FORM 1	STATEM		2010					
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	3	,				
LASTNAME FIRST NAME MIDDLE	NAME: Bethy Brian	FOR O	-					
MAILING ADDRESS: 58/8 Invernes	s Circle		1					
N. Ft. rongers.	33913 Le	د	D Co	de 94m()9 25 0NE				
	zip: county:	Collier Co	ID No.					
NAME OF AGENCY:	`	Conf.	`o'					
NAME OF OFFICE OR POSITION HELD OR SOUGHT: P. Req. Code								
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								
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: DECEMBER 31, 2010 OR DECEMBER 31, 2010 OR DECEMBER 31, 2010								
MANNER OF CALCULATING REPORTA THE LEGISLATURE ALLOWS FILERS	BLE INTERESTS: THE OPTION OF USING REPORT	TING THRESHOLDS THAT A	RE ABSOL	LUTE DOLLAR VALUES, WHICH				
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 INC	OME [Major sources of income to the	ne reporting person]	ALUE IDA	ESHOLUS				
NAME OF SOURCE			DESCRIPTION OF THE SOURCE'S					
Collier Schools	5775 Osceola	Tr. Node	PKII	NCIPAL BUSINESS ACTIVITY LOS DISTRICT				
CECCHDARY ENTREES OF	"Income display quatomore cliente	the second of income (· · · · · · · · · · · · · · · · · · ·	- d to the resolution personal				
	ort , you must write "none" or "n/a"	")	o businesse					
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	•					
		 						
								
			+					
PART C REAL PROPERTY [Land, but (If you have nothing to report		FILING INSTRUCTIONS for when and where to file this form						
38 IR Ingraiss C	inch N. F.L.Y.	Myps.		ated at the bottom of page 2.				
			file this	RUCTIONS on who must soform and how to fill it out on page 3.				
				R FORMS you may need				
			to file a	re described on page 6.				

DADY D. INTANCIDI F DEDOCNAL PROPERTY (Code hards of feet of the city of the c							
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 debi	:s] report, you must write '	'none" or "n/a")					
NAME OF CREDITOR		ADDRESS OF CREDITOR					
Suncoast School (4 Tampa F)							
							
							
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 "rva") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3							
NAME OF BUOMESO FATTY	DOGINEOU EN	-	BOOMEGO ENTITI # 2	BOOMESO ENTITE # 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):			DATE SIGNED (required): \(\lambda / 2 \text{? (1)}				
/ FILING INSTRUCTIONS:							
WHAT TO FILE:	(–	RE TO FILE:		WHEN 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.

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.

initially, each local officer/employee, stat officer, and specified state employee mustile within 30 days of the date of his or he appointment or of the beginning of employment. Appointees who must be confirmed to the Senate must file prior to confirmation, ever 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, state officers, and specified state employees as required to file by July 1st following ear calendar year in which they hold their positions.

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