FORM 1	STATEM	ENT OF	2010		
Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTERESTS	3		
LAST NAME - FIRST NAME - MIDDLE COURTNEY - DW	NAME: OUR - MOUVIN	FOR OF USE OF			
MAILING ADDRESS: J 18370 River Est					
	3920 LEE		ID Code		
School District		IDNo.			
NAME OF AGENCY:		P. Req. Code			
NAME OF OFFICE OR POSITION HELD					
You are not limited to the space on the line CHECK ONLY IF CANDIDATE	s on this form. Attach additional sheets OR NEW EMPLOYEE OR A	•			
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 (must check one): DECEMBER 31, 2010 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 (must check one): COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE 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		RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
Job Lehigh Elem. School	obsoloabe ous lo	ct. lehigh 3393	o Puncupal		
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	·	·		
					
PART B - SECONDARY SOURCES O	F INCOME [Major customers, clients, ort, you must write "none" or "n/a"	and other sources of income to	businesses owned by the reporting person]		
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
None					
DAGTO BELL PROPERTY (1)					
	rt, 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.		
Home- 18370 Riv	er tstates Lane,	tha FC 33920	INSTRUCTIONS on who must file this form and how to fill it out		
			begin on page 3.		
			OTHER FORMS you may need to file are described on page 6.		

<u></u>					
PART D — INTANGIBLE PERSON					
(If you have nothing to	report, you must write "none"	or "n/a")			
TYPE OF INTANGIB	LE (BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
None					
70000					
		<u> </u>			
		<i>(</i>)			
			•		
	report, you must write "none"		OF CREDITOR		
NAME OF CREDIT		ADDRESS OF CREDITOR			
Direct Loans		PO Box 5609, Graenville, TX . 75403			
PART F — INTERESTS IN SPECIFIE (If you have nothing to r	ED BUSINESSES [Ownership or report, you must write "none" or	r positions in certain types of businesses rr "n/a")	s]		
(,	BUSINESS ENTITY#	•	2 . BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY	None				
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 1	THROUGH ¥ ARE CONTI	NUED ON A SEPARATE SHEE	ET, PLEASE CHECK HERE		
SIGNATURE (required):	IGNATURE (required): 6-27-1				
W.	EXT INC	INCEDITORS.			
PILING INSTRUCTIONS:					
WHAT TO FILE: WHERE TO FILE: WHEN TO FILE: After completing all parts of this form, including If you were mailed the form by the Commission Initially, each local officer/employee, st					
signing and dating it, send back of		nalled the form by the Commission County Supervisor of Elections for	Initially, each local officer/employee, state officer, and specified state employee must		

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.

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.

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.