FORM 6 — FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS — 2018

FOR OFFICE USE ONLY:
FLORIDA COMMISSION ON ETHICS
JUN 12 2019
RECEIVED

**********AUTO**MIXED AADC 323 T7 P1 175 1200
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, 2018 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 10 JUNE, 20 19 was $ 593,701.

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 $ 151,000

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 34104	$ 350,000
LAKE LOT @ SANTEETLAH, NC	50,000
HOME @ 671 BLACK BEAR TRL, SANTEETLAH, N.C	420,000
SUNTRUST BANK ACCTS	75,452

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
SUNTRUST BANK, P.O. BX 26149, RICHMOND, VA 23260 - CONDO	$ 198,846
SUNTRUST BANK, P.O. BX 26149, RICHMOND, VA 23260 - HOME	228,818
SUNTRUST BANK, P.O. BX 305183, NASHVILLE, TN 37230 - PERSONAL LOAN	25,087

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

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 2018 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 2018 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2018 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.

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

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Collier

Sworn to (or affirmed) and subscribed before me this 10th day of June, 2019 by _____.

Leila Varcoe
(Signature of Notary Public--State of Florida)

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

Personally Known ✓ *OR* Produced Identification _____

Type of Identification Produced _____

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

2018 OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing status: ☐ Single ☒ Married filing jointly ☐ Married filing separately ☐ Head of household ☐ Qualifying widow(er)

Your first name and initial	Last name	Your social security number
Larry H	Ray	[redacted]

Your standard deduction: ☐ Someone can claim you as a dependent ☒ You were born before January 2, 1954 ☐ You are blind

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

Spouse standard deduction: ☐ Someone can claim your spouse as a dependent ☒ Spouse was born before January 2, 1954 ☐ Spouse is blind ☐ Spouse itemizes on a separate return or you were dual-status alien

☒ Full-year health care coverage or exempt (see inst.)

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.	Presidential Election Campaign (see inst.) ☐ You ☐ Spouse
725 Wildwood Ln		
City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6.		If more than four dependents, see inst. and ✓ here ▶ ☐
Naples FL 34105		

Dependents (see instructions):

(1) First name / Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.): Child tax credit	Credit for other dependents
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Sign Here

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

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 complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		Tax Collector	
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

Preparer's name	Preparer's signature	PTIN	Firm's EIN	Check if:
				☐ 3rd Party Designee
Firm's name ▶ Self-Prepared		Phone no.		☐ Self-employed
Firm's address ▶				

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2018)

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

1	Wages, salaries, tips, etc. Attach Form(s) W-2				1	143,465.
2a	Tax-exempt interest	2a		b Taxable interest	2b	23.
3a	Qualified dividends	3a		b Ordinary dividends	3b	
4a	IRAs, pensions, and annuities	4a		b Taxable amount	4b	61,753.
5a	Social security benefits	5a	43,294.	b Taxable amount	5b	36,800.
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22				6	242,041.
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6				7	242,041.
8	**Standard deduction or itemized deductions** (from Schedule A)				8	28,081.
9	Qualified business income deduction (see instructions)				9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-				10	213,960.
11	a Tax (see inst.) 39,929. (check if any from: 1 ☐ Form(s) 8814 2 ☐ Form 4972 3 ☐)					
	b **Add** any amount from Schedule 2 and check here ▶ ☐				11	39,929.
12	a Child tax credit/credit for other dependents			b **Add** any amount from Schedule 3 and check here ▶ ☐	12	
13	Subtract line 12 from line 11. If zero or less, enter -0-				13	39,929.
14	Other taxes. Attach Schedule 4				14	0.
15	Total tax. Add lines 13 and 14				15	39,929.
16	Federal income tax withheld from Forms W-2 and 1099				16	38,343.
17	Refundable credits: a EIC (see inst.)		b Sch. 8812	c Form 8863		
	Add any amount from Schedule 5				17	
18	Add lines 16 and 17. These are your total payments				18	38,343.

Standard Deduction for—
- Single or married filing separately, $12,000
- Married filing jointly or Qualifying widow(er), $24,000
- Head of household, $18,000
- If you checked any box under Standard deduction, see instructions.

Refund

19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you **overpaid**		
20a	Amount of line 19 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐		
▶ 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		
21	Amount of line 19 you want **applied to your 2019 estimated tax** ▶	21	

Direct deposit? See instructions.

Amount You Owe

22	**Amount you owe.** Subtract line 18 from line 15. For details on how to pay, see instructions ▶	22	1,586.
23	Estimated tax penalty (see instructions) ▶	23	

SCHEDULE A (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

▶ Go to *www.irs.gov/ScheduleA* for instructions and the latest information.
▶ Attach to Form 1040.
Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2018

Attachment Sequence No. **07**

Name(s) shown on Form 1040: Larry H & Pamela A Ray

Your social security number: [redacted]

