## CANDIDATE OATH -SCHOOL BOARD NONPARTISAN OFFICE

OFFICE USE ONLY

			OFFICE USE ONLT
	DATH OF CANDIDAT ns 99.021 and 105.031, Florida S		
I, STEVE TEU			
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR		OT BE CHANGED AFTER TH	E END OF QUALIFYING)
am a candidate for the nonpartisan office of	LEE COUNTY SCH	OOL BOARD	. 4 .
		fice)	(district #)
(circuit #) (group or seat #)	qualified elector of	LEE	County, Florida;
I am qualified under the Constitution and the elected; I have qualified for no other public concurrent with the office I seek; and I have section 99.012, Florida Statutes; and I will sestate of Florida.	office in the state, the te resigned from any office fr	erm of which office or rom which I am require	r any part thereof runs ed to resign pursuant to
Section 876.05, Florida Statutes, oath (onl State of Florida and of the United States of A recipient of public funds as such employee Constitution of the United States and of the S	America, and being employ or officer, do hereby sole	ed by or an officer of t	the school board and a that I will support the
Signature of Candidate	Telephone Number Email Address		
∨Signature or Candidate /	Telephone Number	Eman A	Odrass
3876 Hidden Acres Cir N Nort	th Fort Myers	Florida	33903
Address City		State	ZIP Code
Candidate's Florida Voter Registration Number	er (located on your voter infor	mation card): 1116	672222
* Please print name phonetically on the line be with disabilities (see instructions on page 2 of Steeve Toi-buhr		ronounced on the audi	io ballot for persons
Produced Identification: Commis	CE RAMOS FELICIANOV Cruu ssion # EE 015864 October 19, 2014 SIgn		
Type of Identification Produced:			ļ

FORM 6 FULL AND PUBLIC DISCLOSURE JUN18PM 4	53 SOE LEE <b>ZO/1/3</b>
Please print or type your name, mailing address, agency name, and position below:  OF FINANCIAL INTEREST  FOR	OFFICE USE ONL
LAST NAME — FIRST NAME — MIDDLE NAME: TEUBER STEVEN KLAUS	71 21 21 21 21
MAILING ADDRESS: 3876 HIDDEN ACRES CIRCLE NORTH	≖ 50 00
	<u> </u>
CITY: ZIP: COUNTY: NORTH FORT MYERS 33903 LEE	OFFICE USE ONLYN18PM 5 05 SDE LEE CO F1
LEE COUNTY SCHOOL BOARD	H.
NAME OF OFFICE OR POSITION HELD OR SOUGHT: BOARD MEMBER - DISTRICT 4	
CHECK IF THIS IS A FILING BY A CANDIDATE	
PART A — NET WORTH	d by a distance time
Please enter the value of your net worth as of December 31, 2013, or a more current date. [Note: Net worth is not calculate reported liabilities from your reported assets, so please see the instructions on page 3.]	d by subtracting your
My net worth as of, 20 14, 20 14 was \$14,000.00	•
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 ca following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects: 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 p.4)  3876 Hidden Acres Circle North, North Fort Myers, FL 33903	
PART C LIABILITIES  LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):	
M. Daniel Sasso, 4014 SW 1st Place, Cape Coral, FL 33914	48,200.00
American Expres	500.00
Capital Ome	2,300.00
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:	
NAME AND ADDRESS OF CREDITOR  Peden LLC 145 Feet Share Drive North Feet March 51	AMOUNT OF LIABILITY
Peden, LLC, 145 East Shore Drive, North Fort Myers, FL	\$200,000.00

PART D - INCOME								
You may EITHER (1) file a complete copy of your 2013 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 2013 federal income tax return and all W2's, schedules, and attachments. [If you check this box and attach a copy of your 2013 tax return, you need not complete the remainder of Part D.]								
PRIMARY SOURCES OF INCOME (See instructions on page 5):								
NAME OF SOURCE OF INC	OME EXCEEDING \$1,000	<del>                                     </del>	ADDRESS OF SOURCE OF INCOME		AMOUNT			
Neaher & Teuber, PL		2240 W.	First Street, Suite 100, Fort Mye	\$120,000.00				
	-							
SECONDARY SOURCES OF	INCOME (Major customers,	clients, etc., of	businesses owned by reporting persons	ee instructio	ns on page 5]:			
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS				PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
		<del></del>		<u> </u>				
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1	PART E - INTERESTS	IN SPECIFI	ED BUSINESSES [Instructions on	page 6]	<del>2</del>			
	BUSINESS ENTIT	Y#1	BUSINESS ENTITY # 2	BUSI	NESS ENTITY # 3 CIT			
NAME OF BUSINESS ENTITY	Neaher & Teuber, PL				50			
ADDRESS OF BUSINESS ENTITY	2240 W. First Street, Suite 100, FTM				30%			
PRINCIPAL BUSINESS ACTIVITY	Legal Services		· · · · · · · · · · · · · · · · · · ·		H			
POSITION HELD WITH ENTITY	Partner				DOF			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes							
NATURE OF MY OWNERSHIP INTEREST	Partnership							
IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE								
OATH STATE OF FLORIDA								
		cou	INTY OF	-	1000			
t, the person whose name app	•	Swo	rn to (or affirmed) and subscribed before	me this/	day of			
beginning of this form, do dep			JUNE D PO 14 by	and the same of th				
and say that the information disclosed on this form and any attachments hereto is true, accurate,  KARI L. SMITH Commission # FF 068437								
and complete. (Signature of Notary PublicState of Florida Expires November 4, 2017 Bonded Thy Troy Fain Insurance 2003-355-7019								
(Print, Type, or Stamp Commissioned Name of Notary Public)								
Personally Known N OR Produced Identification								
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE  Type of Identification Produced								
	o of the git oxider							
If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:								
I,, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.								
Signature Date								
Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.								