FORM 1	STATEMENT OF	2007	
Please print or type your name, mailing			
address, agency name, and position below:	FINANCIAL INTEREST		
LUNGER, KIMBE	■ FUR	OFFICE STATE ONLY:	
MAILING ADDRESS: 5749 INVERXIES	SCIRCLE		
N	on arece	ORALUS ONLY:	
// CITY: ZI	P: COUNTY:		
NORTH FORT MYE	RS 33903 LEE	ID No.	
SCHOOL DISTRICT	OF LEE COUNTY	Conf. Code	
NAME OF OFFICE OR POSITION HELD OF	R SOUGHT:	P. Req. Code	
_ •	this form. Attach additional sheets, if necessary.		
CHECK ONLY IF	☐ NEW EMPLOYEE OR APPOINTEE	300 10	
DISCLOSURE PERIOD:	**BOTH PARTS OF THIS SECTION MUST BE COMPLETED		
	NCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHE WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX	YEAR ENDING EITHER (check one):	
DECEMBER 31, 2007	OR SPECIFY TAX YEAR IF OTHER THAN	THE CALENDAR YEAR:	
	EINTERESTS: E OPTION OF USING REPORTING THRESHOLDS THAT USING COMPARATIVE THRESHOLDS, WHICH ARE USUA		
instructions for further details). PLEASE STA	TE BELOW WHETHER THIS STATEMENT REFLECTS EITHI	ER (check one): VALUE THRESHOLDS	
COMPARATIVE (PERCENTAGE) THE	RESHOLDS <u>OR</u> DOLLAR	VALUE INNESHOLDS	
PART A PRIMARY SOURCES OF INCOM NAME OF SOURCE	DESCRIPTION OF THE SOURCE'S		
COIL DECOME	ECO. 2005 CENTRAL AVE	PRINCIPAL BUSINESS ACTIVITY FEMV EDUCATTON	
SCH VIDIRICI OI CLE	CO. AUN CENTURE HUE	They EDUSTION	
· · · · · · · · · · · · · · · · · · ·			
	COME [Major customers, clients, and other sources of income		
NAME OF NAME O	AME OF MAJOR SOURCES ADDRESS OF BUSINESS' INCOME OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
	1 ()		
<i>Y</i>			
DART C. DEAL DOOR DTV (I and I wild)		FILING INSTRUCTIONS 4	
PART C REAL PROPERTY [Land, buildi	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.		
		INSTRUCTIONS on who must file	
1/1	one	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 PERSONAL F TYPE OF INTANGIBLE	PROPERTY (Stocks, bonds			PROPERTY RELATES	
	γ				
	MAN	<u> </u>			
	0				
			32.33 Marsh	Amplifying 1 to 10 to	
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR			
, ,					
		M &			
			<u></u> .		
PART F INTERESTS IN SPECIFIED B	BUSINESSES [Ownership	or positions in certain types	s of businesses]		
	BUSINESS ENTITY # 1	BUSINES	SS ENTITY # 2	BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY					
ADDRESS OF BUSINESS ENTITY					
PRINCIPAL BUSINESS ACTIVITY					
POSITION HELD WITH ENTITY	\bigcap	(0, 8			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	T / t				
NATURE OF MY OWNERSHIP INTEREST					
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					
SIGNATURE (required): Limited Shunga DATE SIGNED (required): 8/1/08					
FILING INSTRUCTIONS:					
WHAT TO FILE.					

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 Blvd. 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.

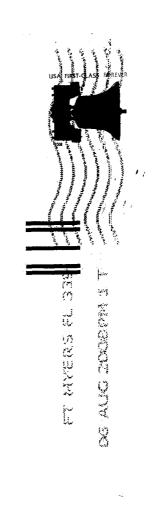
WHEN TO FILE:

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.



CONSTITUTIONAL COMPLEX
PO. BOX 2545
FORT MYERS, FLORIDA 33902

LEE COUNTY

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