LOYALTY OAT	Н	OFFICE USE ONLY		
(Sections 876.05-876.10, Florida	a Statutes)	•		
NON-PARTISAN OI	FICE			
STATE OF FLORIDA				
COUNTY OF Lee	Į.			
I, Andrew	Crai	g	Fri	inkle
First Name	Middle Name	/Initial	Las	st Name
a citizen of the State of Florida ar				
hereby solemnly swear or affirm that	at I will support the Cor	stitution of the	United States and	d of the State of Florida.
Important: If elected, a candidate multiplied with the records of the governing expenses, or other compensation.				
	OATH OF A	A NIDID A TE	•	
		CANDIDATE , Florida Statutes)	ı	
I,	Andrew (
(PLEASE PRINT NAME AS YOU W	ISH IT TO APPEAR ON THE BALLO	T — NAME MAY NOT B	E CHANGED AFTER THE E	END OF QUALIFYING)
am a candidate for the non-partisar	office of East C	ounty Wate	er Control Dis	strict , Seat #2 ,
		(offi	ice)	(district)
	a qualified elector of		Lee	County, Florida;
(circuit) (group)			·	
I am qualified under the Constitution elected; by executing this form, I qualified for no other public office office I seek; and I have resigned Florida Statutes.	have taken the oath in the state, the term of	required by s of which office of	s. 876.05-876.10 or any part there), Florida Statutes; I have of runs concurrent with the
X	(734) 660	-1231	Rupert_Bo	yne@hotmail.com
Signature of Candidate	Telephone Nu	mber	Ema	ail Address
4919 6th St. W.	Lehigh Acres	!	Florida	33971
Address	City		State	ZIP Code
Covered to (ex effects all and outless	wile and in affective ways fining	127th day of	f June	, 20 lo .
Sworn to (or affirmed) and subsc	mbed belote me tills	day o	<u> </u>	, 20_10
- · · · · · · · · · · · · · · · · · · ·		lulh.	he	
Personally Known: Or	Sign	ature of Notary Pu	ublic – State of Floric	
Produced Identification:	-	-	ommissioned Name o	
Type of Identification Produced:				
		A TOWN	WILLIAM H. LOV MY COMMISSION # DD * EXPIRES: September 2 Bonded Thru Budget Notary	582265 29, 2010

FORM 1	STATEMENT OF	2009
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERE	ESTS
LAST NAME FIRST NAME MIDDLE NAM		FOR OFFICE
Frinkle, Andrew C	mig	USE ONLY:
4919 64 St. W.	V	
7 119 014 St. W.		ID Code
		10. I
CITY: ZIF	county:	ID No.
NAME OF AGENCY:	7-7-1	7PMC
#CWCD		Conf. Code
NAME OF OFFICE OR POSITION HELD OR	SOUGHT:	P. Req. Code
Water District Seat # You are not limited to the space on the lines on t	his form. Attach additional sheets, if necessary.	99
CHECK ONLY IF CANDIDATE OR	NEW EMPLOYEE OR APPOINTEE	ID No. Conf. Code P. Req. Code Cof
***	*BOTH PARTS OF THIS SECTION MUST BE COMP	
DISCLOSURE PERIOD:		, WHETHER BASED ON A CALENDAR YEAR OR ON
A FISCAL YEAR. PLEASE STATE BELOW W	HETHER THIS STATEMENT IS FOR THE PRECEDING	
DECEMBER 31, 2009	OR SPECIFY TAX YEAR IF OTHER	THAN THE CALENDAR YEAR:
MANNER OF CALCULATING REPORTABLE THE LEGISLATURE ALLOWS FILERS THE		THAT ARE ABSOLUTE DOLLAR VALUES, WHICH
REQUIRES FEWER CALCULATIONS, OR US	SING COMPARATIVE THRESHOLDS, WHICH ARE	USUALLY BASED ON PERCENTAGE VALUES (see
COMPARATIVE (PERCENTAGE) THRE	E BELOW WHETHER THIS STATEMENT REFLECTS ESHOLDS OR TO DESTRUCT OF THE STATEMENT REFLECTS	OLLAR VALUE THRESHOLDS
	[Major sources of income to the reporting person]	
(If you have nothing to report, yo	ou must write "none" or "n/a")	
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Orange River Elementary School	4501 Underwood Or, Fd. Mys 7	2 3305 Clenendary School
Lehah Elementers School	1200 Rehalsode Or. Lehan As	res Alney As 58hos]
1869h Are Lee County	Show District	
		income to businesses owned by the reporting person]
(If you have nothing to report, you have nothing to report, you have nothing to report, you	rou must write "none" or "n/a") ME OF MAJOR SOURCES	SS I PRINCIPAL BUSINESS
	F BUSINESS' INCOME OF SOU	
N/A		
PART C REAL PROPERTY [Land, building (If you have nothing to report, you		FILING INSTRUCTIONS for
1/ 0/		when and where to file this form are located at the bottom of page 2.
Hone - 4919 6th St W.	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.

PART D — INTANGIBLE PERSONA (If you have nothing to	AL PROPERTY [Stoo report, you must w	cks, bonds, certificate	es of deposit, etc.]			
TYPE OF INTANGIBL	_E	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
FRS-Florida Retremen	t System	Lee County Schools				
PART E — LIABILITIES [Major deb (If you have nothing to		rite "none" or "n/a"				
NAME OF CREDITOR ADDRESS OF CREDITOR						
Wells Forzo (Home Loan)		420 Montgolery St. San-Francisco CA 94104				
Suncoast Schools FCU (Carloan) SFCU P.O. Box Tamper FL 38680						
Sur (Char) Scharz (St	<u> </u>			500		
		14				
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	N/A					
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 F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE (required): DATE SIGNED (required): D5/04/40						
FILING INSTRUCTIONS:						
MALES TO EUE						

WHAT TO FILE:

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

NOTE:

MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they 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.

Candidates file this form together with their qualifying papers.

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

WHEN TO FILE:

Initially, each local officer/employee, state officer, and specified state employee must file within 30 days of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.