## FORM 1F

# FINAL STATEMENT OF SM 1029 SOE Lee COFI

2016

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)				
Luckey Charles R.	School District of Lee County			
6909 Marbrook CT.	CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):			
FORT MYERS, FL 33919	LIST OFFICE OR POSITION HELD:			
Lee	<del></del>			
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS	OR POPLAR VALUE THRESHOLDS			
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to busine (If you have nothing to report, write "none" or "n/a")  NAME OF  NAME OF MAJOR SOURCES BUSINESS ENTITY  OF BUSINESS' INCOME	ADDRESS PRINCIPAL BUSINESS OF SOURCE ACTIVITY OF SOURCE			
Mane				
PART C REAL PROPERTY [Land, buildings owned by the reporting per (If you have nothing to report, write "none" or "n/a")	erson - See instructions]  FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.			
none	INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet.			

4 AV75 T 199				
PART D — INTANGIBLE PERSONAL PROPERTY (If you have nothing to report, write "non		cates of deposit, etc See	instructions]	
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
THE OF INVANOUEE	2			
199		, ;		
100				
PART E — LIABILITIES [Major debts - See instructio				
NAME OF CREDITOR	L ADDRESS OF CREDITOR			
		<del>-</del> (		
YU				
(If you have nothing to report, write "none 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 AR	BUSINESS	N A SEPARATE SHEE	BUSINESS ENTITY # 2  ET, PLEASE CHECK HERE	
SIGNATURE OF FILER: Signature:  Date Signed:  7//2//6		CPA or ATTORNEY SIGNATURE ONLY  If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:  I,		
	FILING INSTR	tuctions:	NOTE:	

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.

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: 325 John Knox Road, Building E, Suite 200, Tallahassee. Florida 32303.

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

If you are leaving office or employment during the first half of 2016, you may not have filed Form 1 for 2015. In that case, this is not the last form you will file. Form 1F covers January 1, 2016, through your last day of office or employment. You will be required to file Form 1 for 2015 by July 1, 2016, and risk being fined if you do not file Form 1 by the filing deadline, even if you have already filed the CE Form 1F.

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