

## FORM 1

## STATEMENT OF

2007

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

## FINANCIAL INTERESTS

LAST NAME -- FIRST NAME -- MIDDLE NAME :

NIELSON ROBERT JR. Stewart

MAILING ADDRESS :

11410 Bert PINE DRIVE

CITY :

Fort Myers

ZIP :

33913

COUNTY :

LEE

NAME OF AGENCY :

GATEWAY SERVICES CDD

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

BOARD OF SUPERVISORS

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF ☐ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

FOR OFFICE  
USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

08AUG29PM 11:25 SDE Lee Co FL

**\*\*BOTH PARTS OF 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, 2007 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

SEE ATTACHED

**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

SEE ATTACHED

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

1710 Dixie Ave 1/2 acre vacant  
Lehigh Acres FL 33971 land

**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

Bank Accounts  
InvestmentsBank of America  
Morgan Stanley**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 ENTITYRobert Nielson Jr Mtg  
Consultants IncADDRESS OF  
BUSINESS ENTITY11410 Bent Pine Drive  
Ft Myers FL 33913PRINCIPAL BUSINESS  
ACTIVITY

Mortgage Broker Bus

POSITION HELD  
WITH ENTITY

President

I OWN MORE THAN A 5%  
INTEREST IN THE BUSINESS

Yes

NATURE OF MY  
OWNERSHIP INTEREST

Owner / Operator

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

SIGNATURE (required):

Robert Nielson Jr.

DATE SIGNED (required):

6/25/08

**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.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

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.

**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; physical address: 3600 Maclay Blvd. 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.

**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.

**Statement of Financial Interests  
Form 1**

**Robert Nielson Jr  
Year 2007**

**Part A - Primary Sources of Income**

<b>Name of Business Entity</b>	<b>Sources Address</b>	<b>Description of Sources Business Activity</b>
Cornerstone Kitchens Inc	3150 Metro Pkwy Fort Myers, FL 33916	Financial Controller for Kitchen Manufacturer
Robert Nielson Jr CPA	11410 Bent Pine Drive Fort Myers, FL 33913	Tax and Accounting Consultant
Gateway Services CDD	13240 Griffin Drive Fort Myers FL 33913	Board Supervisor

**Statement of Financial Interests  
Form 1**

**Robert Nielson Jr  
Year 2007**

**Part B - Secondary Sources of Income**

<b>Name of Business Entity</b>	<b>Address of Source</b>	<b>Principal Business Activity</b>
<b>Royal Palm Closet Design</b>	<b>12830 Metro Pkwy Suite 10 Fort Myers, FL 33966</b>	<b>Manufacturer</b>
<b>Burruano Group</b>	<b>649 Fifth Ave. South Suite 216 Naples, FL 34102</b>	<b>Business Consultants</b>