

# FINAL STATEMENT OF FINANCIAL INTERESTS

2010

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)

LAST NAME — FIRST NAME — MIDDLE NAME:

Lawrence, Callie C.

MAILING ADDRESS:

2804 Via Piazza Loop

Fort Myers, Fla. 33905 Lee

CITY:

ZIP:

COUNTY:

NAME OF REPORTING PERSON'S AGENCY:

Lee County School District

CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):



LOCAL OFFICER



STATE OFFICER



SPECIFIED STATE EMPLOYEE

LIST OFFICE OR POSITION HELD:

School Principal

\*\*\*BOTH PARTS OF THIS SECTION MUST BE COMPLETED\*\*\*

## DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2010 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS June 30, 2011, 2010. (Date must be prior to 12/31/10)

## MANNER 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]  
(If you have nothing to report, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
School District of Lee	2885 Colonial Blvd. Ft. Myers	Education - Public
Florida DROP Program	Tallah., Florida	Education / Retirement

**PART B -- SECONDARY SOURCES OF INCOME** [Major customers, clients, and other sources of income to businesses owned by reporting person]  
(If you have nothing to report, you must write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A	N/A	N/A	N/A

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person]  
(If you have nothing to report, you must write "none" or "n/a")

2804 Via Piazza Loop Ft. Myers  
 3102 Lafayette Street Ft. Myers  
 Lot in Lehigh Acres Lehigh Acres, Fla.  
 4512 Duck Lake Point Lane Tallah., Fla.  
 Lot on Highway 27 North Tallah., Fla.

**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 of this packet.

**OTHER FORMS** you may need to file are described on page 6.

**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
NA	NA

**PART E — LIABILITIES** [Major debts]  
(If you have nothing to report, you must write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
ALLY	P.O. Box 380902 Bloomington, MN
Bank of America Home Loans	P.O. Box 5170 Simi Valley, CA
CHASE	P.O. Box 78148 Phoenix, AZ

**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	NA	NA	NA
POSITION HELD WITH ENTITY			
TOWN 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:

*Camie C. Lawrence*

DATE SIGNED:

*July 26, 2011*

**FILING INSTRUCTIONS:**

**WHAT TO FILE:**

After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only pages 1 and 2 for filing (you need not return any of the instruction pages).  
Facsimiles will not be accepted.

**WHEN TO FILE:**

At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.

**WHERE TO FILE:**

**Local officers:** file with the Supervisor of Elections of the county in which you 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.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

**NOTE:**

If you are leaving office or employment during the first half of 2010, you may not have filed Form 1 for 2009. In that case, this is not the last form you will file, even though the Form 1F covers the final portion of your term of office or employment. You will be required to file Form 1 for 2009 by July 1 of 2010.

# FINAL STATEMENT OF FINANCIAL INTERESTS

2011

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)

LAST NAME — FIRST NAME — MIDDLE NAME:

Lawrence, Callie C.

MAILING ADDRESS:

2804 Via Piazza Loop

Fort Myers 33905 Lee

CITY:

ZIP:

COUNTY:

NAME OF REPORTING PERSON'S AGENCY:

Lee County Public Schools

CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):

☒ LOCAL OFFICER ☐ STATE OFFICER☐ SPECIFIED STATE EMPLOYEE

LIST OFFICE OR POSITION HELD: School

Administrator

\*\*\*BOTH PARTS OF THIS SECTION MUST BE COMPLETED\*\*\*

## DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2011 AND THE LAST DATE I HAD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS 6/30/11, 2011. (Date must be prior to 12/31/11)

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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	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Lee County Public Schools	2855 Colonial Blvd	School Administrator
Fla. Division of Retirement	P.O. Box 9000 Tallah. Fla.	Retirement Management

## PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by reporting person]

(If you have nothing to report, you must write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NA	NA	NA	NA

## PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]

(If you have nothing to report, you must write "none" or "n/a")

2804 Via Piazza Loop Ft. Myers 33905  
 3102 Lafayette St. Ft. Myers 33916  
 4512 Duck Lake Point Lane Tallah. Fla 32303

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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
Chase Home Finance	3415 Vision Dr Columbus, Ohio 43219
Bank of America Home Loans	P.O. Box 5170 Simi Valley, CA
GMC Car Finance (Aly)	

**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	NA		
POSITION HELD WITH ENTITY			
HOLD 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:

DATE SIGNED:

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### NOTE:

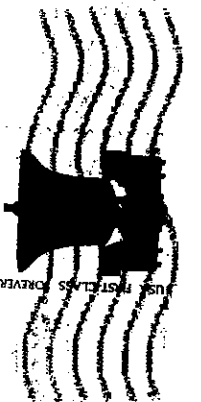
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Ms. Callie Lawrence  
2804 Via Piazza Loop  
Fort Myers, FL 33905

11 JUL 13 PM 5:05

FT MYERS FL 339

12 JUL 2011 PM 5 T



Supervisor of Elections  
P.O. Box 2545  
Fort Myers, Florida 33902  
Attn: Bernie Feliciano

33902+2545

