

**LOYALTY OATH**

(Sections 876.05-876.10, Florida Statutes)

**NON-PARTISAN OFFICE**

STATE OF FLORIDA

COUNTY OF Lee

OFFICE USE ONLY

I, <u>Thomas</u>	<u>W</u>	<u>Scott</u>
First Name	Middle Name/Initial	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, Tom Scott  
(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, 5  
(office) (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.

[Signature] (239) 489 0007 tom@tomscott4schools.com  
Signature of Candidate Telephone Number Email Address

PO Box 14 Alva FL 33920  
Address City State ZIP Code

Sworn to (or affirmed) and subscribed before me this 15 day of June, 2010.

Personally Known: \_\_\_\_\_ or \_\_\_\_\_  
Signature of Notary Public - State of Florida  
Produced Identification: \_\_\_\_\_  
Print, Type, or Stamp Commissioned Name of Notary Public

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



10JUN15PM1220 SDE Lee Co Fl

# FORM 6 FULL AND PUBLIC DISCLOSURE OF

2009

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

## FINANCIAL INTEREST

LAST NAME — FIRST NAME — MIDDLE NAME:

Scott Thomas Walker

MAILING ADDRESS:

PO Box 14

CITY:

Alva

ZIP:

33920

COUNTY:

Lee

NAME OF AGENCY:

Lee County School District

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Board Member, District 5

CHECK IF THIS IS A FILING BY A CANDIDATE

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

10JUN15PM1220 SDE Lee

### 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 6/15, 20 10 was \$ 426,000.

### 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 \$ 78,500

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

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

VALUE OF ASSET

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
House	495,000
IRAs	33,700
SAVINGS	32,700
Cash value/life insurance	14,000
MOPEDS	15,000

### PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
House mortgage / Bank of America	233,000
Lexus financial	3,400
Chase Visa	6,000

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NA	

**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
City of Fort Myers CRA	3903 MLK Blvd, Fort Myers	\$8,000

**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
	NA		

**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	NA		
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**

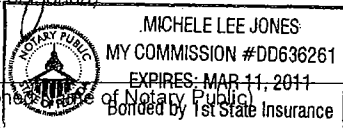
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA  
COUNTY OF Florida

Sworn to (or affirmed) and subscribed before me this 15 day of

June, 20 10 by Thomas Scott

Michele Lee Jones  
(Signature of Notary Public--State of Florida)



(Print, Type, or Stamp Commission of Notary Public)

Personally Known  OR Produced Identification

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

[Signature]  
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.