FORM 1	FORM 1 STATEMENT OF				
Please print or type your name, mailing address, agency name, and position be	•••• FINANCIAL	INTERESTS			
LAST NAME FIRST NAME MIDE	ey -Scott	FOR OFFIC USE ONLY:			
	ad Ave				
CITY: Fort Milors	ZIP: 3390 COUNTY:	EF.	D Code		
NAME OF AGENCY:	u	Conf. Code			
NAME OF OFFICE OR POSITION HELD OR SOUGHT : PRINCIPAL					
You are not limited to the space on the I CHECK ONLY IF C CANDIDATE	Ines on this form. Attach additional sheets OR NEW EMPLOYEE OR A	· -	G F1		
"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:   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 (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")					
NAME OF SOURCE OF INCOME	OF INCOME ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
LEE County School I	Carty School Dirtic 2855 Colonial Rud		10010 Solar		
/			·		
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a")					
NAME OF BUSINE\$S ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
WIT	· · · · · · · · · · · · · · · · · · ·				
PART C REAL PROPERTY [Land, buildings owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a")			ILING INSTRUCTIONS for hen and where to file this form re located at the bottom of page 2.		
<i>YV   ¶</i>		IN	ISTRUCTIONS on who must the this form and how to fill it out egin on page 3.		
		0	THER FORMS you may need of the are described on page 6.		

BART D. INTANCIBLE BERSONAL BOOBERTY (Shorke bondo portigeres of departs etc.)						
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 WHICH THE PROPERTY RELATES					
NA						
······································						
· · · · · · · · · · · · · · · · · · ·		<u> </u>				
PART E — LIABILITIES [Major debts] (If you have nothing to report, you must write "none" or "n/a")						
	ADDRESS OF CREDITOR					
NIA						
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")						
BUSIN	ESSENTITY#1	BUSINESS ENTITY # :	2 BUSINESS ENTITY # 3			
	1 pt	ļ				
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 THROUGH F	IF ANY OF PARTS A THRØUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					
SIGNATURE (required):		DATE SI	GNED (required):			
Fift. A	$h \sim$		oune 27, 2011			
	FILING IN	STRUCTIONS:				
After completing all parts of this form including	WHERE TO FIL If you were mailed	the form by the Commission	WHEN TO FILE: initially, each local officer/employee, state			
signing and dating it send back only the first	on Ethics or a County Supervisor of Elections for officer, and specified state employee		officer, and specified state employee mus			
sheet (pages 1 and 2) for filing.	that location. appointment or of the beginning of er		file within 30 days of the date of his or he appointment or of the beginning of employ			
If you have nothing to report in a particular section, you must write "none" or "n/a" in that	Local officers/employees file with the Supervisor of Elections of the county in which they perma- nently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)		ment. Appointees who must be confirmed b the Senate must file prior to confirmation, eve			
section(s).			if that is less than 30 days from the date of the appointment.			
Facsimiles will not be accepted.			Candidates for publicly-elected local office			
NOTE:	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.		must file at the same time they file the qualifying papers.			
MULTIPLE FILING UNNECESSARY: Generally, a person who has filed Form 1 for a			Thereafter, local officers/employees, state			
calendar or fiscal year is not required to file a			officers, and specified state employees a required to file by July 1st following each			
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 conv	Candidates file this form together with their		calendar year in which they hold their pol- tions.			
of another public position must at least file a copy of his or her original Form 1 when qualifying.	qualifying papers. To determine what category your position falls under, see the "Who Must File" Instructions on page 3.		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 das			
1			of leaving office or employment.			