

Please print or type your name, mailing address, agency name, and position below:

## FINANCIAL INTERESTS

LAST NAME -- FIRST NAME -- MIDDLE NAME :

SCHARSEBOER, DONALD, RAY

MAILING ADDRESS :

13 CATALPA COURT

CITY :

FORT MYERS

ZIP :

33919

COUNTY :

LEE

NAME OF AGENCY :

AVE MARIA STEWARDSHIP COMMUNITY

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

DIRECTOR

FOR OFFICE  
USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

07JUL05AM112750FLeeCoFL

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF ☐ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

**\*\*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, 2006

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]

NAME OF SOURCE  
OF INCOME

SOURCE'S  
ADDRESS

DESCRIPTION OF THE SOURCE'S  
PRINCIPAL BUSINESS ACTIVITY

AVE MARIA UNIVERSITY,  
INC.

1025 COMPTON CIRCLE  
NAPLES, FL 34119

HIGHER EDUCATION

**PART B -- SECONDARY SOURCES OF INCOME** [Major customers, clients, and other sources of income to businesses owned by the reporting person]

NAME OF  
BUSINESS ENTITY

NAME OF MAJOR SOURCES  
OF BUSINESS' INCOME

ADDRESS  
OF SOURCE

PRINCIPAL BUSINESS  
ACTIVITY OF SOURCE

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person]

PRIMARY RESIDENCE - 13 CATALPA COURT

FORT MYERS, FL 33919

2ND RESIDENCE - 9055 COLBY DR. APT. 2215

FORT MYERS, FL 33919

**FILING INSTRUCTIONS** for when and where to file this form are located at the bottom of page 2.

**INSTRUCTIONS** on who must 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.]

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

**PART E — LIABILITIES** [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

Rebels ~~STATE~~

P.O. Box 18001

HATTIESBURG, MS 39404-0001

Wells Fargo

P.O. Box 660455

Home Mortgage

DALLAS, TX 75266-0455

**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

S.E. IRRIGATION

ADDRESS OF  
BUSINESS ENTITY

13 CATALPA CRT, FORT MYERS, FL 33919

PRINCIPAL BUSINESS  
ACTIVITYCOMMERCIAL  
IRRIGATION DESIGNPOSITION HELD  
WITH ENTITY

PRESIDENT

DO I OWN MORE THAN A 5%  
INTEREST IN THE BUSINESS

YES.

NATURE OF MY  
OWNERSHIP INTEREST

PROPRIETOR

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE (required):

DATE SIGNED (required):

JUNE 28, 2007

**FILING INSTRUCTIONS:****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.

D.R. Schrotlenboer  
13 Catalpa Court  
Fort Myers, FL 33919

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193  
33129  
6062  
UNITED STATES POSTAGE  
46  
PB9460826  
00-410 JUL 03 07  
MAILED FROM ZIP CODE 34142

LEE COUNTY ELECTROL'S OFFICE  
P.O. BOX 2545  
FORT MYERS, FL 33902-2545

33902332545

