FORM 1	S	TATEM	ENT OF	· · · · · · · · · · · · · · · · · · ·		2009	
Please print or type your name, mailing address, agency name, and position below	•	ANCIAL	INTERI	ESTS	\int		
LAST NAME FIRST NAME MIDDLE LAROSA - DAVID - PAL MAILING ADDRESS :	11			FOR OFFI			
6867 FENTLAND WAY UNIT 52 CITY: FORT MYERS	ZIP :	COUNTY :				·10JUL164	
NAME OF AGENCY : Lee County School District. NAME OF OFFICE OR POSITION HELD OR SOUGHT :						Code	
You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. CHECK ONLY IF CANDIDATE OR INEW EMPLOYEE OR APPOINTEE						e Co F1	
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): Image: Imag							
PART A PRIMARY SOURCES OF IN (If you have nothing to rep	COME (Major sou ort, you must wri	urces of income to th ite "none" or "n/a")	e reporting person]				
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY EDUCATION		
SCHOOL DISTRICT Lee Co. 2855 Colonial Blvd.				3966	EDV		
PART B SECONDARY SOURCES O (If you have nothing to rep NAME OF BUSINESS ENTITY NONE	OF INCOME [Majo bort , you must w NAME OF MAJ OF BUSINES	rite "none" or "n/a" OR SOURCES	and other sources o) ADDR OF SO	RESS	busines	ses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
			· · · · · · · · · · · · · · · · · · ·				
			<u></u>		· · · · · ·		
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.		
					file thi begin	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 I (If you have nothing to rep	PROPERTY [Stocks, bonds, certifi port, you must write "none" or "		······································	
		-	IICH THE PROPERTY RELATES	
None				
	 			—
			·	— -
				
PART E — LIABILITIES [Major debts] (If you have nothing to rep	oort, you must write "none" or "i	n/a")		
NAME OF CREDITOR			OF CREDITOR	
SUNCONST SCHOOLS CRE				
		1.		
	<u> </u>			
PART F INTERESTS IN SPECIFIED B	USINESSES [Ownership or posit	tions in certain types of businesse:	el	
(If you have nothing to report	ert, you must write "none" or "n/a	a")		
	BUSINESS ENTITY # 1	BUSINESS ENTITY #		
NAME OF BUSINESS ENTITY	None	NonR	None	
ADDRESS OF BUSINESS ENTITY		<u></u>		
PRINCIPAL BUSINESS ACTIVITY				
POSITION HELD WITH ENTITY				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS				
NATURE OF MY OWNERSHIP INTEREST				
				╧┻╋
	OUGH F ARE CONTINUE		ET, PLEASE CHECK HERE	╧╼╋╴
SIGNATURE (required):	12-	DATE SI	IGNED (required):	
		CONDITIONS.	7.12.10	 +-
		STRUCTIONS:	····· •· •• ••	
WHAT TO FILE: After completing all parts of this form, i		the form by the Commission	WHEN TO FILE: Initially, each local officer/employ	
signing and dating it, send back only sheet (pages 1 and 2) for filing.	gning and dating it, send back only the first on Ethics or a Cour neet (pages 1 and 2) for filing. your annual disclose		officer, and specified state employ file within 30 days of the date of i	his or her
If you have nothing to report in a p	that location.		appointment or of the beginning of ment. Appointees who must be con	of emplo
section, you must write "none" or "n/a' section(s).	" in that of Elections of the	county in which the Supervisor county in which they perma-	the Senate must file prior to confirma if that is less than 30 days from the da	ation, even
	in Florida, file with	ou do not permanently reside the Supervisor of the county	appointment.	
Facsimiles will not be accepted.		has its headquarters.) specified state employees	Candidates for publicly-elected lo must file at the same time they	
MULTIPLE FILING UNNECESS	ARY: file with the Commi	nission on Ethics, P.O. Drawer EL 32317-5709: physical	qualifying papers.	
	A PARTING AND A PARTICIPAL AND A PARTICI	A FL 32317-57UM: DOVSICAL	Ingreater. IOCAL UNICELS/EUDIOVE	

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.

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.

officers, and specified state employees a required to file by July 1st following ead calendar year in which they hold their pos tions.

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

1 L.N...K.A.M.....K.A.A.A.A.A.A.A.A.A. 13 THE REAL AND ST. THE MANAS FL SUPERVISOR OF ELECTIONS P.O. BOX 2545 FORT MYERS FL 33902-2545 CONSTITUTIONAL COMPLEX PO. BOX 2545 FORT MYERS, FLORIDA 33902 CEE COUNTY IOULIGHN09933NELLee CoF1