATURE OF MY OWNERSHIP INTEREST	SUBCHAPTER C C	ORPORATIO					
IF ANY OF PARTS	A THROUGH F AR		O ON A SEPARATE SHE	ET, PLE	ASE CHECK	HERE	
SIGNATURE (required):	Ma		DATE S	IGNED (re	equired):	5	2006
	<u>FI</u>	LING INS	STRUCTIONS:			I	l
WHAT TO FILE: WI After completing all parts of this form, including if y signing and dating it, send back only the first sheet (pages 1 and 2) for filing. on you that		n Ethics or a Count	E: the form by the Commission ty Supervisor of Elections for ure filing, return the form to	<i>InitialI</i> officer, file <i>wi</i> i appoin	N TO FILE: y, each local of and specified s thin 30 days of t truent or of the	state en he date beginnin	of his or her g of employ-
If you have nothing to report section, you must write "none" section(s).	or "n/a" in that of	FElections of the c	oyees file with the Supervisor county in which they perma-	the Se	Appointees who nate must file prior s less than 30 day	r to confi	rmation, even

Facsimiles will not be accepted.

NOTE:

MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

nently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

if that is less than 30 days from the date of their appointment.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.

10-18-2006

Bernie Feliciano Supervisor of Elections P.O. Box 2545 Fort Myers, FL 33902-2545

Mr. Feliciano,

Enclosed is the original paperwork I faxed from Mexico. I subsequently digitally signed it with Adobe Acrobat and emailed to your office from Mexico. As per your instructions, I am now sending you the originals.

We're back in Florida now. We left Florida in early June so any mail that came went unopened.

I don't recall seeing any of this paperwork show up at the Medical Examiner's Office prior to my departure. My role at the Medical Examiner is as a computer consultant. In the course of helping the office comply with county procedures I had a OneWorld Account set up and helped get them online.

There was no intent on my or the office's part to circumvent any reporting requirements.

Sincerel

Christian Bahnsen Information & Graphics Management, Inc. P.O. Box 9043 Lakeshore, FL 33854

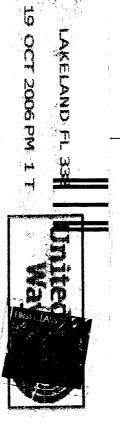
Hn: Bernie Feliciano

'060CT249M0805 SDE Lee Co F1

SUPERVISOR OF ELECTIONS P.O. BOX 2545 FORT MYERS FL 33902-2545



34



FORM 1		STATEMI	ENT OF			2005	
Please print or type your name, mailing address, agency name, and position below	.] I	INANCIAL	INTERES	STS			
LAST NAME - FIRST NAME - MIDDU BAHNSEN, CHRISTIAN, CARSTEN MAILING ADDRESS : P.O. BOX 9043	NAME			FOR OFFICI USE ONLY:		je je	
CITY : LAKESHORE, FL NAME OF AGENCY : DISTRICT 21 MEDICAL EXAMINEF NAME OF OFFICE OR POSITION HE NONE SOUGHT, TECHNICALLY *F	DORS		ID No. Conf. Code P. Req. Code				
CHECK ONLY IF 🔄 CANDIDATE	OR [POINTEE			PDF 2005	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR A FISCAL YEAR. PLEASE STATE BE DECEMBER 31, 200 MANNER OF CALCULATING REPOR THE LEGISLATURE ALLOWS FILER REQUIRES FEWER CALCULATIONS instructions for further details). PLEAS	FINANCI OW WH TABLE II S THE I OR US E STATE	ETHER THIS STATEMENT IS DR SPECIFY NTERESTS: DPTION OF USING REPOR ING COMPARATIVE THRESH BELOW WHETHER THIS STA	ECEDING TAX YEAR FOR THE PRECEDIN TAX YEAR IF OTHER TING THRESHOLDS HOLDS, WHICH ARE	, WHETHER NG TAX YEA I THAN THE I HAT ARE USUALLY I S EITHER (d	CALE CALE ABSC BASED	DLUTE DOLLAR VALUES, WHICH	
PARTA PRIMARY SOURCES OF I	·						
NAME OF SOURCE SOURCE'S OF INCOME ADORESS					DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
INFORMATION & GRAPHICS MGMT, INC P.O. BOX 9043, LAKESHORE, FL 33854			ORE, FL 33854	C	OMPU		
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PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY	NAM	ME [Major customers, olients, i E OF MAJOR SOURCES 5 BUSINESS' INCOME	and other sources of I ADDRE OF SOUL	88	ișiness	es owned by the reporting person) PRINCIPAL BUBINESS ACTIVITY OF SOURCE	
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A LOT IN WALK-IN-WATER ESTATES, LAKE WALES, FL					on p a l OTHI		

