

CANDIDATE OATH -
SCHOOL BOARD
NONPARTISAN OFFICE

SCHAFFER, PAUL W
7914 GO CANES WAY
FORT MYERS FL 33966

111308597

OATH OF CANDIDATE

(Sections 99.021 and 105.031, Florida Statutes)

I, Paul Schaffer
(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 nonpartisan office of School District of Lee County, 2,
(office) (district #)
; I am a qualified elector of Lee County, Florida;
(circuit #) (group or seat #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; 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.

X Paul W Schaffer (739) 218-6123 pschaffer1@comcast.net
Signature of Candidate Telephone Number Email Address

7914 Go Canes Way Fort Myers Florida 33966
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 111308597

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

Paul Schaffer

STATE OF FLORIDA
COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me this 31 day of May, 2012.

Personally Known: or

Produced Identification: _____

Type of Identification Produced: _____



Laurie Hansen
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public

12 JUN 1 PM 1:57 SDE LEE CO FL

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

FINANCIAL INTERESTS

LAST NAME — FIRST NAME — MIDDLE NAME:

Schafer Paul Walter

MAILING ADDRESS:

7914 Go Canes Way

FORT MYERS

33966

LEE

CITY:

ZIP:

COUNTY:

NAME OF AGENCY:

School District of Lee County

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

District 2

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, 2011, 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 1, 2012, was \$ 93,500

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 \$ 2,500.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
TRUST Fund	169,500
FRS retirement Fund	7,400
2005 Honda Odyssey	9,000

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Hyatt Vacation Club 140 Fountain Pkwy Suite 570 St. Petersburg FL 33716	88,400
UBS Visa PO Box 203219 Dallas TX 75320-3219	17,200

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 2011 federal income tax return, including all W2's, schedules, and 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 2011 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2011 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
School District of Lee County	2855 Colonial Blvd F.M., FL 33916	15,995.00
social Security		18,400.00
RT&T Pension	PO Box 770 Arlington HTS, IL	8,600.00
PNC Pension	PO Box 606 Pittsburgh PA	2,250.00
Gottlieb Hospital Pension	PO Box 92963, Chicago IL	1,100.00

SECONDARY SOURCES OF INCOME (Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5):

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 [Instructions on page 5]

	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			

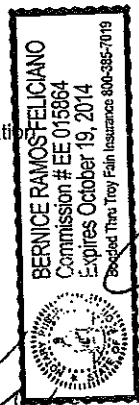
IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

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.

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Paul W. Schaffer

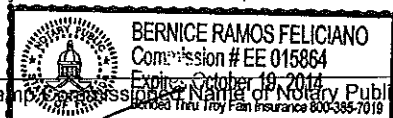


STATE OF FLORIDA
COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me this 1st day of

June, 2012 by PAUL SCHAFER

Bernice R. Feliciano
(Signature of Notary Public--State of Florida)



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

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.