FORM 1	STATEM	IENT OF	2009		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	5		
LAST NAME FIRST NAME MIDDLE N MONCE MAILING ADDRESS:	ame: ginia S.	FOR OIL USE OIL	· · · —		
6572 Plante	tion Preserve	. Cr. W.	ID Code		
F+ Myers 33966 Lee			Conf. Code P. Req. Code		
NAME OF AGENCY: Allen Park Elementary NAME OF OFFICE OR POSITION HELD &	of Loe County	Conf. Code			
You are not limited to the space on the lines of	<b>.</b>	lee Co Fi			
CHECK ONLY IF  CANDIDATE OF					
**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, 2009 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 INCO		he reporting person]	ALOR III. LONG		
NAME OF SOURCE OF INCOME	soui	) IRCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
School District of Lee Co.	3.345 (anelo Dr.	F-Musers Fl	Principal Business activity		
·		3390(	<u> </u>		
	NCOME [Major customers, clients, , you must write "none" or "n/a"		b businesses owned by the reporting person]		
NAME OF N BUSINESS ENTITY	AME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
, ı , ,					
PART C REAL PROPERTY [Land, buildings owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a")  FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.					
5000 Plantations Preserve Carete of Mayor 389			INSTRUCTIONS on who must		
ALA			file 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 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			
Λ					
7 7 7					
PART E — LIABILITIES [Major debts] (If you have nothing to report, you	must write "none" or "n	/a")			
NAME OF CREDITOR		ADDRESS OF CREDITOR			
Λ / Λ					
PART F — INTERESTS IN SPECIFIED BUSINES (If you have nothing to report, you n			BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY					
ADDRESS OF BUSINESS ENTITY	Λ				
PRINCIPAL BUSINESS ACTIVITY	$\Lambda I \Lambda$				
POSITION HELD WITH ENTITY	$/ \setminus / \setminus   \setminus  $				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	17 - 7-1				
NATURE OF MY OWNERSHIP INTEREST	V J_				
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					
SIGNATURE (required):  UNDAMIA MAN  DATE SIGNED (required):  1-17-1/2					
FILING INSTRUCTIONS:					
WHAT TO FILE:  After completing all parts of this form, including signing and dating it, send back only the firs		LE: the form by the Commission nty Supervisor of Elections for	WHEN TO FILE:  Initially, each local officer/employee, state officer, and specified state employee must		

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.

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 Boulevard, 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.

file within 30 days of the date of his or he appointment or of the beginning of employ ment. Appointees who must be confirmed b the Senate must file prior to confirmation, eve if that is less than 30 days from the date of the appointment.

Candidates for publicly-elected local offic must file at the same time they file the qualifying papers.

Thereafter, local officers/employees, stat officers, and specified state employees a required to file by July 1st following each calendar year in which they hold their pos

Finally, at the end of office or employmen each local officer/employee, state officer, ar specified state employee is required to file final disclosure form (Form 1F) within 60 da of leaving office or employment.