CE FORM 1 - Eff. 1/2006 (Continued on reverse side)

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PART D INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc.) TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES								
CHARLES SCHWAB BROKERAGE ACCOUNT		NONE (PERSO	DNAL ACCOUNT)					
	<u></u>							
PART E LIABILITIES (Major NAME OF CREI		1	ADDRE88 (OF CREDITOR				
NO MAJOR LIABILITIES								
				(. <u></u>				
		···		······································	· ·			
PART F INTERESTS IN SPEC	IFIED BUSINESSES	[Ownership or position	ons in certain types of businesses]				
	BUSINESS E	NTITY # 1	BUSINESS ENTITY # 2	BL	BINESS ENTITY # 3			
NAME OF BUSINESS ENTITY	INFORMATION &	GRAPHICS MG						
ADDRESS OF BUSINESS ENTITY	P.O. BOX 9043, L	AKESHORE, FL						
PRINCIPAL BUSINESS ACTIVITY	COMPUTER CON	SULTING						
POSITION HELD WITH ENTITY	OWNER							
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	I OWN 100%							
NATURE OF MY OWNERSHIP INTEREST	SUBORAPTER C	CORPORATIO						
IF ANY OF PARTS	IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
SIGNATURE (required):	SIGNATURE (required): 4 5 200 6							
-	Ē	ILING IN	STRUCTIONS:					
WHAT TO FILE: W After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing. on you that the first solution of the first solution. If you have nothing to report in a particular section, you must write "none" or "n/a" in that Lo		on Ethics or a Coun your annual disclosi that location. Local officers/empl	E: the form by the Commission ty Supervisor of Elections for ure filing, return the form to loyees file with the Supervisor county in which they perma-	officer, and specified within 30 days appointment or of ment. Appointees the Senate must file	al officer/employee, state led state employee must s of the date of his or her the beginning of employ- who must be confirmed by prior to confirmation, even			
section(s).		nently reside. (If you	u do not permanently reside the Supervisor of the county	If that is less than 30 days from the date of their appointment.				

NOTE:

MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of enother public position must at least file a copy of his or her original Form 1 when qualifying.

where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Taliahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

Candidates file this form together with their qualifying papers.

To determine what category your position fails under, see the "Who Must File" Instructions on page 3.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.

CE FORM 1 - Eff. 1/2006

FORM 1 STATEMENT OF					2005		
Please print or type your name, mailing address, agency name, and position bel	low:	FINANCIAL	INTEREST	S [
LAST NAME FIRST NAME MIDD BAHNSEN, CHRISTIAN, CARSTE		:	FOR (USE (OFFICE ONLY:			
MAILING ADDRESS : P.O. BOX 9043					ode		
					ode 'oo		
CITY : LAKESHORE, FL	ZIP : 338		ID N	o.			
NAME OF AGENCY : DISTRICT 21 MEDICAL EXAMINE	ER			Cont	Code		
NAME OF OFFICE OR POSITION HI NONE SOUGHT, TECHNICALLY				P. R	eq. Code #		
	OR	NEW EMPLOYEE OR A	PPOINTEE		בר PDF 2005		
	**	BOTH PARTS OF THIS SECT)**	. 5. 2000		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUF A FISCAL YEAR. PLEASE STATE BE	R FINANC ELOW WH		RECEDING TAX YEAR, WHE	THER BAS YEAR EN	DING EITHER (check one):		
DECEMBER 31, 20			TAX YEAR IF OTHER THAN	THE CALE	ENDAR YEAR:		
THE LEGISLATURE ALLOWS FILE REQUIRES FEWER CALCULATION instructions for further details). PLEA	RS THE S, OR US	OPTION OF USING REPOR	HOLDS, WHICH ARE USUA	LLY BASE	D ON PERCENTAGE VALUES (see		
			<u>OR</u>	DOLLAR	VALUE THRESHOLDS		
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] NAME OF SOURCE OF INCOME SOURCE'S ADDRESS					SCRIPTION OF THE SOURCE'S		
INFORMATION & GRAPHICS MG	MT, INC	P.O. BOX 9043, LAKESH	BOX 9043, LAKESHORE, FL 33854 COMPUTER		JTER CONSULTING		
	. <u></u>						
PART B SECONDARY SOURCES	OF INCO	I ME [Major customers, clients,	and other sources of income	to business	es owned by the reporting person]		
NAME OF BUSINESS ENTITY		E OF MAJOR SOURCES BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
	ļ						
PART C REAL PROPERTY [Land, buildings owned by the reporting person]					G INSTRUCTIONS for when		
15410 ALLEN WAY, FORT MYERS, FL (SOLD IN OCTOBER 2005)					here to file this form are locat- the bottom of page 2.		
1517 CLUB CIRCLE, LAKESHORE, FL					RUCTIONS on who must file orm and how to fill it out begin		
A LOT IN WALK-IN-WATER ESTA	TES, LA	KE WALES, FL		on pa	U		
					ER FORMS you may need to edescribed on page 6.		

