FORM 1	STATEM	IENT OF	2010				
Please print or type your name, mailing address, agency name, and position below: FINANCIAL INTERESTS							
LAST NAME FIRST, NAME MIDE MAILING ADDRESS : 9214 FH-MLERF CITY : Lee Count NAME OF AGENCY : NAME OF OFFICE OR POSITION H You are not limited to the space on the	Jolla (Jai) Jolla Cou 33967 Le ZIP: COUNTY: J School Dis	e trict Con P.R	Ao.				
	CHECK ONLY IF 🔲 CANDIDATE OR 🔲 NEW EMPLOYEE OR APPOINTEE						
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 (must check one): Image: December 31, 2010 OR Image: Specify tax year if other than the calendar year: Image: December 31, 2010 OR Image: Specify tax year if other than the calendar year: Image: December 31, 2010 OR Image: Specify tax year if other than the calendar year: Image: December 31, 2010 OR Image: Specify tax year if other than the calendar year: Image: December 31, 2010 OR Image: Specify tax year if other than the calendar year: Image: December 31, 2010 OR Image: Specify tax year if other than the calendar year: Image: December 31, 2010 OR Image: Specify tax year if other than the calendar year: Image: December 31, 2010 OR Image: Specify tax year if other than the calendar year: Image: December 31, 2010 OR Image: Specify tax year if other than the calendar year: Image: December 31, 2010 OR Image: Specify tax year if other than the calendar year: Image: December 31, 2010 OR Image: Specify tax year if							
	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	l sou	JRCE'S DE	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
			Abroging a shool				
PART B SECONDARY SOURCES	OF INCOME [Major customers, clients	and other sources of income to busines	ses owned by the reporting person				
			PRINCIPAL BUSINESS				
(If you have nothing to re	buildings owned by the reporting person port, you must write "none" or "n/a"	FILIN when are lo INST file th begin OTHI	NG INSTRUCTIONS for and where to file this form cated at the bottom of page 2. 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.				

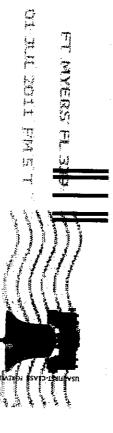
PART D — INTANGIBLE PERSON (If you have nothing to						
TYPE OF INTANGIBLE		J	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
NIA				,,,		
		· ·				
PART E — LIABILITIES [Major del (If you have nothing to		st write "none" or "r	va")			
NAME OF CREDITOR			ADDRESS OF CREDITOR			
NA						
				· · · ·		
		- -				
			·· <u>···</u> ······			
				······································		
PART F — INTERESTS IN SPECIFIE (If you have nothing to n	report, you must	[Ownership or positi write "none" or "n/a ESS ENTITY # 1	ons in certain types of businesses ") . BUSINESS ENTITY #	-		
	BUSIN	ε				
NAME OF BUSINESS ENTITY	<i>N</i>	/ <i>H</i>				
ADDRESS OF BUSINESS ENTITY	1	/				
PRINCIPAL BUSINESS ACTIVITY						
POSITION HELD WITH ENTITY						
OWN MORE THAN A 5%	L • ···					
INTEREST IN THE BUSINESS NATURE OF MY						
			<u> </u>			
IF ANY OF PARTS A	THROUGH F	ARE CONTINUE	D ON A SEPARATE SHE	ET, PLEASE CHECK HERE		
SIGNATURE (required):						
	næ	juch		6/25/11		
]	FILING IN	STRUCTIONS:	1		
WHAT TO FILE:	rm including	WHERE TO FI		WHEN TO FILE: Initially, each local officer/employee, s		
signing and dating it, send back only the first on		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		officer, and specified state employee r		
sheet (pages 1 and 2) for filing.		your annual disclose that location.	sure ming, return the form to	file within 30 days of the date of his or appointment or of the beginning of emp		
section, you must write "none" or "n/a" in that of section(s).			oloyees file with the Supervisor	ment. Appointees who must be confirmed the Senate must file prior to confirmation, e		
		nently reside. (If you do not permanently reside		if that is less than 30 days from the date of appointment.		
			the Supervisor of the county has its headquarters.)	Candidates for publicly-elected local o		
NOTE: S		State officers or	specified state employees	must file at the same time they file the qualifying papers. <i>Thereafter</i> , local officers/employees, sta		
		file with the Comm 15709. Tallahasse	ission on Ethics, P.O. Drawer e, FL 32317-5709; physical			
calendar or fiscal year is not required to file a		address: 3600 Maclay Boulevard, South, Suite		officers, and specified state employees a required to file by July 1st following ea calendar year in which they hold their po		
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		201, Tallahassee, FL 32312. Candidates file this form together with their				
		qualifying papers.		tions. <i>Finally</i> , at the end of office or employn		
of his or her original Form 1 when qualifying.		.		many, at the end of once of employn		

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

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 dats of leaving office or employment.



CONSTITUTIONAL COMPLEX P.O. BOX 2545 FORT MYERS, FLORIDA 33902



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