FORM 1 F

FINAL STATEMENT OF FINANCIAL INTERESTS

2014

(10 BE LITED MILHIN 90 DAAS OF FEWAING LARING CARTION OF WASHINGTON			
LAST NAME - FIRST NAME - MIDDLE NAME:	NAME OF REPORTING PERSO	ON'S AGENCY	
Davis, Konal Lar	Lee (ounty-	School District	
MAILING ADDRESS:	CHECK ONE OF THE FOLLOW	WING (see "Who Must File" on page 3):	
4544 Varsity Lakes Court	LOCAL OFFICER	STATE OFFICER	
1 1 1 1 1 - 2 27071 1 - 2	SPECIFIED STATE		
Lehigh Heres, 3397/ Lee	LIST OFFICE OR POSITION H		
CITY: ZIP / COUNTY.	Principal		
	- INLIGHT		
***BOTH PARTS OF THIS SEC	HON MUST BE COMPLETED	<u> </u>	
THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2014 AND THE LAST DATE I BELD THE PUBLIC			
OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS			
MANNER OF CALCULATING REPORTABLE INTERESTS:			
FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE! DOUBAR! 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 been to be a second of the control of the co			
COMPARATIVE (PERCENTAGE) THRESHOLDS	The second secon	NAME THEFTHOLDS	
COMPANATIVE (PERCENTAGE) TRINESTICEDS	OR DELAR	Andre franchis	
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person See instructions]			
(If you have nothing to report, write "none" or "n/a")			
NAME OF SOURCE I SOUR	PCE'S I I	DESCRIPTION OF THE SOURCE'S	
OF INCOME ADDR		PRINCIPAL BUSINESS ACTIVITY	
Lee County School Board 2855 colonia Blud Principal			
Fort Myers, F2 33966-1012			
Social Security	y \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	2 200 5 7	in r	
Morida Ketherent System POI	30x 9000 TRI	lahasseo.	
	323/5+	9000	
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by reporting person - See instructions]			
(If you have nothing to report, write "none" or "n/a")		,	
NAME OF NAME OF MAJOR SOURCES BUSINESS ENTITY I OF BUSINESS' INCOME	ADDRESS	PRINCIPAL BUSINESS	
BUSINESS ENTITY OF BUSINESS' INCOME	OF SOURCE	ACTIVITY OF SOURCE	
/ `			
DADT C. DEAL PROPERTY A			
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")		FILING INSTRUCTIONS for when and where to file this form are	
located at the bottom of page 2.			
Lats 748: Lats 546. Black 69	PIE Unity	NSTRUCTIONS on who must file	
this form and how to fill it out			
Lehigh Hickes Lee County, FL begin on page 3 of this packet.			
Vacant Land			
1 4 1 b .// 4 c/			

PART D — INTANGIBLE PERSONAL PROPERTY (If you have nothing to report, write "non	(Stocks, bonds, certificates of deposit, etc See instructions) e" or "n/a")	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES	
IRA 4036	Sun coast Trust & Investment Services	
Sourings, Checking, Monay	market Suncoast Credit Union.	
Flanklin Rising Divis		
PART E — LIABILITIES [Major debts - See instructio (If you have nothing to report, write "noning to report, write")	ns) e" or "n/a")	
NAME OF CREDITOR	ADDRESS OF CREDITOR	
11/		
NH		
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions] (If you have nothing to report, write "none" or "n/a")		
	BUSINESS ENTITY # 1 BUSINESS ENTITY # 2	
NAME OF BUSINESS ENTITY		
ADDRESS OF BUSINESS ENTITY	NIT	
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: DATE SIGNED: 10/14/14		
If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:		
I. Rohald Early Davis, prepared the CE Form 1F in accordance with Section 112.3145. Florida Statutes, and the instructions to the form Upon my reasonable knowledge and belief, the disclosure herein is true and correct.		
Thorse 4 Daws		
Signature	Date	
CHING INCEDESTIONS.		

WHAT TO FILE:

After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only pages 1 and 2 for filing (you need not return any of the instruction pages). Facsimiles will not be accepted.

WHEN TO FILE:

At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6

FILING INSTRUCTIONS:

WHERE TO FILE:

Local officers: file with the Supervisor of Elections of the county in which you 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: 325 John Knox Road. Building E, Suite 200, Tallahassee. Florida 32303.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

NOTE:

If you are leaving office or employment during the first half of 2014, you may not have filed Form 1 for 2013. In that case, this is not the last form you will file, even though the Form 1F covers the final portion of your term of office or employment. You will be required to file Form 1 for 2013 by July 1, 2014, and risk being fined if you do not file Form 1 by the filing deadline, even if you have already filed the CE Form 1F.



P.O. 2545 Super Visor of Flactions

Fort myers, FL 33902

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