FORM 1	STATEMENT OF			2010	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS			
LAST NAME - FIRST NAME - MIDDLE N Schafer Paul MAILING ADDRESS :	walter	FOR OF USE OF			
7914 Go Canes W	ay		1 100	code $\stackrel{\overset{\bullet}{\Longrightarrow}}{\Longrightarrow}$	
FORT MYERS 3	3966 hee ZIP: COUNTY:		ID N	IMAY31PM0423 SDE Lee CoF	
NAME OF AGENCY:		· · · · · · · · · · · · · · · · · · ·	Con	<b>€ ℃</b>	
NAME OF OFFICE OR POSITION HELD OF A PARTY OF THE STATE O	laf Supervisors S	rat 2-CPD If necessary.	<sub>P.R</sub>	eq. Code	
CHECK ONLY IF CANDIDATE OF	R NEW EMPLOYEE OR A	PPOINTEE			
**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 (must check one):  DECEMBER 31, 2010  OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:  DECEMBER 31, 2010  OR  DECEMBER 31, 2010					
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 (must 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")					
Social Security NAME OF SOURCE OF INCOME	SOURCE'S DESCRIPTION OF THE SOURCE'S ADDRESS PRINCIPAL BUSINESS ACTIVITY				
School District Loo Coo	N 2835 Colonial Bud Fort Missing Ed			reation	
TET PORSION	P.O. Bok 770 Aeling	Ton Mr. IX	Tokecommenceatrons 607 Month Bute.		
attlieb Hospital Pension	POBOX92963 EM	1490 IL 60607	ten!	The Back.	
Ne Runk Pension	POBOX 666 Pilebu	can PR1538			
PART B SECONDARY SOURCES OF II (If you have nothing to report	NCOME [Major customers, clients, , you must write "none" or "n/a"	aind other sources of income to )	busines	ses 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	
V/A			<del> </del>	·	
		-			
PART C REAL PROPERTY (I and build	ings gumed by the reporting person	1			
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.		
N/B			file th	RUCTIONS on who must is form and how to fill it out on page 3.	
				ER FORMS you may need are described on page 6.	

PART D INTANGIBLE PERSONAL PRO (If you have nothing to report,	RTY [Stocks, bonds, cartificates of deposit, etc.] u must write "none" or "n/a")		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
N/A			
See Machael IRA-TI	sT .		
	,		
PART E LIABILITIES [Major debts] (If you have nothing to report,	u must write "none" or "n/a")		
NAME OF CREDITOR	ADDRESS OF CREDITOR		
Visa Barclays Bank	P.O. Box 1337 Philadelphia, PA 19101-3337		
USAA - American Exp	P.O. Box 15153, W. Imington, DE 19886-5153 Wes P.O. Box 30420 Co. It Lake Gity, UT 84130-042		
VISA-Chase	P.O. Box 15153. W. Imington, DE 19886-5153		
DISCOVER FIRMOUNI	Wec P.O. Box 30420 Co. IT Lake GITY. UT 8 4130-042		
PART F — INTERESTS IN SPECIFIED BUSIN (If you have nothing to report, yo	SSES (Ownership or positions in certain types of businesses)		
	USINESS ENTITY#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 THROU	H F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE		
SIGNATURE (required):	DATE SIGNED (required):		
Taul (1)	May 31,2011		
	FILING INSTRUCTIONS://		
WHAT TO FILE: After completing all parts of this form, including signing and dating it, send back only the sheet (pages 1 and 2) for filling.	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.  WHEN TO FILE:  Initially, each local officer/employee, said officer, and specified state employee in the specified state of the or he appointment or of the beginning of employee.		
If you have nothing to report in a partic section, you must write "none" or "n/a" in section(s).			
Facsimiles will not be accepted.	where your agency has its headquarters.)  Candidates for publicly-elected local disc		

## 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.

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...

Candidates for publicly-elected local of must file at the same time they file equalifying papers.

Thereafter, local officers/employees, sate 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 be a final disclosure form (Form 1F) within 60 says of leaving office or employment.

COOPER INDUSTRIES PLC NEW CL A (CBE)
ENTERPRISE PRODUCTS PARTNER LP MLP (EPD)

AMER TOWER CORP CL A (AMT)

ANALOG DEVICES INC (ADI)

**ANALOG DEVICES INC (ADI)** 

FT-FRANKLIN FLOATING RATE DAILY ACCESS FUND CLASS C (FCFRX)
OPPENHEIMER SENIOR FLOATING RATE FUND CLASS C (OOSCX)

AMERICAN FUNDS INCOME FUND OF AMERICA CLASS C (IFACX)
PIMCO ALL ASSETS ALL AUTH-C (PAUCX

FT-FRANKLIN GOLD & PREC MET C (FRGOX)

GRANT PARK B SHARES AS OF 05/19/2011 (MFQGAI)
MAN-AHL DIVERSIFIED I CLASS B AS OF 05/16/2011 (MFQGAN)

FT-FRANKLIN INCOME C (FCISX)

ARTISAN MID CAP VALUE FD INV (ARTQX)

BLACKROCK EQUITY DIVIDEND FUND A (MDDVX)

DREYFUS PREMIER INTERNATIONAL STOCK FUND CL A (DISAX)

EATON VANCE ATLANTA CAPITAL SMID-CAP FUND CLASS A (EAASX)

FIDELITY ADVISOR HEALTH CARE FUND CLASS A (FACDX)

FIDELITY ADVISOR NEW INSIGHTS FUND CLASS A (FNIAX)

INVESCO VAN KAMPEN SMALL CAP VALUE FUND CLASS A (VSCAX)

MFS NEW DISCOVERY FUND CLASS A (MNDAX)

MFS UTILITIES FUND A (MMUFX)

NUVEEN TRADEWINDS INTERNATIONAL VALUE FUND CLASS A (NAIGX)

OPPENHEIMER DEVELOPING MARKETS FUND CL A (ODMAX)

BLACKROCK FLOATING RATE INCOME CLASS A (BFRAX)

FT TEMPLETON GLOBAL BOND A (TPINX)

FT-FRANKLIN FLOATING RATE DAILY ACCESS FUND CLASS A (FAFRX)

JP MORGAN STRATEGIC INCOME OPPORTUNITIES FUND CLASS A (JSOAX)

MAINSTAY HIGH YIELD OPPORTUNITY CLASS A (MYHAX)

MFS EMERGING MARKETS BOND FUND CLASS A (MEDAX)

OPPENHEIMER SENIOR FLOATING RATE FUND CLASS A (OOSAX)

RS FLOATING RATE FUND CLASS A (RSFLX)

RS LOW DURATION BOND FUND A (RLDAX)

<u>VIRTUS MULTI-SECTOR SHORT TERM BOND FUND - CLASS A (NARAX)</u>

IVY ASSET STRATEGY FUND CLASS A (WASAX)

PIMCO ALL ASSETS ALL AUTH-A (PAUAX)

JPM HIGHBRIDGE DYNAMIC COMMODITIES STRATEGY FUND A (HDSAX)
OPPENHEIMER GOLD & SPL MINERALS FUND INC (OPGSX)

PIMCO COMMODITY REAL RETURN STRATEGY FUND CLASS A (PCRAX)