

6.

**LOYALTY OATH**

(Sections 876.05-876.10, Florida Statutes)

**NON-PARTISAN OFFICE**

**OFFICE USE ONLY**

STATE OF FLORIDA

COUNTY OF LEE

I,

ELINOR

First Name

C.

Middle Name/Initial

SCRICCA

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,

ELINOR SCRICCA

(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 LEE COUNTY SCHOOL BOARD (office) 5 (district)

\_\_\_\_\_, \_\_\_\_\_; I am a qualified elector of LEE County, Florida;  
(circuit) (group)

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 Elinor Scricca (239) 437-9575 notescricca@ambargoil.com  
Signature of Candidate Telephone Number Email Address

13731 MAGNOLIA LAKE CT. FT. MYERS, FLORIDA 33907  
Address City State ZIP Code

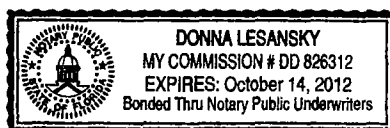
Sworn to (or affirmed) and subscribed before me this 27<sup>th</sup> day of April, 2010.

Personally Known: X or

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

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

Donna Lesansky  
Signature of Notary Public - State of Florida  
Print, Type, or Stamp Commissioned Name of Notary Public



10JUN16PM1120 SDE LEE Co FI

# FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

2009



Elinor ☒ Scricca  
Lee County, School District Of  
Elected Constitutional Officer  
13731 MAGNOLIA LAKE CT  
FORT MYERS, FL 33907-1853

FOR OFFICE  
USE ONLY:

ID Code



ID No.

70919

Conf. Code

P. Req. Code

\*\*\*\*\*

Scricca, Elinor **MC**

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 DECEMBER 31, 2009 was \$ 218,305.

## 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 \$ 43,487.

### ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

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

VALUE OF ASSET

JEWELRY \$16,700. + ANTIQUES \$30,850. =	\$ 47,550.
CAR 2006 \$15,763. + HOME \$145,000. =	160,763.
SCHOOL LIFE INS. \$20,000. FR. RETIREMENT \$46,975. =	66,975.
BANK CD	50,710.
<b>TOTAL</b>	<b>\$ 325,998.</b>

## PART C -- LIABILITIES

### LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

HOME MORTGAGE	\$ 136,034.
2006 CAR	15,763.
	\$ 151,180.

### JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

## 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
FIRST COLONY LIFE	P.O. Box 6158 LINGHURG, VA. 24505	\$ 4,380.
STRS OF OHIO RETIREMENT	275 E. BOARD ST. COLUMBUS, O. 43215	42,531.
LEE CO. SCHOOL DIST	2855 COLONIAL BLVD. Ft MYERS, FL.	38,583.
		\$85,494.

### 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

## PART E -- INTERESTS IN SPECIFIED BUSINESSES

	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

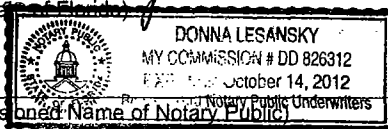
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA  
COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me this 16<sup>th</sup> day of

June, 20 10 by Elinor C. Scricca

Donna Lesansky  
(Signature of Notary Public--State of Florida)



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

Personally Known X OR Produced Identification \_\_\_\_\_

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

Elinor C. Scricca  
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

**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.