PART D — INTANGIBLE PERSO TYPE OF INTANG		ocks, bonds, certific	cates of deposit, etc.] BUSINESS ENTITY TO WHI		PROPERTY RELATES
CHARLES SCHWAB BROKEF		NONE (PERS	ONAL ACCOUNT)		
		T			
					······
PART E — LIABILITIES [Major NAME OF CREI			ADDRESS	OF CREE	
NO MAJOR LIABILITIES					
PART F — INTERESTS IN SPEC	FIED BUSINESSES	[Ownership or positi	ons in certain types of businesses	5]	
	BUSINESS EN	NTITY # 1	BUSINESS ENTITY # 2		BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	INFORMATION &	GRAPHICS MG			
ADDRESS OF BUSINESS ENTITY	P.O. BOX 9043, LAKESHORE, FL				
PRINCIPAL BUSINESS ACTIVITY	COMPUTER CONSULTING				
POSITION HELD WITH ENTITY	OWNER				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	I OWN 100%				
NATURE OF MY OWNERSHIP INTEREST	SUBCHAPTER C	CORPORATIO			
IF ANY OF PARTS	A THROUGH F A		D ON A SEPARATE SHE	ET, PLE	
SIGNATURE (required):	800	Bahnsen	Digitally signed by Christian Bahnen DN: cn=Christian Bahnen, or-Information and Graphics Management, inc., ce-US Date: 2006.09.10 11.45:38 -0530'	IGNED (r	required):
	<u> </u>	ILING IN	STRUCTIONS:		
WHAT TO FILE: After completing all parts of this signing and dating it, send bac sheet (pages 1 and 2) for filing.	s form, including I ck only the first	WHERE TO FIL If you were mailed on Ethics or a Coun		<i>InitialI</i> officer, file wi t	N TO FILE: <i>Iy</i> , each local officer/employee, state ; and specified state employee must <i>ithin 30 days</i> of the date of his or her itment or of the beginning of employ-
If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).		Local officers/employees file with the Supervisor of Elections of the county in which they perma- nently reside. (If you do not permanently reside n Florida, file with the Supervisor of the county		ment. the Se if that i appoin	Appointees who must be confirmed by enate must file prior to confirmation, even is less than 30 days from the date of their atment.
Facsimiles will not be accepted NOTE: MULTIPLE FILING UNNE Generally, a person who has file calendar or fiscal year is not re second Form 1 for the same ye candidate who previously filed F of another public position must at of his or her original Form 1 who	ECESSARY: led Form 1 for a equired to file a rear. However, a Form 1 because t least file a copy	State officers or file with the Commis 15709, Tallahassee address: 3600 Mac 201, Tallahassee, Fi	has its headquarters.) <i>specified state employees</i> ission on Ethics, P.O. Drawer e, FL 32317-5709; physical clay Boulevard, South, Suite L 32312. his form together with their	must qualify <i>There</i> officers require calend tions.	idates for publicly-elected local office file at the same time they file their ving papers. vafter, local officers/employees, state s, and specified state employees are ed to file by July 1st following each dar year in which they hold their posi-
of his or her original Form 1 when	n qualifying.	+		Finally	v. at the end of office or employment.

To determine what category your position falls under, see the "Who Must File" Instructions

on page 3.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.

