

Bernie Feliciano

From: "Bernie Feliciano" <bfeliciano@leeelections.com>
To: "SHIRLEY TAYLOR" <taylor.shirley@leg.state.fl.us>
Sent: Tuesday, March 11, 2003 10:02 AM
Subject: LEE COUNTY-RAY CARLSON



RAY CARLSON
LEE COUNTY PINE MANOR LOCAL DISTRICT COORDINATOR
#4610-073

Mr. Winston Piercy phone me on 03-10-03 (his telephone number 239-275-6185) on behalf of Ray Carlson. Mr. Carlson was submitted on the Failure to File list as a "non-filer". His Form 1 for 2001 would have been his first filing with our office. Mr. Piercy is a personal assistant of Mr. Carlson's.

1 Initial mailing 05-31-02 and delinquent certified mailing 07-31-02. Mailed both notices to 5544 Tenth Avenue, Fort Myers FL 33907. Neither mail piece was returned by the United States Postal Service as undeliverable or unclaimed.

2 Mr. Carlson's delinquent certified notice was picked up on 08-01-02 by a Robert Johnson who was at the time employed by or with Mr. Carlson, but is no longer. Mr. Piercy has taken over Mr. Johnson's duties.

3 The address provided on the Commission's list, 5544 Tenth Avenue is incorrect. The correct address is 5546 Tenth Avenue, Fort Myers FL 33907. I did inform Mr. Piercy that at this point the correctness of the address was immaterial since the delinquent notice was picked up and signed for by an associate, at the time, of Mr. Carlson's even though the address was incorrect.

4 According to Mr. Piercy, Mr. Johnson never turned over the delinquent certified mailing to Mr. Carlson and additionally left his employ with Mr. Carlson.

5 Mr. Piercy has been informed that Mr. Carlson still needs to file Form 1 2001 since he is the liaison between our office and Mr. Carlson. I also Mr. Piercy know that Mr. Carlson will need to file a Form 1 2002 by July 1, 2003.

All materials involving Mr. Carlson will be mailed to you.

Bernie Feliciano
Qualifying Officer
Lee County Elections Office
239-339-6304 direct
239-339-6300 main
239-339-6310 facsimile
bfeliciano@leeelections.com

2002 Financial Disclosure Mailing List - 46

Lee County

Local Officers

Linda Canorrotta

20 [REDACTED] CT

Fort Myers FL 33908-

4605

62283 Date Form Received: 6/12/02

School District Of Lee County
Employees

Cheryl Carbone

809 [REDACTED] Barbara Place

Capri FL 33991-

4605

15282 Date Form Received: 6.24.02

Lee County
Employees

Daisy Cardona

140 [REDACTED] Drive

Fort Myers FL 33905-

4610

24481 Date Form Received: 6/18/02

Lee County
Employees

James S Cardoza

1000 [REDACTED]

Lee County FL 33972-

4682

Chief

4765 Date Form Received: 6/6/02

Lehigh Acres Fire & Rescue Dst.

Denise Carlin

15 [REDACTED] Ct.

Fort Myers FL 33919-

4605

44276 Date Form Received: 6.28.02

School District Of Lee County
Employees

Ray Carlson

5544 Tenth AVE

Ft. Myers FL 33907-

4610 - 073

64432 Date Form Received:

Lee County
Pine Manor Local Neighborhood District Committee

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

RAY CARLSON
5544 TENTH AVE
FORT MYERS FL 33907

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **R. Johnson** B. Date of Delivery **8/1/02**
C. Signature **[Signature]** ☐ Agent ☐ Addressee
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7000 0600 0024 0740 5153

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0024 0740 5153

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total:	

JUL 31 2002

Postmark
Here

Recipie
Street, **RAY CARLSON**
5544 TENTH AVE
City, St **FORT MYERS FL 33907**

PS Form 3800, February 2000

See Reverse for Instructions

RECEIVED

2002 AUG -6 PM 12:13

SUPERVISOR OF ELECTIONS

PHILINDA A. YOUNG
Supervisor of Elections
P.O. Box 2545
Fort Myers, FL 33902

• Sender: Please print your name, address, and ZIP+4 in this box •

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

UNITED STATES POSTAL SERVICE

FORM 1

STATEMENT OF

2002

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

FINANCIAL INTERESTS

LAST NAME -- FIRST NAME -- MIDDLE NAME:

CARLSON, RAY PAUL

MAILING ADDRESS:

P.O. Box 61343

CITY:

FT. MYERS, FL

ZIP:

33906

COUNTY:

LEE

NAME OF AGENCY:

LEE Co Board of County Commissioners

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Pine Manor Local Dist Comm Hdr

CHECK IF ☐ CANDIDATE OR ☒ NEW EMPLOYEE OR APPOINTEEFOR OFFICE
USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

RECEIVED
2003 MAR 20 PM 5:25
SUPERVISOR OF ELECTIONS

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, 2002

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
JR Ramm, Ltd	PO Box 61343, Ft Myers, FL	Handyman Svc Tree Lawn Svc.

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
Hansen Bays		PO Box 61343	SUPPORTRITE HOUSING 501 C(3) CORP.

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

15401 WILLOW LANE
Ft Myers, FL 33906

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	N/A

RECEIVED
 2008 MAR 20 PM 5:25
 SUPERVISOR OF ELECTIONS

PART E — LIABILITIES [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
FLORIDA COMMUNITY BANK	7900 SUMMERLAKES, FT. MYERS, FL
WELLS FARGO HOME MORT.	PO BOX 30110, TAMPA, FL

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	N/A	N/A	N/A
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			

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

SIGNATURE (required):	DATE SIGNED (required):
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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.