

24883

FORM 1 F

FINAL STATEMENT OF FINANCIAL INTERESTS

DATE RECEIVED
JUL 15 2011

2011

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)

LAST NAME — FIRST NAME — MIDDLE NAME:
TIHEN, LAWRENCE D

MAILING ADDRESS:
12620 PANASOFFKEE DRIVE

NORTH FORT MYERS, 33903, LEE

CITY: ZIP: COUNTY:

NAME OF REPORTING PERSON'S AGENCY:
SCHOOL DISTRICT OF LEE COUNTY FLORIDA

CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):

LOCAL OFFICER STATE OFFICER
 SPECIFIED STATE EMPLOYEE

LIST OFFICE OR POSITION HELD: **SUPERINTENDENT**

SCANNED

***BOTH PARTS OF THIS SECTION MUST BE COMPLETED

PROCESSED

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2011 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS _____, 2011. (Date must be prior to 12/31/11)

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")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
SCHOOL DISTRICT OF LEE COUNTY - FLORIDA	FORT MYERS, FL 33901	SCHOOL DISTRICT
SCHOOL DISTRICT OF LEE COUNTY - FLORIDA	FORT MYERS, FL 33901	SCHOOL DISTRICT
STATE OF FLORIDA - FRS	TALLAHASSEE, FL	STATE RETIREMENT
US SOCIAL SECURITY SYSTEM	WASHINGTON, DC	US SOCIAL SECURITY

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by reporting person] (If you have nothing to report, you must write "none" or "n/a")

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] (If you have nothing to report, you must write "none" or "n/a")

12620 PANASOFFKEE DR, NORTH FORT MYERS, FL 33903

4221 ORANGE GROVE BLVD, NORTH FORT MYERS, FL 33903

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 of this packet.

OTHER FORMS you may need to file are described on page 6.

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
NONE	

NONE	

PART E — LIABILITIES [Major debts]
 (If you have nothing to report, you must write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
WELLSFARGO BANK NA	PO BOX 14411, DES MOINES, IA 50306-3411

WELLSFARGO BANK NA	PO BOX 14411, DES MOINES, IA 50306-3411

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")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	NONE		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
DO I OWN MORE THAN A 5% 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: *Lawrence D. [Signature]*

DATE SIGNED: *7-8-11*

FILING INSTRUCTIONS:

WHAT TO FILE:
 After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only pages 1 and 2 for filing (you need not return any of the instruction pages).
Facsimiles will not be accepted.

WHEN TO FILE:
 At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.

WHERE TO FILE:
Local officers: file with the Supervisor of Elections of the county in which you 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.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

NOTE:
 If you are leaving office or employment during the first half of 2011, you may not have filed Form 1 for 2010. In that case, this is not the last form you will file, even though the Form 1F covers the final portion of your term of office or employment. You will be required to file Form 1 for 2010 by July 1 of 2011.



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State of Florida
COMMISSION ON ETHICS
P.O. Drawer 15709
Tallahassee, FL 32317-5709

3600 Maclay Blvd., South, Suite 201
Tallahassee, FL 32312

Philip Claypool
Executive Director

Virindia Doss
Deputy Executive Director

(850) 488-7864 Phone
(850) 488-3077 (FAX)
www.ethics.state.fl.us

JUL 29 AM 09:58:01 ELEC OFF

July 27, 2011

The Honorable Sharon Harrington
Supervisor of Elections
P O Box 2545
Ft Myers FL 33902-2545

Dear Ms. Harrington:

Enclosed is Form 1F, Final Statement of Financial Interests, filed with this office by the following:

Lawrence D Tihen 24883

If you have any questions, please do not hesitate to call.

Sincerely,

A handwritten signature in cursive script that reads "Connie A Evans".

Connie A Evans
Executive Secretary

Enclosure

State of Florida
Commission on Ethics
3600 Macley Boulevard, South, Suite 201
Post Office Drawer 15709
Tallahassee, FL 32317-5709



The Honorable Sharon Harrington
Supervisor of Elections
P O Box 2545
Ft Myers FL 33902-2545

FIRST CLASS



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THOMAS H. CRYER
FLORIDA SECRETARY OF REVENUE

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