

LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

NON-PARTISAN OFFICE

STATE OF FLORIDA

COUNTY OF Lee

OFFICE USE ONLY

111668461

ARMSTRONG, DON HENRY  
1207 SE 6TH ST  
CAPE CORAL FL 33990

I, Don Henry Armstrong  
First Name Middle Name/Initial 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, Don Armstrong  
(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 Co School Board, 4  
(office) (district)

Lee County, Florida;  
(circuit) (group); I am a qualified elector of

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.

Don Armstrong  
Signature of Candidate Telephone Number

ARMSTRONG, DON HENRY  
1207 SE 6TH ST  
CAPE CORAL FL 33990

111668461

Address City

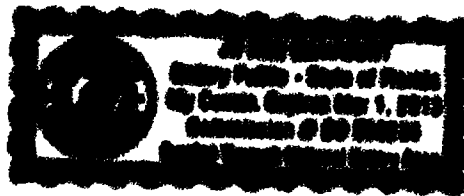
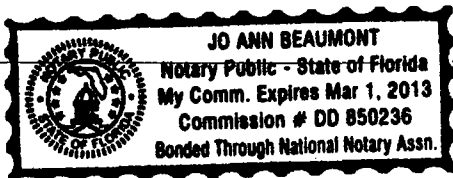
Sworn to (or affirmed) and subscribed before me this 18 day of JUNE, 2010.

Personally Known:  or

Jo Ann Beaumont  
Signature of Notary Public - State of Florida  
Print, Type, or Stamp Commissioned Name of Notary Public

Produced Identification: \_\_\_\_\_

Type of Identification Produced:



10JUN18PM0830 SDE Lee Co Fl

**FORM 6 FULL AND PUBLIC DISCLOSURE OF 2009**

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

**FINANCIAL INTEREST**

**SCANNED**

\*10JUN16PM1239 SOE Lee Co FI

LAST NAME — FIRST NAME — MIDDLE NAME:  
 Armstrong Don Henry

MAILING ADDRESS:  
 1207 SE 6th Street

CITY: ZIP: COUNTY:  
 Cape Coral 33990 Lee

NAME OF AGENCY:  
 Lee County School Board

NAME OF OFFICE OR POSITION HELD OR SOUGHT:  
 Lee County School 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 14th, 2010 was \$ - 146,698.00

**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 \$ 5,000.00

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Chevrolet Colorado	14,855.00
Carolina Skiff Boat, motor & trailer	11,100.00
(IRA) Principle Financial Group	2,000.00

**PART C -- LIABILITIES**

**LIABILITIES IN EXCESS OF \$1,000:**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Wells Fargo Auto Finance p.o.box 29704, Pheonix,Az.85038	14,660.00
American General Finance 2950 Winkler Ave. Ft.Myers, Fl. 33916	8,800.00
HSBC Mortgage Services p.o.box 5249, Carol Stream, IL.60197	156,193.00

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A.	

**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
Danny Via Plumbing Inc.	6111 Porter Way, Sarasota, Fl. 34232	23,634.00
United Mechanical Inc.	6441 Metro Plantation Rd. Ft. Myers, Fl. 33966	9,170.00

**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
	N/A		

**PART E -- INTERESTS IN SPECIFIED BUSINESSES**

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY	N/A		
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 E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

**OATH**

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.

STATE OF FLORIDA  
COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me this 16<sup>th</sup> day of

June, 2010 by DON ARMSTRONG

*Bernice Ramos Feliciano*  
(Signature of Notary Public, State of Florida)

Bernice Ramos Feliciano  
Commission # DD589927  
Expires October 19, 2010

(Print, Type, or Stamp Commission # and Name of Notary Public)

*Don H. Armstrong*  
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known \_\_\_\_\_ OR Produced Identification ✓

Type of Identification Produced Florida Drivers License

**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.