Bernie Feliciano

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m>

Attached is a digitally signed PDF document. I will send the original via snailmail as soon as we get back to the United States.

Chris

>From: "Schweers, Molly" <MSchweers@leegov.com> >To: <<u>christianbahnsen@hotmail.com</u>> >Subject: FW: FW: Financial Disclosure Forms >Date: Fri, 8 Sep 2006 16:08:40 -0400 > >Christian ->Please see the answer from the elections office below. > >----->Molly Schweers >Administrative Specialist >Division of Public Resources >Lee County Government >Phone: 239.335.2215 >Fax: 239.335.2449 >MSchweers@leegov.com >> >-----Original Message----->From: Bernie Feliciano [mailto:bfeliciano@leeelections.com] >Sent: Friday, September 08, 2006 3:21 PM >To: Schweers, Molly >Subject: Re: FW: Financial Disclosure Forms > >Hi Molly, > >I can accept it. He'll need to mail in the original ASAP and I can't >waive >any fines that will be assessed by the Commission. > >Bernie Feliciano >Qualifying Officer >Lee County Elections Office >P O Box 2545 >Fort Myers FL 33902-2545 >bfeliciano@leeelections.com >239-533-6304 Direct

>239-533-8683 Main >239-533-6310 Facsimile >Visit Our Website At: >www.leeelections.com > >----- Original Message ----->From: "Schweers, Molly" <MSchweers@leegov.com> >To: "Bernie Feliciano" <bfeliciano@leeelections.com> >Cc: <<u>christianbahnsen@hotmail.com</u>> >Sent: Friday, September 08, 2006 2:34 PM >Subject: FW: FW: Financial Disclosure Forms >>>Bernie, >Please see the attached email from Christian Bahnsen. Will you please >advise his best course of action? >Thank you. >>----->Molly Schweers >Administrative Specialist >Division of Public Resources >Lee County Government >Phone: 239.335.2215 >Fax: 239.335.2449 >MSchweers@leegov.com >> >-----Original Message----->From: Christian Bahnsen [mailto:christianbahnsen@hotmail.com] >Sent: Friday, September 08, 2006 2:10 PM >To: Schweers, Molly >Cc: liz manzo@hotmail.com; christianbahnsen@gmail.com >Subject: RE: FW: Financial Disclosure Forms >>Ms. Schweers, >We'll be departing from Ajijic, Mexico on Sunday, heading over to >Manzanillo >on the Pacific Coast. I can be reached at 011-52-387-761-0296 today or >tomorrow afternoon. I'm sorry, but I can't dial out on long distance >from >the house we're renting. Nor can I use Skype or another VOIP program to > >call you because the sound card went out on my laptop. >Will the elections office accept a PDF document digitially signed? I >have >Acrobat 5.0 on my laptop. If the elections office will accept a >digitally >signed PDF document I could email it directly to them.

> >The mail in Mexico is notoriously unreliable. >Christian Bahnsen >Information & Graphics Management, Inc. >P.O. Box 9043 >Lakeshore, FL 33854 >>>From: "Schweers, Molly" <<u>MSchweers@leegov.com</u>> >>To: "Christian Bahnsen" <<u>christianbahnsen@hotmail.com</u>> >>Subject: RE: FW: Financial Disclosure Forms >>Date: Thu, 7 Sep 2006 08:59:36 -0400 >> >>Chris. >>I had a message from the elections office this morning. They would like >>to call you. It doesn't sound like they'll accept the faxed form - they >>want an original. Will you either provide a phone number, or phone >>Bernie Feliciano (female) at 239-533-6304? >>Thank you, >> >>----->>Molly Schweers >>Administrative Specialist >>Division of Public Resources >>Lee County Government >>Phone: 239.335.2215 >>Fax: 239.335.2449 >>MSchweers@leegov.com >> >> >>-----Original Message----->>From: Christian Bahnsen [mailto:christianbahnsen@hotmail.com] >>Sent: Wednesday, September 06, 2006 10:27 AM >>To: Schweers, Molly >>Cc: liz manzo@hotmail.com >>Subject: RE: FW: Financial Disclosure Forms >> >>Ms. Schweers, >> >>You should have received the 2005 form by fax yesterday. I did not >fill >>out >>a final form at this time since I'll probably have to fill out a 2006 >>anyway >>and there is the (very remote) possibility that I might need to do some >>support work with the One World system for the office. >> >>Chris >> >>>>>From: "Schweers, Molly" <<u>MSchweers@leegov.com</u>>

