## SCHOOL BOARD NONPARTISAN OFFICE

NONPARTISAN OFFICE Check box only if you are seeking to qualify as a write-in candidate: Write-in candidate OFFICE USE ONLY Candidate Oath (Sections 99.021(1)(a) and 105.031, Florida Statutes) Don H. Armstrong (Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box . (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.) Fel Caunty am a candidate for the nonpartisan office of School Board Member (Office) County, Florida; ; I am a qualified elector of Lee (Circuit #) I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated directed; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek, and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida. Section 876.05, Florida Statutes, oath (only applicable if elected and when term of office begins): I, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the school board and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida. Candidate's Florida Voter Registration Number (located on your voter information card): 111668461 Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.] AHrm -strAWng 281-5563 Armstrong4LeeKids@gmail.com Email Address Signature of Candidate Telephone Number 1363 Horn Beam Ct N. Ft. Myers Florida 33917 ZIP Code Address STATE OF FLORIDA Signature of Notary Public COUNTY OF LEE Print, Type, or Stamp Commissioned Name of Notary Public below: Sworn to (or affirmed) and subscribed before me this CHERYL FUTCH MY COMMISSION # GG 154203 EXPIRES: February 22, 2022 Personally Known: or Produced Identification: Bonded Thru Notary Public Underwriters

Type of Identification Produced:

FORM 6	<b>FULL AN</b>	D PUBLIC D	ISCLOSURE	2017
Please print or type your name, mailing address, agency name, and position below:	OF FI	NANCIAL IN	<b>TERESTS</b>	FOR OFFICE USE ONLY:
LAST NAME — FIRST NAME — MIDD	LE NAME:			
Armstrong - Don - Henry		·-	<del></del>	
MAILING ADDRESS: 1363 Horn Beam Court				
CITY:	ZIP :	COUNTY:		
North Fort Myers	33917	Lee		
NAME OF AGENCY :				
NAME OF OFFICE OR POSITION HEL Lee County School Board, Dist				
CHECK IF THIS IS A FILING BY A CAN	IDIDATE 🔽			
		PART A NET WOR	RTH	<del>L</del> G
Please enter the value of your necessary culated by subtracting your repo				e instructions on page 3.]
My net worth as of $\frac{Ma}{A}$	rch 30,	, 20 18	was \$ <u>32,993.00</u>	<u> </u>
-		- <del> </del>		). (1)
following, if not held for investment p	ts may be reported ourposes: jewelry;	collections of stamps, gun:	regate value exceeds \$1, s, and numismatic items;	000. This category includes any of the art objects; household equipment and
furnishings; clothing; other household	items; and vehicles	s for personal use, whether	owned or leased.	
The aggregate value of my household	goods and person	nal effects (described above	e) is \$	
ASSETS INDIVIDUALLY VALUED AT O		scription is required - see	instructions p.4)	VALUE OF ASSET
Ford F150 Truck			•	\$ 9,000.00
House- 1363 Horn Beam Ct. N	I. Ft Myers, FI	L 33917		\$ 155,000.00
Bank Accounts (Suncoast Cred	lit Untion)			\$ 2,232.00
		PART C LIABILIT	TIES	
LIABILITIES IN EXCESS OF \$1,000 (SE NAME AND ADDRESS		page 4):		AMOUNT OF LIABILITY
Suncoast Credit Union 565 Pin	e Island Rd N	. Ft. Myers, FL 339	17	\$ 6146.89
American Mortgage 21215 Bu	rbank Blvd. W	oodland HIlls CA 9	01367	\$ 152,093.00
JOINT AND SEVERAL LIABILITIES NO	T REPORTED AR	OVE:		
NAME AND ADDRESS				AMOUNT OF LIABILITY
NA.	·			

