FORM 1	S'	BRUNICK	, CARL DAVID		111	629166	2011
Please print or type your name, mailing address, agency name, and position below:	FINA	21699 IND	DIAN BAYOU DR ERS BEACH FL	33931			
LAST NAME FIRST NAME MIDDLE NAME	D						W A-A
MAILING ADDRESS: 21699 Indian L	Bayon	Drive					12JUN
FT Myon Beach	Gr	33931	LEC		IDC	ode /	N8 PM1128SDE
CITY: January ZIP:		COUNTY:			PN	O	585
NAME OF AGENCY: Lee County	Schol	Boara			conf	f. Code	ELEOF
NAME OF OFFICE OR POSITION HELD OR S SCHOOL Pr	OUGHT:	al			P. R	Code	<u> </u>
You are not limited to the space on the lines on thi CHECK ONLY IF CANDIDATE OR		h additional sheets, EMPLOYEE OR AF					
**** BOTH PAF DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIA	AL INTERES	STS FOR THE PRE	ECEDING TAX YEAF	R, WHETH	ER BASE	ED ON A CALEN	IDAR YEAR OR ON
A FISCAL YEAR. PLEASE STATE BELOW WHE	ETHER THIS OR		FOR THE PRECEDI TAX YEAR IF OTHEI				nust check one):
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 (must check one): COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions p. 4] (If you have nothing to report, you must write "none" or "n/a")							
NAME OF SOURCE OF INCOME	NAME OF SOURCE SOURCE'S			1	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
A ///							
-/\//-	β						
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions p. 4] (If you have nothing to report, you must write "none" or "n/a")							ij
NAME OF NAME OF MAJOR SOURCES ADDRESS BUSINESS ENTITY OF SUSINESS' INCOME OF SOURCE					IPAL BUSINESS TY OF SOURCE		
X	4-						
						· ·	
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] (If you have nothing to report, you must write "none" or "n/a")). 4]	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.			
101					INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.		
						R FORMS	you may need

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions p. 5] (If you have nothing to report, you must write "none" or "n/a")							
TYPE OF INTANGIB	LE 4	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
754	- 84	320,000.00.	+ <a< td=""></a<>				
2		<u> </u>					
PART E LIABILITIES [Major de (If you have nothing to	bts - See instructions p. 5] o report, you must write "none" or "n	n/a")					
NAME OF CREDIT		ADDRESS OF CREDITOR					
	1		Ž				
	11//		3				
			N 8 9M 1128 S				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions p. 5] (If you have nothing to report, you must write "none" or "n/a") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3							
NAME OF BUSINESS ENTITY			Ţ				
ADDRESS OF BUSINESS ENTITY	* ///						
PRINCIPAL BUSINESS ACTIVITY							
POSITION HELD WITH ENTITY	7 %						
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):							
MIL	21 m	Fune 4, 2	0/2				
THE WICE PROPERTY OF THE							

WHAT TO FILE:

After completing all parts of this form, <u>including signing and dating it</u>, send back only the first sheet (pages 1 and 2) for filling.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

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.

FILING INSTRUCTIONS:

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.

Facsimiles will not be accepted.

WHEN TO FILE:

Initially, each local officer/employee, state officer, and specified state employee mustile within 30 days of the date of his or he appointment or of the beginning of employmen Appointees who must be confirmed by the Senat 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 mustile at the same time they file their qualifyin papers.

Thereafter, local officers/employees, stat officers, and specified state employees as required to file by July 1st following each calenda year in which they hold their positions.

Finally, at the end of office or employmer each local officer/employee, state officer, ar specified state employee is required to file final disclosure form (Form 1F) within 60 day of leaving office or employment. However, filir a CE Form 1F (Final Statement of Financi Interests) does <u>not</u> relieve the filer of filing CE Form 1 if he or she was in their position of December 31, 2011.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions p. 5] (If you have nothing to report, you must write "none" or "n/a")							
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
754	84	320,000.00	TSA				
4							
PART E — LIABILITIES [Major debts - See instructions p. 5] (If you have nothing to report, you must write "none" or "n/a")							
NAME OF CREDITOR		ADDRESS OF CREDITOR					
1 /			₹ 00				
	15		EDITOR DE SE				
			289				
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NAME OF BUSINESS ENTITY			Ţ				
ADDRESS OF BUSINESS ENTITY	* ///						
PRINCIPAL BUSINESS ACTIVITY	////						
POSITION HELD WITH ENTITY -	7 7						
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):							
(Mel) June 4, 20/2							

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SUPERVISOR OF ELECTIONS PO BOX 2545 FORT MYERS FL 33902-2545 TSJUN 8 MITTSBSOEFEE COFT