					
FORM 1	STATEM	ENT OF		2012	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERE	ESTS	FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDLE N. Brunick, (a	·				
MAILING ADDRESS: Sea HA	iven ct			13JUNO6AM09195DE	
N. Fort Myors FL	33903) Search	
	the Board L	.28			
NAME OF AGENCY:					
NAME OF OFFICE OR POSITION, HELD O	or sought: Dr(rc(pa			V LECOFI	
You are not limited to the space on the lines of CHECK ONLY IF CANDIDATE OR	<u>-</u>				
**** BOTH P	PARTS OF THIS SECTION	ON MUST BE	COMPLE	TED ****	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FIN YEAR OR ON A FISCAL YEAR. PLEASE EITHER (must check one):	NANCIAL INTERESTS FOR THE I	PRECEDING TAX	YEAR, WHETH	ER BASED ON A CALENDAR	
DECEMBER 31, 2012	OR SPECIFY T	AX YEAR IF OTHE	ER THAN THE (CALENDAR YEAR:	
MANNER OF CALCULATING REPORTATIVE LEGISLATURE ALLOWS FILERS THE REQUIRES FEWER CALCULATIONS, OF (see instructions for further details). CHECO	HE OPTION OF USING REPORTING USING COMPARATIVE THRES	NG THRESHOLDS HOLDS, WHICH A	S THAT ARE ABS NRE USUALLY E	SOLUTE DOLLAR VALUES, WHICH BASED ON PERCENTAGE VALUES	
COMPARATIVE (PERC	ENTAGE) THRESHOLDS OF		OLLAR VALUE	E THRESHOLDS	
PART A PRIMARY SOURCES OF INCOME. (If you have nothing to report,	ME [Major sources of income to the you must write "none" or "n/a")	reporting person - S	See instructions]		
NAME OF SOURCE OF INCOME	SOURC ADDRI	:		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
Lee Co. School Board	Colonial Blvd	FM FL 3	33901	School Phincipal	
		<u> </u>			
PART B SECONDARY SOURCES OF IN [Major customers, clients, and of (If you have nothing to report,	ther sources of income to businesse	s owned by the repo	orting person - So	ee instructions]	
NAME OF NAME OF BUSINESS ENTITY	AME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRE OF SOU		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
			<u></u>		
PART C REAL PROPERTY [Land, building (If you have nothing to report, you	ngs owned by the reporting person - you must write "none" or "n/a")	See instructions]	FILM	NG INSTRUCTIONS for	
(ii) to	A			n and where to file this n are located at the bottom	
/		age 2.			
		INST	TRUCTIONS on who must		
 \	/ \ 			this form and how to fill it begin on page 3.	

PART D — INTANGIBLE PERSONAL PROF (If you have nothing to report,)					
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
1/1					
NA					
PART E — LIABILITIES [Major debts - See (If you have nothing to report, y		/a")			
NAME OF CREDITOR	•	ADDRESS OF CREDITOR			
	112				
	11,		بر <u>ا</u> برا	Ü	
			5	Z	
PART F — INTERESTS IN SPECIFIED BUSIN (If you have nothing to report, yo	IESSES [Ownership or positic u must write "none" or "n/a" BUSINESS ENTITY # 1	ons in certain types of businesses - See in) BUSINESS ENTITY # 2	BUSINESS ENTITY#3		
NAME OF BUSINESS ENTITY	1		T T	<i>D</i> Ti_	
ADDRESS OF BUSINESS ENTITY			H	-	
PRINCIPAL BUSINESS ACTIVITY	14			⊋ n	
POSITION HELD WITH ENTITY					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS					
NATURE OF MY OWNERSHIP INTEREST					
IF ANY OF PARTS A THROU	GH F ARE CONTINUE	ON A SEPARATE SHEET, PL	EASE CHECK HERE		
SIGNATURE (required):	ree	DATE SIGNED			
	FILING INS	TRUCTIONS:			

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).

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, Ft. 32317-5709.

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:

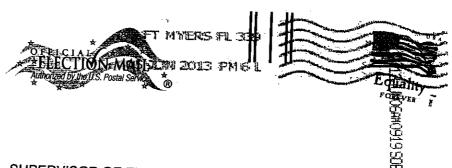
Initially, each local officer/employee, state officer, and specified state employee must file within 30 days of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from 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. However, filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2012.

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SUPERVISOR OF ELECTIONS PO BOX 2545 FORT MYERS FL 33902-2545

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