PART D INCOME									
Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2017 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.									
I elect to file a copy of my 2017 federal income tax return and all W2's, schedules, and attachments.  [If you check this box and attach a copy of your 2017 tax return, you need not complete the remainder of Part D.]									
PRIMARY SOURCES OF INCOM		nge 5):	ADDRESS OF SOURCE OF INCO	ME	AMOUNT				
NAME OF SOURCE OF INCOME EXCEEDING \$1,000			ADDRESS OF SOURCE OF INCO		\$ 34206.60				
Progressive Employment Company		040/ Park	Land Dr. Salasulaft 3424	_					
			7						
	COME [Major customers, cli	ients, etc., of bu	tc., of businesses owned by reporting personsee instructions on page 5]:  PRINCIPAL BUSINESS  PRINCIPAL BUSINESS						
NAME OF BUSINESS ENTITY	OF BUSINESS		OF SOURCE		ACTIVITY OF SOURCE				
<i>I</i> A									
NA	Carlos Carlos								
100/1	DTE MEDDOM	N CDECIEIE	ED BUSINESSES [Instructions	on page 61					
PA	BUSI	INESS ENTITY # 3							
NAME OF	BUSINESS ENTITY	# 1	BUSINESS ENTITY # 2		cc cc				
NAME OF BUSINESS ENTITY					I and the				
ADDRESS OF BUSINESS ENTITY	11				Entering Contraction Programs				
PRINCIPAL BUSINESS	M. H.								
ACTIVITY POSITION HELD	· V / I \				Lands Lands Lands				
WITH ENTITY					(L)				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS									
NATURE OF MY OWNERSHIP INTEREST					8				
OWNEROLIE INTEREST		DADTE	TRAINING	100 KN 100 KN					
PART F - TRAINING  For officers required to complete annual ethics training pursuant to section 112.3142, F.S.									
For office.	I CEPTIEV TUATE	HAVE CO	MPLETED THE REQUIRE	D TRAININ	1G.				
	I VERTIFY THAT I								
0.4	\TH		TE OF FLORIDA LEE		100 160				
OATH			rn to (or affirmed) and subscribed be	efore me this /	15+4 day of				
I, the person whose name app		Swoi	wel 18	DON A	emstadny.				
beginning of this form, do depo		<u></u>	,20 / () by	7					
and say that the information disclosed on this form									
and any attachments hereto is true, accurate,  (Signature of Notary PublicState of Florida)									
and complete			latate of Notary Public-State of Flo	лиа)					
and complete.	/	(A)	nt Type, or Stamp Commissioned	lame of Notary I	Publifieryl Futch				
and complete.			nt, Type, or Stamp Commissioned	Iame of Notary I	COMMISSION # GG 154203				
and complete.		Pers	nt, Type, or Stamp Commissioned	ame of Notary	tification XPIRES: February 22, 2022				
SIGNATURE OF REPORTING	GOFFICIAL OR CANDIDA	Pers	nt, Type, or Stamp Commissioned sonally Known OR e of Identification Produced	Produced Identification	COMMISSION # GG 154203 IXPIRES: February 22, 2022 ded Thru Notary Public Underwriters				
SIGNATURE OF REPORTING		Pers	nt, Type, or Stamp Commissioned sonally Known OR e of Identification Produced	Produced Identification	COMMISSION # GG 154203 XXPIRES: February 22, 2022 ded Thru Notary Public Underwriters				
SIGNATURE OF REPORTING	nt licensed under Chapter	Pers Type	nt, Type, or Stamp Commissioned Sonally Known OR or Identification Produced	Profiled Motary Finds Bond	COMMISSION # GG 154203 (XPIRES: February 22, 2022) ded Thru Notary Public Underwriters red this form for you, he or				
SIGNATURE OF REPORTING  If a certified public accountar she must complete the follow  I,  Section 112.3144, Florida Sta	nt licensed under Chapter ving statement:	Pers Type	nt, Type, or Stamp Commissioned sonally Known OR e of Identification Produced	Bondary H. Sec	ACOMMISSION # GG 154203 (XPIRES: February 22, 2022  Jed Thru Notary Public Underwriters  The ded this form for you, he or  The second s				
SIGNATURE OF REPORTING  If a certified public accountar she must complete the follow	nt licensed under Chapter ving statement:	Pers Type	nt, Type, or Stamp Commissioned Sonally Known OR OR De of Identification Produced Oney in good standing with the Flori	Bondary H. Sec	ACOMMISSION # GG 154203 (XPIRES: February 22, 2022  Jed Thru Notary Public Underwriters  The ded this form for you, he or  The second s				
SIGNATURE OF REPORTING  If a certified public accountar she must complete the follow  I, Section 112.3144, Florida Sta and correct.	nt licensed under Chapter ving statement: atutes, and the instruction	Pers Type r 473, or attorn, prepare ns to the form.	nt, Type, or Stamp Commissioned Sonally Known OR Produced	Bonder of the second se	trommission # GG 154203 txPIRES: February 22, 2022 ded Thru Notary Public Underwriters ed this form for you, he or c. 8, Florida Constitution, e disclosure herein is true				
SIGNATURE OF REPORTING  If a certified public accountar she must complete the follow  I, Section 112.3144, Florida Sta and correct.	nt licensed under Chapter ving statement: atutes, and the instruction	Pers Type r 473, or attorn, prepare ns to the form.	nt, Type, or Stamp Commissioned Sonally Known OR Produced	Bonder of the second se	tronmission # GG 154203 txPIRES: February 22, 2022 ded Thru Notary Public Underwriters ed this form for you, he or c. 8, Florida Constitution, e disclosure herein is true				
SIGNATURE OF REPORTING  If a certified public accountar she must complete the follow I, Section 112.3144, Florida Stand correct.  Signature Preparation of this form	nt licensed under Chapter ving statement: catutes, and the instruction ure	Pers Type 473, or attorn, prepare ns to the form.	nt, Type, or Stamp Commissioned Sonally Known OR OR De of Identification Produced Oney in good standing with the Flori	Bonder of the sibility to sign	commission # GG 154203 EXPIRES: February 22, 2022 ded Thru Notary Public Underwriters  ed this form for you, he or  c. 8, Florida Constitution, e disclosure herein is true  te  n the form under oath.				