

10JUN15PM0147 SDF Lee Co FL

LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

NON-PARTISAN OFFICE

OFFICE USE ONLY

STATE OF FLORIDA

COUNTY OF Lee

I, John E. Traube

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, John E. Traube
(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 School Board - District 1
(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.

X John E. Traube (239) 458-0651, cc John.t@aol.com
Signature of Candidate Telephone Number Email Address

1009 S.W. 6th Avenue, Cape Coral, FL 33991
Address City State ZIP Code

Sworn to (or affirmed) and subscribed before me this 16 day of June, 2010.

Personally Known: _____ or

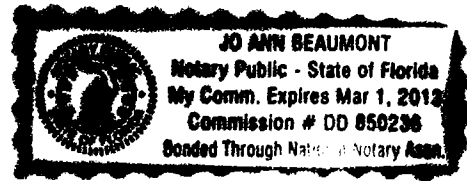
Jo Ann Beaumont
Signature of Notary Public - State of Florida

Produced Identification: FL DL

Print, Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced:

T610 465 37 186-5



FORM 6 FULL AND PUBLIC DISCLOSURE OF

2009

FINANCIAL INTEREST

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

LAST NAME — FIRST NAME — MIDDLE NAME:

Traube, John E.

MAILING ADDRESS:

1009 SW 6th Avenue

Cape Coral, FL 33991 Lee

CITY: ZIP: COUNTY:

NAME OF AGENCY:

Lee School Board Dist #1

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

FOR OFFICE USE ONLY:

ID Code:

ID No.

Conf. Code

P. Req. Code

CHECK IF THIS IS A FILING BY A CANDIDATE

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 6/17, 2010 was \$ 716,857.60

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 \$ \$10,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

2010 Lexus RX 450H

\$ 45,000.00

1009 SW 6th Ave, Cape Coral - 33991

100,610.00

Bank of America # W20-401994

205,833.82

Bank of America # 163-562-0269

124,041.28

Merrill Lynch IRA # W20-093246

19,756.24

Merrill Lynch Bot - # W20 401994

213626.26

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

None

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

None

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
NYC Teacher Retirement System	55 Water Street, New York, NY	15,139.04
..	..	42,035.89
U.S. Social Security		17,541.00

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
None			

PART E -- INTERESTS IN SPECIFIED BUSINESSES

	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			
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 17 day of

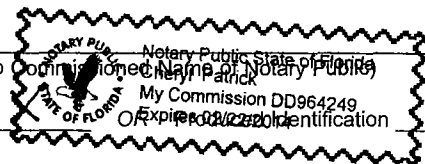
June, 2010 by John Traube

[Signature]
(Signature of Notary Public--State of Florida)

[Signature]
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

(Print, Type, or Stamp

Personally Known



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.