FORM 1	STATEMENT OF		2008		
Please print or type your name, malling address, agency name, and position below:	FINANCIAL	INTERES	STS	1	
LAST NAME FIRST NAME MIDDLE NA SOTTS BRITAN MAILING ADDRESS: 4017 10# St.	Momes		FOR OFFICE USE ONLY:	.50HPG0.	
Lehigh F	West 1 COUNTY:	<u>e</u>	ID C	08499	
NAME OF AGENCY: NAME OF OFFICE OR POSITION HELD OF VOU are not limited to the space on the lines on	yers Middle Scho	p 1	Col	Code Control Code	
CHECK ONLY IF CANDIDATE OR	NEW EMPLOYEE OR A	,			
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, 2008 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: 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 ADDRESS			1	SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY	
Lee County School Board	3050 Central	1 Ch	33971 Supervision y School		
	-				
•	ME OF MAJOR SOURCES OF BUSINESS' INCOME	and other sources of inc ADDRES OF SOURCE	S	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
Edison State College Col	ay of Education			Adjunct Profesor	
				,	
PART C REAL PROPERTY [Land, building Single fam. y hon		n]	and wed at the	IG INSTRUCTIONS for when here to file this form are locat- the bottom of page 2. RUCTIONS on who must file orm and how to fill it out begin ge 3.	
				ER FORMS you may need to edescribed on page 6.	

DADT D. INTANOIDI E DEDOGNAL DEGOCIONAL				
PART D — INTANGIBLE PERSONAL PROPERTY (Sto TYPE OF INTANGIBLE	ocks, bonds, certificates of deposit, etc.] BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
A f A	BOOINESS ENTITE TO WHICH THE PROPERTY RELATES			
[7]				
PART E — LIABILITIES [Major debts] NAME OF CREDITOR	ADDRESS OF CREDITOR	ADDRESS OF CREDITOR		
Suncest Schools Credit Union				
Washington Muteral Bank				
J				
				
PART F — INTERESTS IN SPECIFIED BUSINESSES [6	Ownership or positions in certain types of businesses]			
BUSINESS EN	TITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY				
ADDRESS OF		· · · · · · · · · · · · · · · · · · ·		
BUSINESS ENTITY PRINCIPAL BUSINESS				
ACTIVITY V				
POSITION HELD WITH ENTITY				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS				
NATURE OF MY				
OWNERSHIP INTEREST				
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE				
SIGNATURE (required):	DATE SIGNED (required): 8/0/09			
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 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.

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.

-LORIDA 33902 OMPLEX

SUPERVISOR OF ELECTIONS P.O. BOX 2545 FORT MYERS FL 33902-2545

h.M.,.Ah.h.M.,...h.h.h.h.h.h.h.h.h.

