

LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

NON-PARTISAN OFFICE

STATE OF FLORIDA

COUNTY OF Lee**OFFICE USE ONLY**

111672222

TEUBER, STEVEN KLAUS
918 SE 23RD PL
CAPE CORAL FL 33990

I,

STEVEN

First Name

K

Middle Name/Initial

TEUBER

Last Name

a citizen of the State of Florida and of the United States of America, and being [a candidate for public office] do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Important: If elected, a candidate must retake the loyalty oath as specified in s. 876.05, Florida Statutes, and that oath shall be filed with the records of the governing official or employing governmental agency prior to the approval of payment of salary, expenses, or other compensation.

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I,

STEVEN K. TEUBER

(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT --- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the non-partisan office of

LEE COUNTY SCHOOL BOARD

(office)

(district)

DISTRICT 4

(circuit)

(group)

; I am a qualified elector of

LEE

County, Florida;

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; by executing this form, I have taken the oath required by ss. 876.05-876.10, Florida Statutes; 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.

☒

Signature of Candidate

(239) 2475612

Telephone Number

TEUBER, STEVEN KLAUS
918 SE 23RD PL
CAPE CORAL FL 33990

111672222

Address

City

Sworn to (or affirmed) and subscribed before me this 17th day of June, 20 .Personally Known ☒ or

Produced Identification: _____

Type of Identification Produced: _____

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public

Bernice Ramos Feliciano
Commission # DD589927
Expires October 19, 2010
Bonded Troy Fair - Insurance, Inc. 800-385-7019

FORM 6 FULL AND PUBLIC DISCLOSURE OF

2009

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

FINANCIAL INTERESTS

ORIGINAL

LAST NAME — FIRST NAME — MIDDLE NAME:
TEUBER STEVEN KLAUS

MAILING ADDRESS:
918 SE 23rd Place

CITY : ZIP : COUNTY :
Cape Coral 33990 LEE

NAME OF AGENCY :
LEE COUNTY SCHOOL BOARD

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
BOARD MEMBER - DISTRICT 4

CHECK IF THIS IS A FILING BY A CANDIDATE ☒

FOR OFFICE
USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2009, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of June 17, 20 10 was \$ 19,500.

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 12,500

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
FRS Retirement	16,500
2004 Mercedes S600	54,000
Home	450,000
Mercedes S320	12,000

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Mortgage	382,000
Credit Cards	42,000
2nd Mortgage	60,000
2004 Mercedes S600	36,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

You may ***EITHER*** (1) file a complete copy of your 2009 federal income tax return, including all attachments, ***OR*** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

☐ I elect to file a copy of my 2009 federal income tax return. [If you check this box and attach a copy of your 2009 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Lee County Schools	2855 Colonial Blvd. Fort Myers, FL	\$38,791
Steven K. Teuber, PA	4223 Del Prado Blvd, Cape Coral, FL	\$70,000

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART E -- INTERESTS IN SPECIFIED BUSINESSES

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Sasso & Teuber, PL	Steven K. Teuber, PA	
ADDRESS OF BUSINESS ENTITY	4223 Del Prado Blvd. S CC, FL	4223 Del Prado Blvd. cc FL	
PRINCIPAL BUSINESS ACTIVITY	Legal Services	Legal Services	
POSITION HELD WITH ENTITY	Partner	Owner	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES	YES	
NATURE OF MY OWNERSHIP INTEREST	Partnership (50%)	Prof. Assoc.	

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

OATH

STATE OF FLORIDA
COUNTY OF LEE

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

Sworn to (or affirmed) and subscribed before me this 17th day of

June, 20 10 by STEVEN K. TEUBER
Bernice Ramos Feliciano
(Signature of Notary Public, State of Florida)

Bernice Ramos Feliciano
Commission # DD589927
Expires October 19, 2010

(Print, Type, or Stamp Commissioned Name of Notary Public)

[Signature]
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known

OR Produced Identification

Type of Identification Produced

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.

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.