FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2017

FOR OFFICE USE ONLY:
FLORIDA
COMMISSION ON ETHICS
JUN 18 2018
RECEIVED

**********AUTO**MIXED AADC 323 T7 P1 171 1211
Larry H. Ray
Tax Collector
Collier County
Elected Constitutional Officer
725 Wildwood Ln
Naples, FL 34105-3215

PROCESSED

ID Code
ID No. 221807
Conf. Code
Ray, Larry H.

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2017 or a more current date. [Note: Net worth is not calculated by subtracting your *reported* liabilities from your *reported* assets, so please see the instructions on page 3.]

My net worth as of 12 JUNE, 20 18 was $ 557,464.

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds $1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is $ 125,000

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
CONDO @ 725 WILDWOOD LN, NAPLES, FL 34105	340,000
LAKE LOT @ SANTEETLAH, NC	60,000
HOME @ 671 BLACKBEAR TRL, SANTEETLAH, NC	420,000
SUNTRUST BANK ACCTS	51,894

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF $1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
MORTGAGE, NAPLES CONDO, NAPLES, FL 34105	202,659
MORTGAGE, SANTEETLAH, NC HOME	236,771

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

(Continued on reverse side)

PART D -- INCOME

Identify each separate source and amount of income which exceeded $1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2017 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☑ I elect to file a copy of my 2017 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2017 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING $1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

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

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
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			

PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

☑ **I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.**

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Collier

Sworn to (or affirmed) and subscribed before me this 7th day of June, 2018 by [illegible].

(Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ✓ OR Produced Identification _____

Type of Identification Produced _____

LEILA MARCOE MY COMMISSION EXPIRES OCTOBER 30, 2021 #GG 156433 NOTARY PUBLIC, STATE OF FLORIDA Fain Insurance

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature _____ Date _____

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

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

Form **1040** Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2017** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2017, or other tax year beginning , 2017, ending , 20 See separate instructions.

Your first name and initial	Last name	Your social security number
Larry H	Ray	[redacted]
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
Pamela A	Ray	[redacted]

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
725 Wildwood Ln

▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
Naples FL 34105

Foreign country name | Foreign province/state/county | Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status

Check only one box.

1 ☐ Single
2 ☒ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) (see instructions)

Exemptions

6a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a
b ☒ **Spouse**

c **Dependents:** (1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if child under age 17 qualifying for child tax credit (see instructions)
			☐
			☐
			☐
			☐

If more than four dependents, see instructions and check here ▶ ☐

d Total number of exemptions claimed

Boxes checked on 6a and 6b 2
No. of children on 6c who:
• **lived with you**
• **did not live with you due to divorce or separation (see instructions)**
Dependents on 6c not entered above
Add numbers on lines above ▶ 2

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

7	Wages, salaries, tips, etc. Attach Form(s) W-2			7	138,016.
8a	**Taxable** interest. Attach Schedule B if required			8a	21.
b	**Tax-exempt** interest. **Do not** include on line 8a	8b			
9a	Ordinary dividends. Attach Schedule B if required			9a	
b	Qualified dividends	9b			
10	Taxable refunds, credits, or offsets of state and local income taxes			10	
11	Alimony received			11	
12	Business income or (loss). Attach Schedule C or C-EZ			12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐			13	
14	Other gains or (losses). Attach Form 4797			14	
15a	IRA distributions	15a	b Taxable amount	15b	
16a	Pensions and annuities	16a	b Taxable amount	16b	60,468.
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			17	
18	Farm income or (loss). Attach Schedule F			18	
19	Unemployment compensation			19	
20a	Social security benefits	20a 42,133.	b Taxable amount	20b	35,813.
21	Other income. List type and amount			21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶			22	234,318.

Adjusted Gross Income

23	Educator expenses	23		
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24		
25	Health savings account deduction. Attach Form 8889	25		
26	Moving expenses. Attach Form 3903	26		
27	Deductible part of self-employment tax. Attach Schedule SE	27		
28	Self-employed SEP, SIMPLE, and qualified plans	28		
29	Self-employed health insurance deduction	29		
30	Penalty on early withdrawal of savings	30		
31a	Alimony paid b Recipient's SSN ▶	31a		
32	IRA deduction	32		
33	Student loan interest deduction	33		
34	Tuition and fees. Attach Form 8917	34		
35	Domestic production activities deduction. Attach Form 8903	35		
36	Add lines 23 through 35		36	
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶		37	234,318.

