

Bernie Feliciano

Attention: Helen Jones

From: "JONES.HELEN" <JONES.HELEN@leg.state.fl.us>
To: "Bernie Feliciano" <bfeliciano@leeelections.com>
Sent: Friday, March 04, 2005 4:19 PM
Subject: Financial Disclosure Appeal - Shirley Burns

FAXED
3/10/05
12:45 PM

Dear Bernie:

I have been assigned the above-referenced financial disclosure appeal of Shirley Burns for her service as a member of the Lee County Housing Authority. Will you please fax me a copy of the certified delinquency notice sent to Ms. Burns for failure to timely file her 2003 Form 1?

Thank you for your attention to this request.

Helen Jones
Florida Commission on Ethics
850-488-7864

850-488-3077 (Fax)

also - Here is Form 1 2003

3/10/2005

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

EH60 9418 0000 09E0 T002

OFFICIAL USE

Postage	\$	JUL 31 2004 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery (Endorsement R)		
Total Postage		
Sent To		
Shirley H Burns P. O. Box 150027 Cape Coral FL 33915		
Street, Apt. No. or PO Box No.		
City, State, ZIP+ 4		

PS Form 3800, January 2001 See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

0974 6148 0000 03E0 T002

OFFICIAL USE

Postage	\$	JUL 31 2004 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery (Endorsement R)		
Total Postage		
Sent To		
Shirley H Burns 14170 Warner Circle N. W. Cape Coral FL 33903		
Street, Apt. No. or PO Box No.		
City, State, ZIP+ 4		

PS Form 3800, January 2001 See Reverse for Instructions

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

Shirley H Burns
 P. O. Box 150027
 Cape Coral FL 33915

2. Article Number (Copy from service label) 7001 0360 0000 8146 0943

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

COMPLETE THIS SECTION ON DELIVERY

A. Received (Please Print Name) B. Date of Delivery
Shirley H Burns 8/1/99

C. Agent Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Name) B. Date of Delivery
Shirley H Burns 8/1/99

C. Signature Agent Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

1. Article Addressed to:

Shirley H Burns
 14170 Warner Circle N. W.
 Cape Coral FL 33903

2. Article Number (Copy from service label) 7001 0360 0000 8146 0974

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

FORM 1

STATEMENT OF

2003

FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Burns Shirley H

MAILING ADDRESS :

913 SW 23rd St

CITY : ZIP : COUNTY :

Cape Coral 33991 Lee

NAME OF AGENCY :

Lee County Housing Authority

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Commissioner

CHECK IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY:

A/C

ID Code

ID No.

71036

Conf. Code

67577

Req. Code

RECEIVED
2004 SEP 14 PM 3:02
SUPERVISOR OF COMMUNITY RECORDS

PM 9-11-04

****THIS SECTION MUST BE COMPLETED****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one):

DECEMBER 31, 2003 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR 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	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
City of Cape Coral	1015 Cultural Park Blvd Cape Coral, FL 33915	Employer

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]

N/A

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.

OTHER FORMS you may need to file are described on page 6.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
N/A	

PART E — LIABILITIES [Major debts]

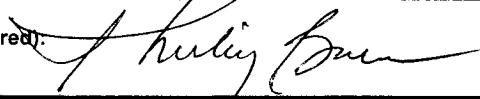
NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A	

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]

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

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

SIGNATURE (required):



DATE SIGNED (required):

8/27/04

FILING INSTRUCTIONS:

WHAT TO FILE:

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

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.

WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently 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.

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.

WHEN TO FILE:

Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even 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.

William L. Harrington
Supervisor of Elections
LEE COUNTY

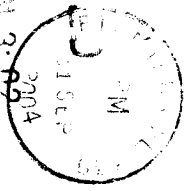
CONSTITUTIONAL COMPLEX
P.O. BOX 2545
FORT MYERS, FLORIDA 33902

RECEIVED

2004 SEP 14 PM 2:01
SUPERVISOR

SUPERVISOR OF ELECTIONS

2004 SEP 14 PM 2:02



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

