| FORM 1 | | STATEMENT OF | | | | 2010 | | |
|---|---|--|-------------------------------------|---|---|--|--|--|
| Please print or type your name, mailing address, agency name, and position below | , I | FINANCIAL | INTERI | ESTS | | | | |
| LAST NAME FIRST NAME MIDDLE MAILTING ADDRESS: | NAME: | • | | FOR OFF USE ONI | | | | |
| 108 NE 12 | + 0- | <u>t </u> | | | , ID C | ode 🖳 | | |
| CITY: Cape Coral 33909 LEC NAME OF AGENCY: LEC COUNTY Schools NAME OF OFFICE OR POSITION HELD OR SOUGHT: Principa You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE | | | | | ID N | LAOZAN | | |
| DISCLOSURE PERIOD: | **BOTH PARTS OF THIS SECTION MUST BE COMPLETED** DISCLOSURE PERIOD: | | | | | | | |
| THIS STATEMENT REFLECTS YOUR F A FISCAL YEAR. PLEASE STATE BELO DECEMBER 31, 2010 | W WHET OF | THER THIS STATEMENT IS I | | ING TAX YE | AR END | DING EITHER (must check one): | | |
| MANNER OF CALCULATING REPORT/ THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, (instructions for further details). PLEASE COMPARATIVE (PERCENTAGE) | THE OP OR USING STATE BE | PTION OF USING REPORT G COMPARATIVE THRESH ELOW WHETHER THIS STA | HOLDS, WHICH ARE ATEMENT REFLECT | E USUALLY 'S EITHER (| BASEE (must ch | ON PERCENTAGE VALUES (see eck 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 | | nust write "none" or "n/a") SOUF ADDF | 1 | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY | | | | |
| Ler County School | 3d | 2855 Colon | | | | lucation (Principal) | | |
| | | | | | | | | |
| | - :::001 | | | 21 - 12 | | | | |
| PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources (If you have nothing to report, you must write "none" or "n/a") NAME OF NAME OF MAJOR SOURCES ! ADD | | | | | busines | ses owned by the reporting person] PRINCIPAL BUSINESS | | |
| BUSINESS ENTITY | | BUSINESS' INCOME | OF SOL | | | ACTIVITY OF SOURCE | | |
| | | | | | | | | |
| | | | | | | | | |
| SAST OF BEAU SPORESTY III | | | | | | | | |
| 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. | | | |
| 108 NE 12th C+ Cupe Coral FI | | | | | file thi | RUCTIONS on who must is form and how to fill it out on page 3. | | |
| | | | | | | ER FORMS you may need are described on page 6. | | |

| PART D — INTANGIBLE PERSONAL PROPE (If you have nothing to report, you | | | | | | | |
|---|----------|---|--|--|--|--|--|
| TYPE OF INTANGIBLE | | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES | | | | | |
| 75A - 403B | Leson | Lesond Group (Larry Mc(64) | | | | | |
| | 0 | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| PART E — LIABILITIES [Major debts] (If you have nothing to report, you must 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") BUSINESS 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 | <u>.</u> | | | | | | |
| 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): 6-6-11 | | | | | | | |
| FILING INSTRUCTIONS: | | | | | | | |
| WHAT TO FILE: After completing all parts of this form, including signing and dating it, send back only the first WHERE TO FILE: WHEN TO FILE: If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for officer, and specified state employee | | | | | | | |

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 he appointment or of the beginning of employ ment. Appointees who must be confirmed b the Senate must file prior to confirmation, eve if that is less than 30 days from the date of the appointment.

Candidates for publicly-elected local office must file at the same time they file the qualifying papers.

Thereafter, local officers/employees, stat officers, and specified state employees a required to file by July 1st following each calendar year in which they hold their pos

Finally, at the end of office or employmen each local officer/employee, state officer, ar specified state employee is required to file final disclosure form (Form 1F) within 60 day of leaving office or employment.