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	234,318.
	39a	Check if: ☒ **You** were born before January 2, 1953, ☐ Blind. ☒ **Spouse** was born before January 2, 1953, ☐ Blind. **Total boxes checked ▶ 39a** 2		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ **39b** ☐		
Standard Deduction for— • People who check any box on line 39a or 39b **or** who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, $6,350 Married filing jointly or Qualifying widow(er), $12,700 Head of household, $9,350	40	**Itemized deductions** (from Schedule A) **or** your **standard deduction** (see left margin)	40	28,041.
	41	Subtract line 40 from line 38	41	206,277.
	42	**Exemptions.** If line 38 is $156,900 or less, multiply $4,050 by the number on line 6d. Otherwise, see instructions	42	8,100.
	43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	198,177.
	44	**Tax** (see instructions). Check if any from: **a** ☐ Form(s) 8814 **b** ☐ Form 4972 **c** ☐	44	42,374.
	45	**Alternative minimum tax** (see instructions). Attach Form 6251	45	
	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
	47	Add lines 44, 45, and 46 ▶	47	42,374.
	48	Foreign tax credit. Attach Form 1116 if required 48		
	49	Credit for child and dependent care expenses. Attach Form 2441 49		
	50	Education credits from Form 8863, line 19 50		
	51	Retirement savings contributions credit. Attach Form 8880 51		
	52	Child tax credit. Attach Schedule 8812, if required 52		
	53	Residential energy credits. Attach Form 5695 53		
	54	Other credits from Form: **a** ☐ 3800 **b** ☐ 8801 **c** ☐ 54		
	55	Add lines 48 through 54. These are your **total credits**	55	
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶	56	42,374.
Other Taxes	57	Self-employment tax. Attach Schedule SE	57	
	58	Unreported social security and Medicare tax from Form: **a** ☐ 4137 **b** ☐ 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60a	Household employment taxes from Schedule H	60a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage ☒	61	0.
	62	Taxes from: **a** ☐ Form 8959 **b** ☐ Form 8960 **c** ☐ Instructions; enter code(s)	62	
	63	Add lines 56 through 62. This is your **total tax** ▶	63	42,374.
Payments	64	Federal income tax withheld from Forms W-2 and 1099 64 40,919.		
If you have a qualifying child, attach Schedule EIC.	65	2017 estimated tax payments and amount applied from 2016 return 65		
	66a	**Earned income credit (EIC)** 66a		
	b	Nontaxable combat pay election **66b**		
	67	Additional child tax credit. Attach Schedule 8812 67		
	68	American opportunity credit from Form 8863, line 8 68		
	69	Net premium tax credit. Attach Form 8962 69		
	70	Amount paid with request for extension to file 70		
	71	Excess social security and tier 1 RRTA tax withheld 71		
	72	Credit for federal tax on fuels. Attach Form 4136 72		
	73	Credits from Form: **a** ☐ 2439 **b** ▒ Reserved **c** ☐ 8885 **d** ☐ 73		
	74	Add lines 64, 65, 66a, and 67 through 73. These are your **total payments** ▶	74	40,919.
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you **overpaid**	75	
	76a	Amount of line 75 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐	76a	
Direct deposit? See instructions.	b	Routing number X X X X X X X X X ▶ **c** Type: ☐ Checking ☐ Savings		
	d	Account number X X X X X X X X X X X X X X X X		
	77	Amount of line 75 you want **applied to your 2018 estimated tax** ▶ 77		
Amount You Owe	78	**Amount you owe.** Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78	1,455.
	79	Estimated tax penalty (see instructions) 79		

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **Yes.** Complete below. ☒ **No**

Designee's name ▶ | Phone no. ▶ | Personal identification number (PIN) ▶

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	Daytime phone number
		Tax Collector	(239)280-6650
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		Retired	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶ Self-Prepared			Firm's EIN ▶	
Firm's address ▶			Phone no.	

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code	1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
FLORIDA RETIREMENT SYSTEM DIVISION OF RETIREMENT PO BOX 9000 TALLAHASSEE FL 32315-9000	$ 6,246.18	2017	
	2a Taxable amount $ 6,246.18	Form 1099-R	
	2b Taxable amount not determined ☐ Total distribution ☐		Copy C For Recipient's Records

PAYER'S federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a)	4 Federal income tax withheld
59-1354377	XXX-XX-[redacted]	$	$ 0.00

RECIPIENT'S name	5 Employee contributions /Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	
PAMELA A RAY 725 WILDWOOD LN NAPLES, FL 34105-3215	$ 0.00	$	
	7 Distribution code(s): 7; IRA/SEP/SIMPLE ☐	8 Other $ %	This information is being furnished to the Internal Revenue Service.
	9a Your percentage of total distribution %	9b Total employee contributions $ 0.00	

