

**CANDIDATE OATH -
SCHOOL BOARD
NONPARTISAN OFFICE**

OFFICE USE ONLY

OATH OF CANDIDATE

(Sections 99.021 and 105.031, Florida Statutes)

I, CATHLEEN MORGAN

(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 LEE COUNTY SCHOOL BOARD, 3,
(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 [Signature]
Signature of Candidate

(239) 947-4755
Telephone Number

morgan4lcpse@gmail.com
Email Address

27140 SHAL RIDGE C BONITA SPRINGS, FL 34134-8782
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 117469058

* 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):

CATHLEEN MORGAN

STATE OF FLORIDA

COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me this 29 day of May, 2012.

Personally Known: _____ or

Produced Identification: ✓

Type of Identification Produced: FL DL



Vera Lee Schwartz
Signature of Notary Public
NOTARY PUBLIC
STATE OF FLORIDA
Comm# DD0927974
Expires 9/24/2013

FORM 6

FULL AND PUBLIC DISCLOSURE OF

2011

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

FINANCIAL INTERESTS

LAST NAME — FIRST NAME — MIDDLE NAME:

MORGAN CATHLEEN O'DANIEL

MAILING ADDRESS:

27140 SHELL RIDGE CI

BONITA SPRINGS 34134 LEE

CITY:

ZIP:

COUNTY:

LEE COUNTY SCHOOL BOARD

NAME OF AGENCY:

DISTRICT 3 REPRESENTATIVE

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

FOR OFFICE
USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

12 MAY 31 PM 12:27:50 DE LEE CO FL

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 12/31, 2011 was \$ 719,438.

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.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

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

VALUE OF ASSET

| | |
|--|---------|
| IRA - JANUS FD | 36,210 |
| IRA - DWS | 42,736 |
| CHECKING A/C N/O C. MORGAN | 12,829 |
| ST CHECKING A/C | 3,462 |
| ST SAVINGS A/C | 232,221 |
| HOME 27140 SHELL RIDGE CI BONITA SPGS FL 34134 | 250,000 |
| CONDO 6161 RIVER RD #46, RICHMOND, VA 23226 | 132,000 |
| | 13,000 |

PART C -- LIABILITIES

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

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 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 |
|--|--|--------|
| JANUS IRA | P.O. Box 55932, BOSTON MA 02205-5932 | 24,000 |
| CATHLEEN MORGAN TRUST | WELLS FARGO ADVISORS 8701 DELICATA BLVD, STAPLES FL 34201 | 13,189 |
| 5400 SWE 700 TIBER LN, RICHMOND, VA | LANE + BRIAN HOPKINS | 13,912 |

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 |
|-------------------------|---|-------------------|---------------------------------------|
| / | | | |
| | | | |
| | | | |

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 5]

| | BUSINESS ENTITY # 1 | BUSINESS ENTITY # 2 | BUSINESS ENTITY # 3 |
|---|---------------------|---------------------|---------------------|
| NAME OF BUSINESS ENTITY | | | |
| 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

STATE OF FLORIDA
 COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me this 29 day of

May, 2012 by Cathleen Morgan
Vera Lee Schwartz
 (Signature of Notary Public--State of Florida)

VERA LEE SCHWARTZ
 NOTARY PUBLIC
 STATE OF FLORIDA
 (Print, Type, or Stamp Commissioned Name of Notary Public)

Expires 9/24/2013
 Personally Known OR Produced Identification ✓

Type of Identification Produced FL DL

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.