Medical and Dental Expenses		**Caution:** Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions)	1		
	2	Enter amount from Form 1040, line 7	2	242,041.	
	3	Multiply line 2 by 7.5% (0.075)	3	18,153.	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4
Taxes You Paid	5	State and local taxes.			
	a	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ▶ ☒	5a	1,525.	
	b	State and local real estate taxes (see instructions)	5b	5,851.	
	c	State and local personal property taxes	5c		
	d	Add lines 5a through 5c	5d	7,376.	
	e	Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately)	5e	7,376.	
	6	Other taxes. List type and amount ▶	6		
	7	Add lines 5e and 6			7 7,376.
Interest You Paid	8	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ▶ ☐			
Caution: Your mortgage interest deduction may be limited (see instructions).	a	Home mortgage interest and points reported to you on Form 1098	8a	18,055.	
	b	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	8b		
	c	Points not reported to you on Form 1098. See instructions for special rules	8c		
	d	Reserved	8d		
	e	Add lines 8a through 8c	8e	18,055.	
	9	Investment interest. Attach Form 4952 if required. See instructions	9		
	10	Add lines 8e and 9			10 18,055.
Gifts to Charity	11	Gifts by cash or check. If you made any gift of $250 or more, see instructions	11	2,300.	
If you made a gift and got a benefit for it, see instructions.	12	Other than by cash or check. If any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500	12	350.	
	13	Carryover from prior year	13		
	14	Add lines 11 through 13			14 2,650.
Casualty and Theft Losses	15	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions			15
Other Itemized Deductions	16	Other—from list in instructions. List type and amount ▶			16
Total Itemized Deductions	17	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040, line 8			17 28,081.
	18	If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ ☐			

2018 W-2 and EARNINGS SUMMARY

Employee Reference Copy

W-2 Wage and Tax Statement **2018**

OMB No. 1545-0008

Copy C for employee's records.

d Control number	Dept.	Corp.	Employer use only
000302 MIAM/T5U	000301		A 124

c Employer's name, address, and ZIP code

COLLIER COUNTY TAX COLLECTOR
3291 EAST TAMIAMI TRAIL
NAPLES FL 34112

Batch #02410

e/f Employee's name, address, and ZIP code

LARRY HENRY RAY
725 WILDWOOD LANE
NAPLES FL 34105

b Employer's FED ID number	a Employee's SSA number
59-6000562	[redacted]
1 Wages, tips, other comp. 143465.28	2 Federal income tax withheld 34963.68
3 Social security wages 128400.00	4 Social security tax withheld 7960.80
5 Medicare wages and tips 147875.28	6 Medicare tax withheld 2144.19
7 Social security tips	8 Allocated tips
9 Verification Code 2aab-e7be-5acd-fe17	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 2422.56
14 Other 4410.00 FRS	12b DD 24143.96
	12c
	12d
	13 Stat emp. / Ret. plan / 3rd party sick pay
15 State FL / Employer's state ID no.	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2018 pay stub plus any adjustments submitted by your employer.

Gross Pay	146997.60	Social Security Tax Withheld Box 4 of W-2	7960.80	FL. State Income Tax Box 17 of W-2 SUI/SDI/FLI Box 14 of W-2	
Fed. Income Tax Withheld Box 2 of W-2	34963.68	Medicare Tax Withheld Box 6 of W-2	2144.19		

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	FL. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	146,997.60	146,997.60	146,997.60	
Plus GTL (C-Box 12)	2,422.56	2,422.56	2,422.56	
Less Misc. Non Taxable Comp.	4,410.00	N/A	N/A	
Less Medical FSA	499.92	499.92	499.92	
Less Other Cafe 125	1,044.96	1,044.96	1,044.96	
Wages Over Limit	N/A	19,475.28	N/A	
Reported W-2 Wages	**143,465.28**	**128,400.00**	**147,875.28**	

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

LARRY HENRY RAY
725 WILDWOOD LANE
NAPLES FL 34105

Social Security Number: [redacted]
Taxable Marital Status: **MARRIED**
Exemptions/Allowances:
FEDERAL: 2 **$650 Additional Tax**
STATE: **No State Income Tax**

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Fold and Detach Here

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.	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	$ 6,413.16	2018	
	2a Taxable amount $ 6,413.16	Form 1099-R	
	2b Taxable amount not determined ☐ Total distribution ☐		Copy C For Recipient's Records

PAYER'S TIN	RECIPIENT'S TIN	3 Capital gain (included in box 2a)	4 Federal income tax withheld
59-1354377	[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 IRS.
	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)		**Date of payment**	**15 Local tax withheld**	**16 Name of locality**	**17 Local distribution**
[redacted]			$		$
			$		$

Form **1099-R** (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

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Control Number

☐ CORRECTED (if checked) 12/17/2018

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	$ 55340.00	2018	
	2a Taxable amount $ 55340.00	Form 1099-R	
PAYER'S Federal identification Number: 34-0727612 — RECIPIENT'S identification Number: [redacted]	2b ☐ Taxable amount not determined ☐ Total Distribution		
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code LARRY H RAY 725 WILDWOOD LN NAPLES FL 34105	4 Federal Income tax withheld $ 3379.32	7 Distribution code 7	Copy 2 File this copy with your state, city, or Local income tax return when required
	9 Your percentage of total distribution %		
	12 State tax withheld $ 0.00	13 State/Payer's state no.	
	$ 0.00		
	RETIRED [redacted]		

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

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2018 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

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

Box 3. Benefits Paid in 2018	Box 4. Benefits Repaid to SSA in 2018	Box 5. Net Benefits for 2018 *(Box 3 minus Box 4)*
$10,020.00	NONE	$10,020.00

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or direct deposit	$10,020.00
Benefits for 2018	$10,020.00

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

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

[redacted]

Form **SSA-1099-SM** (1-2019)

DO NOT RETURN THIS FORM TO SSA OR IRS

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2018 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

CU2282832-111511441356-2

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

Box 3. Benefits Paid in 2018	Box 4. Benefits Repaid to SSA in 2018	Box 5. Net Benefits for 2018 *(Box 3 minus Box 4)*
$33,274.00	NONE	$33,274.00

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or direct deposit	$33,274.00
Benefits for 2018	$33,274.00

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

CU2282832-111511441356-2

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

[redacted]

Form **SSA-1099-SM** (1-2019) **DO NOT RETURN THIS FORM TO SSA OR IRS**