FORM 1	STATEME	NT OF		2009
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL I	NTERESTS		
LAST NAME - FIRST NAME - MIDDLE NA EUTEMIA - FYAR MAILING ADDRESS: 25505 (1404)	ocine	FOR OFF USE ONI		
CITY:  BONITA  SOLINGS  NAME OF AGENCY:  NAME OF OFFICE OR POSITION HELD OF  You are not limited to the space on the lines of  CHECK ONLY IF  CANDIDATE OR	n this form. Attach additional sheets, if n		ID Code  ID No.  Conf. Cod  P. Req. C	ğ
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINAL A FISCAL YEAR. PLEASE STATE BELOW TO DECEMBER 31, 2009  MANNER OF CALCULATING REPORTABLE THE LEGISLATURE ALLOWS FILERS THE REQUIRES FEWER CALCULATIONS, OR Instructions for further details). PLEASE STATE OF THE PERIOD OF THE PERI	WHETHER THIS STATEMENT IS FOOD  OR SPECIFY TAX  E INTERESTS: E OPTION OF USING REPORTING USING COMPARATIVE THRESHOL WITE BELOW WHETHER THIS STATE	EDING TAX YEAR, WHETHE R THE PRECEDING TAX YE ( YEAR IF OTHER THAN TH G THRESHOLDS THAT AR DS, WHICH ARE USUALLY MENT REFLECTS EITHER	EAR ENDING E CALENDA RE ABSOLUT BASED ON	GEITHER (check one):  R YEAR:  FE DOLLAR VALUES, WHICH  I PERCENTAGE VALUES (see
PART A PRIMARY SOURCES OF INCO (If you have nothing to report,	ME [Major sources of income to the re you must write "none" or "n/a")	eporting person]		
NAME OF SOURCE OF INCOME	SOURCE ADDRES	L		PTION OF THE SOURCE'S PAL BUSINESS ACTIVITY
Collier Lounty Schools	5 1 15 OSCEDIA	ITAII NAPIC,FL	PULL	c tauarion
_	NCOME [Major customers, clients, and, you must write "none" or "n/a")  AME OF MAJOR SOURCES  OF BUSINESS' INCOME	d other sources of income to  ADDRESS  OF SOURCE	businesses o	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
PART C REAL PROPERTY [Land, buildi	ngs owned by the reporting person			
	you must write "none" or "n/a")		when and are locate INSTRU file this for begin on potential	INSTRUCTIONS for where to file this form and at the bottom of page 2.  CTIONS on who must orm and how to fill it out page 3.  FORMS you may need described on page 6.

PART D — INTANGIBLE PERSONA	AL PROPERTY (Stocks hands certif	instee of denocit ato I			
(If you have nothing to	report, you must write "none" or "	n/a"}			
TYPE OF INTANGIBL	E	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
NA					
<i>r</i>					
PART E — LIABILITIES [Major debi	re]				
	report, you must write "none" or "i	n/a")			
NAME OF CREDITO	PR	ADDRESS OF CREDITOR			
Bank of America PD Box 650070. Dallas TX 75262					
PART F — INTERESTS IN SPECIFIE	BUSINESSES [Ownership or positi	ons in certain types of businesses)			
(If you have nothing to re	port, you must write "none" or "n/a BUSINESS ENTITY # 1	")			
NAME OF BURNISOS TATA	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY	<u>M</u> A	1)//+	NA		
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 TI	HROUGH F ARE CONTINUE	D ON A SEPARATE SHEET, PLE	ASE CHECK HERE		
SIGNATURE (required): //	1	DATE SIGNED (re			
	<b>\</b> //	6-11-10			
Hu	sema:	10-11	(-1)		

#### 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 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.

# 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.