FORM 1	DRM 1 STATEMENT 49064 SDE Lee Co F1						
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS					
Mailing address: J 6572 Planta	AME; Inia S, <u>tión Preserve</u> <u>3966 Le</u> ZIP: COUNTY:	FOR OFF USE ONL	Y:				
NAME OF AGENCY : School DISTRIC NAME OF OFFICE OR POSITION HELD OF PRINCIPAL You are not limited to the space on the lines of CHECK ONLY IF CANDIDATE OF	on this form. Attach additional sheets,		ID Code ID No. Conf. Code P. Req. Code				
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): DECEMBER 31, 2007 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: 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 NAME OF SOURCE SOURCE'S OF INCOME ADDRESS			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
MA							
		nd other sources of income to b ADDRESS OF SOURCE	RESS PRINCIPAL BUSINESS				
NIA							
PART C REAL PROPERTY [Land, build]	FILING INSTRUCTIONS for when and where to file this form are locat- ed at the bottom of page 2. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.					
N A		OTHER FORMS you may need to file are described on page 6.					

PART D — INTANGIBLE PERSO TYPE OF INTANG		ks, bonds, certifica	ates of deposit, etc.] BUSINESS ENTITY TO	WHICH THE	PROPERTY RELATES		
	······································						
A	\						
					<u></u>		
		ļ					
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR					
Wells Farco Brank		PO BOX 14411 Des Moines IA 50306-					
			<u> </u>	<u> </u>	3411		
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]							
	BUSINESS ENT	TITY # 1	TY # 1 BUSINESS ENTITY # 2		BUSINESS ENTITY # 3		
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 ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
SIGNATURE (required): DATE SIG				TE SIGNED (r	required): 7-1-08		
FILING INSTRUCTIONS:							
WHAT TO FILE: After completing all parts of this signing and dating it, send bac sheet (pages 1 and 2) for filing. If you have nothing to report	form, including If k only the first or yc th	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.			N TO FILE: <i>ly</i> , each local officer/employee, state , and specified state employee must file <i>a 30 days</i> of the date of his or her intment or of the beginning of employ- Appointees who must be confirmed by		
section, you must write "none" section(s).	or "n/a" in that of	Local officers/employees file with the Supervisor of Elections of the county in which they perma-			enate must file prior to confirmation, even is less than 30 days from the date of		

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 gualifying.

nently 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.

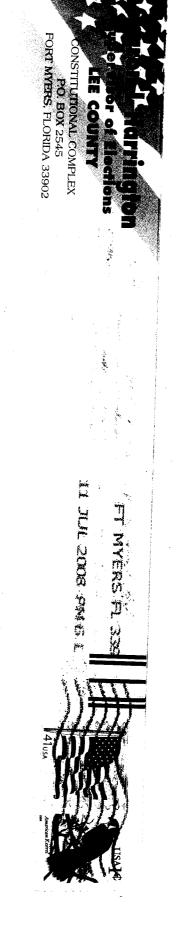
To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

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.



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