>>>To: "Christian Bahnsen" <<u>christianbahnsen@hotmail.com</u>> >>>Subject: RE: FW: Financial Disclosure Forms >>>Date: Tue, 5 Sep 2006 08:12:40 -0400 >>> >>>The form you are filling out is actually for 2005. If you do not >>>anticipate a future need, please also fill out the F1 Final form. >I've >>>attached both forms and directions with this email. >>> >>> >>>----->>>Molly Schweers >>>Administrative Specialist >>>Division of Public Resources >>>Lee County Government >>>Phone: 239.335.2215 >>Fax: 239.335.2449 >>>MSchweers@leegov.com >>> >>>-----Original Message----->>>From: Christian Bahnsen [mailto:christianbahnsen@hotmail.com] >>Sent: Sunday, September 03, 2006 8:18 PM >>>To: Schweers, Molly >>>Cc: Manzo, Liz E. >>>Subject: RE: FW: Financial Disclosure Forms >>> >>>Ms. Schweers, >>> >>>I was originally set up as a One World user to help the Medical >>Examiner >>> >>>office make the transition to the county accounting systems. I no >>>longer >>>live in Fort Myers and I cannot foresee any future need for me to >have >>>this >>>account. If you delete me as a One World user, do I still need to do >> >the >>>financial reports? If not, go ahead and delete my One World account. >>> >>>If I still need to fill out the forms we may as well keep the account >>>active >> >until the end of the year. >>> >>>Christian Bahnsen >>> >>> >>>>From: "Manzo, Liz E." <<u>mmanzo@leegov.com</u>> >>>>To: <<u>christianbahnsen@gmail.com></u>,<<u>christianbahnsen@hotmail.com</u>> >>>>CC: "Hamilton, Rebecca" <RHAMILTON@leegov.com>

>>15:38:25 >>>-0400 >>>> >>>>Chris. >>>> >>>>Hope you get this email and the attached forms. Per Molly Schweers >>at>>>>the County, since you had authorization privileges in One World to >>>enter >>> requisitions as of 12/31/05, you are required to complete the >>financial >>>>disclosure form and return to the Supervisor of Elections. It's a >>>>government regulation dealing with anyone who has power over >>>>expenditures of \$15,000 or more. Dr. Hamilton, myself, Bob and >Barb >>all >>>>had to file one. I think they have been trying to contact you via >>> county email, but don't know if you are able to view that. I >>explained >>>>to her that you are out of the country and that it might be tricky, > but >>>>she informed me that fines will accrue if it isn't filed. >>>> >>>> >>>> >>>>If there's a way to complete them and return to me by email or fax, >>>!'!] >>>>see that they get to the Supervisor of Elections. Or you can fax >>>>directly to them at 239-533-6310. >>>> >>>> >>>> >>>>If you need to consult with anyone, I'd suggest Molly Schweers with >>Lee >>>>County at the number below. >>>> >>>> >>>> >>>>Hope all is well and that you have a great weekend!! >>>> >>>> >>>> >>>Liz Manzo >>>> >>>>Administrative Manager >>>> >>>>District 21 Medical Examiner >>>> >>>Ph: 239-277-5020 >>>> >>>Fax: 239-277-5017

>>>> >>>> >>>> >>>From: Schweers, Molly >>>Sent: Friday, September 01, 2006 2:48 PM >>>To: Manzo, Liz E. >>>Subject: Financial Disclosure Forms >>>> >>>> >>>> >>>> >>>> >>>> >>>> >>>>----->>>> >>>>Molly Schweers >>>> >>>>Administrative Specialist >>>> >>>>Division of Public Resources >>>> >>>>Lee County Government >>>> >>>Phone: 239.335.2215 >>>> >>>Fax: 239.335.2449 >>>> >>>>MSchweers@leegov.com >>>> >>>> >>>> >>>> >>>> >>> >>> >>>><< form1f 2006.pdf>> >>> >>> >>>><< form1_2005 instruct.pdf>> >>> >>> >>>><< Form1_2005_type.pdf >> >>> >>> >> >> >>><< form1f 2006.pdf>> >> >> >>><< form1_2005_instruct.pdf >>

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