FORM 1	STATEMENT O) F	2008			
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTE	RESTS [•			
LAST NAME - FIRST NAME - MIDDLE I	USE MARION	FOR OFFICE USE ONLY:	09JUL31			
MAILING ADDRESS: MARILING ADDRESS: MID Code MED Conf. Code MID No. Conf. Code MED Conf.						
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 (check one): COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS						
PART A PRIMARY SOURCES OF INC NAME OF SOURCE OF INCOME	OME [Major sources of income to the reporting per SOURCE'S ADDRESS	rson]	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
Lee County School Boar	1 2000 1 1 1011	. 6	= ducation			
ac ann san ba	Fort Myers FL	239CL				
PART B SECONDARY SOURCES OF NAME OF BUSINESS ENTITY		ces of income to busi ADDRESS F SOURCE	nesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
PART C - REAL PROPERTY (Land, but 15401 Cemerry Rd 349 Clustin ave 2843 N.W. (1955) 2 Dungriship 627	Ft. Myers FC 33905 Lahigh Acres FC 3: Tape Loral, FC Nérita St, 3F, Sanibel	3974 IN the on FC O	LING INSTRUCTIONS for when do where to file this form are locative at the bottom of page 2. ISTRUCTIONS on who must file is form and how to fill it out begin a page 3. THER FORMS you may need to e are described on page 6.			

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PART D — INTANGIBLE PERSONAL PI	ROPERTY [Stocks, bonds, certific	ates of deposit, etc.]	TO WHICH THE PRO	DEBTY DELATES	09JUL3184090850ELeeCoF		
TYPE OF INTANGIBLE		BUSINESS ENTIT	TO WHICH THE FRO	FERTI RELATED	ω		
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PART E — LIABILITIES [Major debts] NAME OF CREDITOR		AD	DRESS OF CREDITO	R			
Suncoast FCU.	P.O. Box	11904 Jam	pa.F.C 33(.80-1829			
Sun Trust Bank	P.O. Box	791262	Baltimore	MD 21279-1	262		
Sun Trust Mortaga	P.O. Roy	26149 Ki	chmond VA	, 23260			
Bank of America	1111 1 1%	edmont Park	. //	boro, M.C. 279	110		
Ostro-	<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>					
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]							
	BUSINESS ENTITY # 1	BUSINESS EN		BUSINESS ENTITY #3	i		
NAME OF BUSINESS ENTITY	Λ						
ADDRESS OF							
BUSINESS ENTITY PRINCIPAL BUSINESS							
ACTIVITY POSITION HELD							
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): (e/24/89							
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 filling, 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.



John Carlin 1700 Monroe St. Fort Myers, FL 33901

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P.O. Box a 545 Fort Myers, FC 33 902

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