FORM 1	STATEM	ENT OF	2006
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	
LAST NAME - FIRST NAME - MIDDLE MAILING ADDRESS:	DENISE M	ARION FOR OFFICE USE ONLY:	707.J
1371 64	HRET CT.	/ "	Code U
CITY: FORT MYE	ZIP 3 3 3 9 1 9	LEE	O7JUN2
NAME OF AGENCY:	SCHOOL BO	ARD	onf. Code
NAME OF OFFICE OR POSITION HELD ELEMENTARY	"SCHOOL PRI	ICIPAL	Req. Code
You are not limited to the space on the lines CHECK ONLY IF CANDIDATE (on this form. Attach additional sheets OR NEW EMPLOYEE OR A	•	PDF 2006
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINA A FISCAL YEAR. PLEASE STATE BELOW DECEMBER 31, 2006 MANNER OF CALCULATING REPORTA THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, O instructions for further details). PLEASE S COMPARATIVE (PERCENTAGE)	N WHETHER THIS STATEMENT IS OR SPECIFY BLE INTERESTS: THE OPTION OF USING REPOR' R USING COMPARATIVE THRESH STATE BELOW WHETHER THIS STA	ECEDING TAX YEAR, WHETHER BA FOR THE PRECEDING TAX YEAR B TAX YEAR IF OTHER THAN THE CA TING THRESHOLDS THAT ARE AL HOLDS, WHICH ARE USUALLY BAS ATEMENT REFLECTS EITHER (chec	ENDING EITHER (check one): LENDAR YEAR: BSOLUTE DOLLAR VALUES, WHICH SED ON PERCENTAGE VALUES (see
PART A - PRIMARY SOURCES OF INC NAME OF SOURCE OF INCOME	sou		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
LEE COUNTY	2055 (E	NTRAL AVE E	DUCATION
SCHOOL DUAKI	D FORT MI	3390/	
PART B - SECONDARY SOURCES OF NAME OF BUSINESS ENTITY	INCOME [Major customers, clients, NAME OF MAJOR SOURCES OF BUSINESS' INCOME	and other sources of income to busin ADDRESS OF SOURCE	esses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE
PART C - REAL PROPERTY [Land, but VACANT LOT - 19 E ownership 627	ildings owned by the reporting person S 401 CEMETE VIETTA ST 3F	RIRD FO	LING INSTRUCTIONS for when a where to file this form are locatat the bottom of page 2. STRUCTIONS on who must file is form and how to fill it out begin page 3.
Vacant lot - 2843, DESONAL (ESID	n.w.6+1 St. Car ence - Ft. M.	re Cora FC 01	HER FORMS you may need to are described on page 6.
dE FORM 1 - Eff. 1/2007 (Continued of	on reverse side)	1 7	PAGE 1

PART D - INTANGIRI E DEDSONAL BEODESTVI			
TART D - INTARGIBLE PERSONAL PROPERTY	Stocks, bonds, certificates of deposit, etc.]		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO	WHICH THE PROPERTY RELATES	
N/4			
171			
PART E — LIABILITIES [Major debts] NAME OF CREDITOR	ADDO	ESS OF OBEDITOR	
NAME OF CREDITOR	ADDRESS OF CREDITOR		
Surroact FCII	POBOY 11904 1	ampa FL 33680-1829	
To the country of the	11111 D. 1		
Bank of America	4/6/ riedmont la	CKWay, bothensboro, nc an	
SunTrust Bank	17.0. Box 791262	Baltimore MD 21279-12	
Suntauct Machana	P.O. Box 26149 K	1/1/22/0	
JUNITUSI MONTGAGE	1.0.00% & 0117 h	ICAMONA, VA 93460	
)			
PART F — INTERESTS IN SPECIFIED BUSINESSES	Comparation or markland in and in toward the form	1	
*	[Ownership or positions in certain types of busing	lesses	
	ENTITY # 1 BUSINESS ENTIT	TY#2 BUSINESS ENTITY#3	
NAME OF BUSINESS ENTITY			
ADDRESS OF		i	
BUSINESS ENTITY			
BUSINESS ENTITY PRINCIPAL BUSINESS			
BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD			
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BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY 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		SHEET, PLEASE CHECK HERE	
BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY ! OWN MORE THAN A 5% INTEREST IN THE BUSINESS NATURE OF MY OWNERSHIP INTEREST IF ANY OF PARTS A THROUGH F SIGNATURE REQUIRED:		SHEET, PLEASE CHECK HERE	

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.