

DOTRES, VICTOR  
9806 COUNTRY OAKS DR  
FORT MYERS FL 33967

**CANDIDATE OATH -  
SCHOOL BOARD  
NONPARTISAN OFFICE**

OFFICE USE ONLY

**OATH OF CANDIDATE**

(Sections 99.021 and 105.031, Florida Statutes)

I, VICTOR DOTRES

(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 BOARD, 2,  
(office) (district #)

LEE County, Florida;  
(circuit #) (group or seat #); 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; 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 VICTOR DOTRES (239) 848-5156 victordotres@msn.  
Signature of Candidate Telephone Number Email Address COM

9806 COUNTRY OAKS DR. FORT MYERS, FL 33967  
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 111339402

\* 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):  
VICTOR DOUGH-TRES

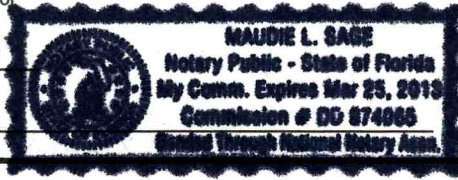
STATE OF FLORIDA  
COUNTY OF Collier

Sworn to (or affirmed) and subscribed before me this 29<sup>th</sup> day of May, 2012.

Personally Known:  or

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

Type of Identification Produced: \_\_\_\_\_



Maudie L. Sage  
Signature of Notary Public



12MAY20PM1029 SDE LEE OF F1

# 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:

DOTRES VICTOR

FOR OFFICE USE ONLY:

MAILING ADDRESS:

9806 COUNTRY OAKS DRIVE

ID Code

CITY:

FORT MYERS

ZIP:

33967

COUNTY:

LEE

ID No.

NAME OF AGENCY:

Conf. Code

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

LEE COUNTY SCHOOL BOARD - DISTRICT 2

P. Req. Code

CHECK IF THIS IS A FILING BY A CANDIDATE

2011 PDF Form 6

12 JUN 5 AM 8:47:50 E LEE OFF

### 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 \$ 27,000.

### 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
HOUSE (9806 COUNTRY OAKS DRIVE)	225,000
AUTO (2012 KIA SOUL)	18,000

### PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
STUDENT LOANS (GREAT LAKES, ATLANTA, GA)	39,000
AUTO (CHASE BANK, FORT WORTH, TX)	16,000

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
MORTGAGE (WELLS FARGO, DALLAS, TX)	180,000

**SCANNED**



**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
COLLIER COUNTY PUBLIC SCHOOLS	5775 OSCEOLA TRAIL, NAPLES	46,000

**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**

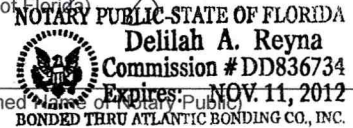
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA  
 COUNTY OF Collier

Sworn to (or affirmed) and subscribed before me this 4<sup>th</sup> day of

June, 20 12 by Victor Dotres

Delilah A. Reyna  
 (Signature of Notary Public--State of Florida)



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

Victor Dotres  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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.

