| FORM 1   |  | STATEMI   | ENT OF   |  |  | 2005   |             |
|--|--|---|--|--|--|--|-------------|
| Please print or type your name, mailing address, agency name, and position belo  | w: I   | FINANCIAL   | INTERE   | STS  |  |  |             |
| LAST NAME FIRST NAME - MIDDLE NUMLZ WITH   | E NAME :                                       | Anne  |  | FOR OFF  |  | 66<br>F1<br>9<br>9<br>9  | 1           |
| 338 Prathe   | rI   | ) vive  |  |  | ı ID Co                                  | <u>\$</u>  |             |
| A. Myers MC  | Gri  | egor Isles  | 5  |  |  | 10 SOE   |             |
| CITY F4. Myers   | 33<br>33                                       | 919 COUNTY:   | Lee  |  | VD No                                    | D. International Control of the Cont |             |
| NAME OF AGENCY: Lee  |  |   | Code   |  |  |  |             |
| NAME OF OFFICE OR POSITION HE  | LD OR SO                                       | DUGHT:  |  |  | P. Re                                    | q. Code  |             |
| CHECK ONLY IF CANDIDATE  | OR ,   | NEW EMPLOYEE OR AP  | POINTEE  |  |  |  |             |
| DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR A FISCAL YEAR. PLEASE STATE BE DECEMBER 31, 200  MANNER OF CALCULATING REPOR THE LEGISLATURE ALLOWS FILER REQUIRES FEWER CALCULATIONS instructions for further details). PLEAS | FINANCIA<br>LOW WHE<br>5 (TABLE IN<br>RS THE C | ETHER THIS STATEMENT IS  OR SPECIFY THE SPECIFY THE SPECIFY THE SPECIFY THE SPECIFY THE SPECIFY THE SHORT | ECEDING TAX YEAI<br>FOR THE PRECEDI<br>TAX YEAR IF OTHE<br>FING THRESHOLDS<br>IOLDS, WHICH ARI | R, WHETHE<br>ING TAX YE<br>R THAN TH<br>S THAT AF<br>E USUALLY | EAR END<br>IE CALE<br>RE ABSO<br>( BASED | DING EITHER (check one):  INDAR YEAR: THE JULY 1, 2, 3, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,   | <u>0</u> 06 |
| COMPARATIVE (PERCENTAGE  |  |   |  | _  |  | VALUE THRESHOLDS   |             |
| PART A PRIMARY SOURCES OF I<br>NAME OF SOURCE<br>OF INCOME   | NCOME [  | Major sources of income to the<br>SOUF<br>ADDF  | RCE'S  |  |  | SCRIPTION OF THE SOURCE'S<br>NINCIPAL BUSINESS ACTIVITY  |             |
| Lee Co. School District Michigan Internation   |  |   |  | al school principal  |  |  |             |
|  |  |   | Academy  |  |  |  |             |
|  |  |   |  |  |  |  |             |
| PART B SECONDARY SOURCES  NAME OF BUSINESS ENTITY  | NAME   | ME [Major customers, clients, a<br>OF MAJOR SOURCES<br>BUSINESS' INCOME   | and other sources of<br>ADDR<br>OF SOL   | ESS  | ousiness                                 | PRINCIPAL BUSINESS ACTIVITY OF SOURCE  | ]           |
| 70/ 7.   |  |   |  |  |  |  |             |
|  |  |   |  |  |  |  |             |
| PART C REAL PROPERTY [Land,  | buildings                                      | owned by the reporting persor   | n]   |  | and w                                    | IG INSTRUCTIONS for whichere to file this form are locathe bottom of page 2.   |             |
| N/H  |  |   |  |  | INST                                     | RUCTIONS on who must fi<br>orm and how to fill it out begi   |             |
|  |  |   |  |  | отні                                     | ER FORMS you may need to described on page 6   | to          |

| PART D — INTANGIBLE PERSONAL PROPERTY [  | Stocks, bonds, certif                     | ficates of deposit, etc.]                    |                                       |  |  |  |  |  |  |
|--|---|--|---------------------------------------|--|--|--|--|--|--|
| TYPE OF INTANGIBLE   | ·   | BUSINESS ENTITY TO WHICH THE                 | PROPERTY RELATES *                    |  |  |  |  |  |  |
| 1  |   |  | .*                                    |  |  |  |  |  |  |
| I IN   |   |  |                                       |  |  |  |  |  |  |
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|  |   |  |                                       |  |  |  |  |  |  |
|  | <del></del>                               |  |                                       |  |  |  |  |  |  |
| PART E — LIABILITIES [Major debts]   |   |  |                                       |  |  |  |  |  |  |
| NAME OF CREDITOR   | 1   | ADDRESS OF CREDITOR                          |                                       |  |  |  |  |  |  |
| Litton Loan Service  | DA MA                                     | DN MAY 1/247 1/21/2 / Taylor MO21/2          |                                       |  |  |  |  |  |  |
| l <i>al l</i>  | <u>עטניו טץ</u>                           | 6 4387 Houston, 1e                           | vas 17210                             |  |  |  |  |  |  |
| Chase VISA Gold  | VARIA UD                                  | 15298 Wilmington                             | Del. 19860-6298                       |  |  |  |  |  |  |
|  | - IVI                                     | - 1501-10 VVIIIVIVIA INTO                    | Mec. 19000 JU10                       |  |  |  |  |  |  |
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| THE WITH THE PROPERTY OF THE P |   |  |                                       |  |  |  |  |  |  |
| PART F — INTERESTS IN SPECIFIED BUSINESSES   | [Ownership or posit                       | tions in certain types of businesses]        |                                       |  |  |  |  |  |  |
| I BUSINESS E   | NTITY # 1                                 | TY#1   BUSINESS ENTITY#2   BUSINESS ENTITY#3 |                                       |  |  |  |  |  |  |
| NAME OF  | 111111111111111111111111111111111111111   | - Boomeoo Erriti 2                           | BUSHYESS LIVITI # 5                   |  |  |  |  |  |  |
| BUSINESS ENTITY //   | 1   |  | 1                                     |  |  |  |  |  |  |
| ADDRESS OF PUSINESS ENTITY   |   |  |                                       |  |  |  |  |  |  |
| BUSINESS ENTITY / PRINCIPAL BUSINESS   |   |  |                                       |  |  |  |  |  |  |
| ACTIVITY   |   | 1  | 1                                     |  |  |  |  |  |  |
| POSITION HELD  |   |  |                                       |  |  |  |  |  |  |
| WITH ENTITY  |   |  |                                       |  |  |  |  |  |  |
| I OWN MORE THAN A 5%<br>INTEREST IN THE BUSINESS   |   |  |                                       |  |  |  |  |  |  |
| NATURE OF MY   |   |  |                                       |  |  |  |  |  |  |
| OWNERSHIP INTEREST   |   |  | 1                                     |  |  |  |  |  |  |
|  | 5 1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 |  |                                       |  |  |  |  |  |  |
| IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE   |   |  |                                       |  |  |  |  |  |  |
|  |   |  |                                       |  |  |  |  |  |  |
| SIGNATURE (required):  | Nun                                       | DATE SIGNED (n                               | equired): 8-1-06                      |  |  |  |  |  |  |

#### 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 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.

#### 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.



FORT MYERS FL 33

18 SEP 2006 PM 6 T

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