Bernie Feliciano

Copy

From:"disclosure" <disclosure@leg.state.fl.us>To:"Schweers, Molly" <MSchweers@leegov.com>Cc:"Bernie Feliciano" <bfeliciano@leeelections.com>Sent:Monday, July 23, 2007 1:15 PMSubject:RE: LCSO Member Petra Webb

Please be advised that Petra Webb has been removed from the list of financial disclosure filers.

If you have any questions or need further assistance, please do not hesitate to contact me.

Kimberly R. Holmes

Program Specialist/Financial Disclosure Unit Commission on Ethics P.O. Drawer 15709 Tallahassee, FL 32317-5709 Telephone: (850) 488-7864 Fax: (850) 488-9657

CC: Bernie Feliciano, Qualifying Officer, Lee County Supervisor of Elections By copy of this email the Lee County Supervisor of Elections are notified of name removal.

From: Schweers, Molly [mailto:MSchweers@leegov.com]
Sent: Friday, July 20, 2007 11:46 AM
To: disclosure
Cc: Bernie Feliciano
Subject: FW: LCSO Member Petra Webb

Please remove Petra Webb, PID 35208 from our list of filers. She left before December 2006. Thank you,

From: Reno, Annmarie [mailto:areno@sheriffleefl.org] Sent: Friday, July 20, 2007 11:45 AM To: Schweers, Molly Subject: LCSO Member Petra Webb

Good Afternoon Molly,

Per our conversation, Petra Webb, Finance Director for the Lee County Sheriff's Office, retired on July 8, 2006.

Respectfully, Annmarie Reno Human Resource Manager (239) 477-1042 Areno(@sheriffleefl.org

FORM 1	FORM 1 STATEMENT OF								
Please print or type your name, mailing address, agency name, and position below: FINANCIAL INTERI						/			
LAST NAME FIRST NAME MIDDLE NAME : Webb, Petro M MAILING ADDRESS :					ICE Y:				
23033 Marsh	Landing			ode					
Ester FL	33928 ZIP :		ID N						
NAME OF AGENCY: Lee County She NAME OF OFFICE OR POSITION HE	iff's OT			iode Io. f. Code eq. Code Eq. Code					
Einance A									
CHECK ONLY IF 🔲 CANDIDATE	OR d	NEW EMPLOYEE OR AI	PPOINTEE		_	Ť			
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, 2005 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): OR 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 ADDRESS					-	SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY			
des County Shavy 'soffice		14750 Six Mile Cappions Plunay			Finance Quiector				
						·			
PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY	NAME OF N	lajor customers, clients, a MAJOR SOURCES NESS' INCOME	and other sources of ADDR OF SOI	ESS	ousiness	es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
NON									
PART C REAL PROPERTY [Land, buildings owned by the reporting person]					FILING INSTRUCTIONS for when and where to file this form are locat- ed at the bottom of page 2.				
					INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.				
						ER FORMS you may need to e described on page 6.			

PART D — INTANGIBLE PERSO TYPE OF INTANG		ocks, bonds, certific	cates of deposit, etc.] BUSINESS ENTITY TO WH	исн тне	PROPERTY RELATES			
			Doomeoo Entre Francisco					
NO			<u> </u>		<u> </u>			
<u> </u>			<u></u>	<u></u>				
		1	<u></u>		<u> </u>			
<u></u>	<u> </u>							
PART E — LIABILITIES [Major debts] NAME OF CREDITOR			ADDRESS OF CREDITOR					
			······································					
PART F INTERESTS IN SPECIFIED BUSINESSES [ON BUSINESS ENTI		• • •	BUSINESS ENTITY # 2		BUSINESS ENTITY # 3			
BUSINESS ENTITY ADDRESS OF								
BUSINESS ENTITY PRINCIPAL BUSINESS			 					
ACTIVITY POSITION HELD	ts	· O						
VITH ENTITY		<u> </u>	 					
INTEREST IN THE BUSINESS			 					
OWNERSHIP INTEREST								
IF ANY OF PARTS A	A THROUGH F AF	RE CONTINUE	D ON A SEPARATE SHE	ET, PLE				
SIGNATURE (required):			DATE S	GNED (r	paquirad).			
SIGINI UNE (required).	a Pthele	AL		6-2-0				
		ILING IN	STRUCTIONS:	<u> </u>				
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		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		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 employ- ment. Appointees who must be confirmed by the Senate must file prior to confirmation, even				
section(s). no in in		nently reside. (If you in Florida, file with t	county in which they perma- bu do not permanently reside the Supervisor of the county has its headquarters.)	if that is less than 30 days from the date of their appointment. Candidates for publicly-elected local office				
· · · · · · · · · · · · · · · · · · ·		• • •	specified state employees	must f	must file at the same time they file their qualifying papers.			
MULTIPLE FILING UNNECESSARY:		file with the Commis	ssion on Ethics, P.O. Drawer					

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.

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.

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.