FORM 1	STATEMENT OF	2007	
Please print or type your name, mailing address, agency name, and position below: FINANCIAL INTERESTS			
LAST NAME FIRST NAME MIDDLE NAME Spiro - Jeffrey - S	FUR	OFFICE ONLY:	
MAILING ADDRESS: 14352 Cristobel	Street	<u>↓</u>	
Fort Myers 3	3905 LEF.	ID Code ID No. Conf. Code	
CITY : ZIP	COUNTY		
NAME OF AGENCY, LEE County School	Diverict	Conf. Code	
NAME OF OFFICE OR POSITION HELD OR S	OUGHT :	P. Req. Code	
You are not limited to the space on the lines on th CHECK ONLY IF CANDIDATE OR	is form. Attach additional sheets, if necessary.		
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, 2007 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: MANNER OF CALCULATING REPORTABLE INTERESTS: SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: 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): OR OR			
PART A PRIMARY SOURCES OF INCOME NAME OF SOURCE OF INCOME	[Major sources of income to the reporting person] SOURCE'S	DESCRIPTION OF THE SOURCE'S	
LEE Cant School District	ADDRESS	100% fincome AS	
		School Principa)	
		·	
	ME [Major customers, clients, and other sources of income E OF MAJOR SOURCES ADDRESS BUSINESS' INCOME OF SOURCE	e to businesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
Nothing ==		0	
(<i>/</i>			
PART C REAL PROPERTY [Land, buildings	owned by the reporting person]	FILING INSTRUCTIONS for when and where to file this form are locat- ed 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.]				
		ICH THE PROPERTY RELATES			
WOINING					
	· · · · · · · · · · · · · · · · · · ·				
PART E — LIABILITIES [Major debts] NAME OF CREDITOR	ADDRESS	OF CREDITOR			
	UT COTO ILI				
Suncocit Schools	*J.000 Stunt	100 m			
	(ar	100 N			
PART F INTERESTS IN SPECIFIED BUSINESSES	S [Ownership or positions in certain types of businesses	5]			
BUSINES	ENTITY # 1 BUSINESS ENTITY # 2	BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY	nin/a	0			
ADDRESS OF	rt				
BUSINESS ENTITY PRINCIPAL BUSINESS	$-\nu$				
ACTIVITY POSITION HELD		·····			
I OWN MORE THAN A 5%	<i>b</i>				
INTEREST IN THE BUSINESS NATURE OF MY					
OWNERSHIP INTEREST					
IF ANY OF PARTS A THROUGH F	IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE				
SIGNATURE (required): 7/20/					
T.M.		1/21/02			
	FILING INSTRUCTIONS:				
WHAT TO FILE:	WHERE TO FILE:	WHEN TO FILE:			
After completing all parts of this form, including signing and dating it, send back only the first	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 file			
sheet (pages 1 and 2) for filing.	your annual disclosure filing, return the form to	within 30 days of the date of his or her			
If you have nothing to [°] report in a particular	that location. Local officers/employees file with the Supervisor	appointment or of the beginning of employ- ment. Appointees who must be confirmed by			
section, you must write "none" or "n/a" in that section(s).	of Elections of the county in which they perma-	the Senate must file prior to confirmation, even if that is less than 30 days from the date of			
	nently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county	their appointment.			
Facsimiles will not be accepted.	where your agency has its headquarters.)	Candidates for publicly-elected local office must file at the same time they file their			
NOTE: MULTIPLE FILING UNNECESSARY:	State officers or specified state employees file with the Commission on Ethics, P.O. Drawer	qualifying papers.			
Generally, a person who has filed Form 1 for a	15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Blvd. South, Suite 201,	Thereafter, local officers/employees, state officers, and specified state employees are			
calendar or fiscal year is not required to file a second Form 1 for the same year. However, a	Tallahassee, FL 32312.	required to file by July 1st following each			
candidate who previously filed Form 1 because of another public position must at least file a copy	Candidates file this form together with their qualifying papers.	calendar year in which they hold their posi- tions.			
of his or her original Form 1 when qualifying.	To determine what category your position	Finally, at the end of office or employment,			
	falls under, see the "Who Must File" Instructions on page 3.	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.			

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



