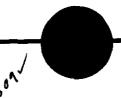
FORM 1 F

## FINAL STATEMENT OF FINANCIAL INTERESTS



2010

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)

LAST NAME - FIRST NAME - MIDDLE	NAME OF REPORTING PERSON'S AGENCY:							
BOLGER BETHELLE MAILING ADDRESS: 8349 DELICIA ST	SCHOOL DISTRICT OF LEECONNY							
MAILING ADDRESS:	CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):							
0399 DELICIA 57	☐ LOCAL OFFICER ☐ STATE OFFICER							
FORT MYERS FL.	SPECIFIED STATE EMPLOYEE							
CITY: ZIP:	LIST OFFICE OR POSITION HELD:  SCHOOL ADMINISTRATOR - PRINCIPAL							
		SCHOOL ADMINISTRATOR - MINISTRA						
THIS STATEMENT RELIGITS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2010 AND THE LAST DATE INTEREST OF THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE WHICH DATE WAS								
MANNER O CLECULATING REPORT ABLE INTERESTS:  THE LEGISLATURE ALLO VISITIES TO E OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, MICH REQUIRES FEWER TALOULL BOTTS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (								
further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):								
COMPARATIVE (PERCEI	LAR VALU	E THRESHOLDS						
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] (If you have nothing to report, you must write "none" or "n/a")  NAME OF SOURCE OF INCOME SOURCE'S ADDRESS				DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
SCHOOL DISTRICT OF LEECONNY		E00	EDVCATION					
SCHOOLINSINGES OF CALLED								
· · · · · · · · · · · · · · · · · · ·								
PART B SECONDARY SOURCE:	S OF INCOME [Major customers, c		ome to bu	sinesses owned by reporting person]				
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE					
NA								
PART C REAL PROPERTY [Land, buildings owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a")			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.					
NA	INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet.							
				ER FORMS you may need to edescribed on page 6.				

					111		
PART D — INTANGIBLE PE (If you have nothing	RSONAL PROPER to report, you must	RTY [Stocks, bon write "none" or	ids, certificates of deposit, etc.] "n/a")		前 0 2		
TYPE OF INTAN	GIBLE	ı	BUSINESS ENTITY TO	WHICH THE PROPERTY	/ RELATES		
	<u> </u>				MI		
					- 第		
					re re		
					<del>- "</del>		
PART E — LIABILITIES [Maj		write "none" or	"n/a")	·			
NAME OF CREDITOR			ADDRESS OF CREDITOR				
WELLS FARLO HOME M.	DTG ALE	P.D. 7	30V 660455	DALLAS	TX 75266		
`` سا	FOR VNIAN	Dn Z	30x 660455 Cox 30495	TAMPA FI	1. 33630		
JUNGERST FEDERIC CA	EDIT CAIRN		01 0012				
			<u></u>		·		
PART F — INTERESTS IN SF (If you have nothing t		-		of businesses]			
(ii you nave nothing t	BUSINESS E		BUSINESS ENTITY	# 2 BUS	SINESS ENTITY #3		
NAME OF BUSINESS ENTITY	NA						
ADDRESS OF							
BUSINESS ENTITY PRINCIPAL BUSINESS							
ACTIVITY POSITION HELD	<del> </del>						
WITH ENTITY TOWN MORE THAN A 5%	<u> </u>						
INTEREST IN THE BUSINESS							
NATURE OF MY OWNERSHIP INTEREST	1		į.				
IF ANY OF PARTS	A THROUGH F	RE CONTIN	UED ON A SEPARATE S	HEET, PLEASE CHI	ECK HERE		
SIGNATURE: BEBUL	n s	131/10	DAT	E SIGNED:			
	ge 1 9						
	F	ILING I	NSTRUCTIONS:	•			
		WHERE TO FILE:		NOTE:			
After completing all parts of this form on pages 1 and 2, including signing and dating it, El		Local officers: file with the Supervisor of Elections of the county in which you permaduring the first half of 2010, you may not					
send back only pages 1 and 2 for filing (you n		nently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county this is not the last form you will file, even					
		where your agency has its headquarters.) though the F			1F covers the final portion		
MUITAL TO FILE			ers or specified state employ	will be required t	iffice or employment. You to file Form 1 for 2009 by		
			he Commission on Ethics, P.O Tallahassee, FL 32317-5709	1uly 4 of 2010	•		
local officer, state officer, and specified state p			ess: 3600 Maclay Boulevard 1, Tallahassee, FL 32312.	1			
form (Form 1F) within 60 days of leaving			ne what category your position	1			
I SPOIDS DOUDON WITHIN THE BILDS ASSESS THAT		falls under, see the "Who Must File" Instructions					
requires filing financial disclosure		on page 3.					

Form 6.