				10		
FORM 1	STATEN	IENT OF		200		
Please print or type your name, mailing address, agency name, and position be	FINANCIAI	L INTEREST	s	122		
LAST NAME FIRST NAME MIDE	DLE NAME : DA A	FOR O USE O	DFFICE DNLY:	12719NE Lee ColF		
MAILING ADDRESS: 17891 ACA						
			ID Code	FI		
CITY:	33917 Lee ZIP: COUNTY: School Board		IDNo.			
NAME OF AGENCY:	School Board		$\langle \rangle$			
NAME OF OFFICE OR POSITION H	ELD OR SOUGHT :		P. Reg. Code			
You are not limited to the space on the	lines on this form. Attach additional sheet	ts. if necessary.	·····			
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, 2009 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:						
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): Image: Comparative (PERCENTAGE) THRESHOLDS OR Image: Comparative Thresholds						
PART A – PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] (If you have nothing to report, you must write "none" or "n/a")						
NAME OF SOURCE OF INCOME	l sou	, JRCE'S DRESS	DESCRIPTION OF THE SOURCE'S			
Lee County School B		16 th TerrAce Cape Coral, Fl	Principa /			
		Cape Coral, FI				
PART B SECONDARY SOURCES (If you have nothing to re	OF INCOME [Major customers, clients eport , you must write "none" or "n/a	, and other sources of income t	o businesses owned by the re	porting person]		
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		L BUSINESS OF SOURCE		
				·		
			······································			
PART C REAL PROPERTY [Land, buildings owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a")			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.			
· · · · · · · · · · · · · · · · · · ·			INSTRUCTIONS on file this form and how t begin on page 3.	who must		
			OTHER FORMS you to file are described on			

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] (If you have nothing to report, you must write "none" or "n/a")						
TYPE OF INTANGIBLE			BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
			· · ·			
PART E — LIABILITIES [Major debts (If you have nothing to re		write "none" or "n	/a")			
NAME OF CREDITOR			ADDRESS OF CREDITOR			
PART F INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses] (If you have nothing to report, you must write "none" or "n/a")						
+	BUSINE	SS ENTITY #1	BUSINESS ENTITY #	2 BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY						
ADDRESS OF 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 ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE (required): Amde Carus Jane 2010						
FILING INSTRUCTIONS:						
After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.		on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. officer, and specified state employee file within 30 days of the date of his of appointment or of the beginning of en		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 employ- ment. Appointees who must be confirmed by		

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.

al 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.

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.