FORM 1	STATEMENT (2009				
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTE	RESTS				
LAST NAME FIRST NAME MIDDLE N KYMSEY VONN: MAILING ADDRESS: 7.247 TVI AV	1 .	FOR OFFIC USE ONLY	. /			
Forf Myers CITY: School Distr NAME OF AGENCY: Procyrement NAME OF OFFICE OR POSITION HELD OF AGENCY You are not limited to the space on the lines of		ID Code ID Code ID Code Conf. Code P. Req. Code				
CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE						
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 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 The School District of Lee		ers 70 139/66				
(If you have nothing to report		es of income to bus DDRESS SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
PART C REAL PROPERTY [Land, building (If you have nothing to report, y	ngs owned by the reporting person] you must write "none" or "n/a")	ar IN	ILING INSTRUCTIONS for then and where to file this form the located at the bottom of page 2. ISTRUCTIONS on who must the this form and how to fill it out the ingin on page 3.			
		0	THER FORMS you may need 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 WHI	CH THE PROPERTY RELATES		
NA						
•						
PART E — LIABILITIES [Major debts] (If you have nothing to report, you must write "none" or "n/a")						
NAME OF CREDITOR		ADDRESS OF CREDITOR				
NA			, A MENUTAL OF			
						
,		<u> </u>				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses] (If you have nothing to report, you must write "none" or "n/a")						
	BUSINESS	ENTITY # 1	BUSINESS ENTITY #	2 BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY	NA	·				
ADDRESS OF BUSINESS ENTITY	<u>,</u>					
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):		\sim 1	DATE SIGNED (required): (a -30-2010)			
FILING INSTRUCTIONS:						
WHAT TO FILE:	w	HERE TO FI		WHEN TO FILE: Initially, each local officer/employee, stat		

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.

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.

Initially, each local officer/employee, stat officer, and specified state employee mus file within 30 days of the date of his or he appointment or of the beginning of employ ment. Appointees who must be confirmed be 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, state officers, and specified state employees ar required to file by July 1st following eac calendar year in which they hold their postions.

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

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PO. BOX 2545
FORT WYERS, FLORIDA 33902

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

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