FORM 1	STATEMENT OF		2008	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERE	STS		
MAILING ADDRESS: 1838 5~ 8 CAPE CORAL CITY:	JGLAS OSCAR 33991 Lee ZIP: COUNTY: C	1 DI	Code	
You are not limited to the space on the lines of CHECK ONLY IF CANDIDATE OF	n this form. Attach additional sheets, if necessary.		1	
**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):         Image: state below whether this statement is for the preceding tax year ending either (check one):       Image: state below whether this statement is for the preceding tax year ending either (check one):         Image: state below whether the preceding tax year is other than the calendar year:       Image: state below whether the preceding tax year is other than the calendar year:         Image: state below whether the preceding tax year is other than the calendar year:       Image: state below whether the preceding tax year is other than the calendar year:         Image: state below whether the preceding tax year is other than the calendar year:       Image: state below whether the preceding the preceding tax year is other than the calendar year:         Image: state below whether the preceding the preceding tax year is other to precede tax year is other tax year is oth				
PART A PRIMARY SOURCES OF INCO NAME OF SOURCE OF INCOME	ME [Major sources of income to the reporting person] SOURCE'S ADDRESS		SCRIPTION OF THE SOURCE'S	
Lee County Schoo			VINCIPAL BUSINESS ACTIVITY	
· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
NAME OF BUSINESS ENTITY	ICOME [Major customers, clients, and other sources of i AME OF MAJOR SOURCES ADDRE OF BUSINESS' INCOME OF SOU H. LAUdedale F1	ESS	ses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
NW UNIT 6		and wed at INST this fe on pa	NG INSTRUCTIONS for when where to file this form are locat- the bottom of page 2. RUCTIONS on who must file orm and how to fill it out begin ge 3. ER FORMS you may need to e described on page 6.	

CE FORM 1 - Eff. 1/2009

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE   BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
N I ALO		· / · · · · · · · · · · · · · · · · · ·		
NONE				
PART E — LIABILITIES [Major debts] NAME OF CREDITOR	ADDRESS	OF CREDITOR		
JANK United	Criando, FI			
AMERICAN EXPres Ft. CAUGE dale FI				
	-	,		
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]				
BUSINESS	ENTITY # 1 BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY				
ADDRESS OF BUSINESS ENTITY				
PRINCIPAL BUSINESS	11.12			
ACTIVITY POSITION HELD	NON C			
WITH ENTITY		•		
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): Dorg Doat Date SIGNED (required): 7-1-09				
FILING INSTRUCTIONS:				
WHAT TO FILE: WHERE TO FILE: WHEN TO FILE:				
After completing all parts of this form, including	If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for	<i>Initially</i> , each local officer/employee, state officer, and specified state employee must		
signing and dating it, send back only the first sheet (pages 1 and 2) for filing.	your annual disclosure filing, return the form to	file within 30 days of the date of his or her		
If you have nothing to report in a particular	that location.	appointment or of the beginning of employ- ment Appointees who must be confirmed by		

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.

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.

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.



BERNTE FELICIANO

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

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