FORM 1	STATEM	ENT OF	2008					
Please print or type your name, mailing address, agency name, and position belo	FINANCIAL	INTERESTS						
HACY R: MATELLINE ADDRESS:	Lec	FOR OFF USE ONL						
NAME OF AGENCY!  NAME OF OFFICE OR POSITION HE  School Adm; Nis	ZIP: COUNTY:  District  LD OR SOUGHT:		ID No Coulf, Code P/Req. Code Co					
**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 (check one):  DECEMBER 31, 2008  OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:  WANNER 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 (check one):  COMPARATIVE (PERCENTAGE) THRESHOLDS  OR  DOLLAR VALUE THRESHOLDS								
PART A - PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]  NAME OF SOURCE  OF INCOME  ADDRESS  Lee County School District 3815 Colovial Rud.  Frames, Fl. 33966			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY  Education					
PART B SECONDARY SOURCES  NAME OF BUSINESS ENTITY	OF INCOME [Major customers, clients, NAME OF MAJOR SOURCES OF BUSINESS' INCOME	and other sources of income to I ADDRESS OF SOURCE	pusinesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE					
	NA A							
PART C REAL PROPERTY [Land,	buildings owned by the reporting person	n]	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.  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.					

PART D — INTANGIBLE PERSONA TYPE OF INTANGIBL	AL PROPERTY [Stock	ks, bonds, certific	ates of deposit, etc.] BUSINESS ENTITY	TO WHICH THE	PROPERTY RELATES		
_							
	·		NA				
			W	•			
				•	get 🔸 👢		
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR					
Gm Ae		40 BOY 900 1714 Louisville EV 40040					
SUNCORST School Credit UNION		CARO CORAJ Pla					
			·				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]							
	BUSINESS ENTITY # 1		BUSINESS EN	TITY#2	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY							
ADDRESS OF BUSINESS ENTITY							
PRINCIPAL BUSINESS ACTIVITY		1/	.^_				
POSITION HELD WITH ENTITY		OV	H				
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):							
(hit		214/89					
FILING INSTRUCTIONS:							

# 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.

BERNIE FELICIANO

Z545 FLORIDA 33902

SUPERVISOR OF ELECTIONS P.O. BOX 2545 FORT MYERS FL 33902-2545

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