10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	FATCA filing requirement	12 State tax withheld	13 State/Payer's state no.	14 State distribution
$		☐	$		$
			$		$

Account number (see instructions)	15 Local tax withheld	16 Name of locality	17 Local distribution
XXX-XX-[redacted]	$		$
	$		$

Form 1099-R (keep for your records) www.irs.gov/form1099r Department of the Treasury - Internal Revenue Service

1099R

☐ CORRECTED (if checked)

Control Number

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code and telephone no.	1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
Defense Finance and Accounting Service US Military Retirement Pay 8899 E 56th Street Indianapolis, IN 46249-1200	$ 54222.00	2017	
	2a Taxable amount $ 54222.00	Form 1099-R	

PAYER'S Federal identification number	RECIPIENT'S identification Number	2b Taxable amount not determined ☐ Total Distribution ☐	
34-0727612	[redacted]		

RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code	4 Federal Income tax withheld	7 Distribution code	Copy 2 File this copy with your state, city, or local income tax return when required
LARRY H RAY 725 WILDWOOD LN NAPLES FL 34105	$ 4080.66	7	
	9 Your percentage of total distribution %		
	12 State tax withheld $ 0.00	13 State/Payer's state no.	
	$ 0.00		
	RETIRED 12312017	01012017-	

Form 1099-R (8-99) Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2017 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

CU2261784-111511131232-2

Box 1. Name	Box 2. Beneficiary's Social Security Number
PAMELA A RAY	[redacted]

Box 3. Benefits Paid in 2017	Box 4. Benefits Repaid to SSA in 2017	Box 5. Net Benefits for 2017 *(Box 3 minus Box 4)*
$9,816.00	NONE	$9,816.00

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or direct deposit	$9,816.00
Benefits for 2017	$9,816.00

DESCRIPTION OF AMOUNT IN BOX 4

NONE

Box 6. Voluntary Federal Income Tax Withheld

NONE

Box 7. Address

PAMELA A RAY
725 WILDWOOD LN
NAPLES FL 34105-3215

CU2261784-111511131232-2

Box 8. Claim Number *(Use this number if you need to contact SSA.)*

[redacted]

Form **SSA-1099-SM** (1-2018)

DO NOT RETURN THIS FORM TO SSA OR IRS

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2017 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

CU2242294-111511214481-2

Box 1. Name	Box 2. Beneficiary's Social Security Number
LARRY H RAY	[redacted]

Box 3. Benefits Paid in 2017	Box 4. Benefits Repaid to SSA in 2017	Box 5. Net Benefits for 2017 *(Box 3 minus Box 4)*
$32,317.00	NONE	$32,317.00

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or direct deposit	$32,317.00
Benefits for 2017	$32,317.00

DESCRIPTION OF AMOUNT IN BOX 4

NONE

Box 6. Voluntary Federal Income Tax Withheld

NONE

Box 7. Address

LARRY H RAY
725 WILDWOOD LN
NAPLES FL 34105-3215

Box 8. Claim Number *(Use this number if you need to contact SSA.)*

[redacted]

CU2242294-111511214481-2

orm **SSA-1099-SM** (1-2018)

DO NOT RETURN THIS FORM TO SSA OR IRS

	a Employee's social security number [redacted]	OMB No. 1545-0008	This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

b Employer identification number (EIN)	1 Wages, tips, other compensation	2 Federal income tax withheld
59-6000562	138016.32	36837.96
c Employer's name, address, and ZIP code COLLIER COUNTY TAX COLLECTOR 3291 E. TAMIAMI TRAIL NAPLES, FL 34112-5758	**3** Social security wages 127200.00	**4** Social security tax withheld 7886.30
	5 Medicare wages and tips 142276.26	**6** Medicare tax withheld 2063.04
	7 Social security tips .00	**8** Allocated tips
d Control number 0000112	**9** Verification code	**10** Dependent care benefits .00
e Employee's name, address, and ZIP code LARRY HENRY RAY 725 WILDWOOD LANE NAPLES FL 34105	**11** Nonqualified plans .00	**12a** See instructions for box 12 Code C 2224.80
	13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐	**12b** Code .00
	14 Other FRS MAND 3 % 4259.94	**12c** Code .00
		12d Code .00

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
FL	69-0500244	138016.32	.00	.00	.00	

Form **W-2** **Wage and Tax Statement** **2017**

Department of the Treasury—Internal Revenue Service

Copy C—For EMPLOYEE'S RECORDS (See *Notice to Employee* on the back of Copy B.) or Copy 2 to be Filed With Employee's State, City or Local Income Tax Return

Safe, accurate, FAST! Use IRS e-file

LW2C/LW22 5203