FORM 1	STATEM	STATEMENT OF		10562298	₃ 2011	E		
Please print or type your name, mailing address, agency name, and position below:	type your name, mailing FINANCIAL INTERES		S	<i>(</i> 6)				
LAST NAME FIRST NAME MIDDLE N Loar, Wilma C.	IAME :		OFFICE ONLY:	37				
MAILING ADDRESS : 5036 SE 109th St				SS S	5 0	_		
			ID	Code I				
Belleview	ZIP: COUNTY: Mar	rion County	ID	No. OF SERVICE)			
NAME OF AGENCY : Belleview	Belleview			onf. Code				
NAME OF OFFICE OR POSITION HELD OR SOUGHT: Commissioner			_{P. I}	Req. Code		_		
You are not limited to the space on the lines of CHECK ONLY IF M CANDIDATE OR		•						
**** BOTH PARTS OF THIS SECTION MUST BE COMPLETED **** DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one): DECEMBER 31, 2011 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: MANNER OF CALCULATING REPORTABLE INTERESTS: THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one): COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS								
PART A PRIMARY SOURCES OF INCOME (If you have nothing to report,	ME [Major sources of income to the you must write "none" or "n/a")							
NAME OF SOURCE OF INCOME			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY					
Marion Co. School Boo	<u>~}.</u>			Teacher				
(If you have nothing to report	NCOME ther sources of income to businesses , you must write "none" or "n/a") AME OF MAJOR SOURCES OF BUSINESS' INCOME	s owned by the reporting posterior of ADDRESS OF SOURCE	erson - Se	PRINCIPA	L BUSINESS OF SOURCE			
Social Security 7	Lederal Gov.			age eli	esple			
/				J) 			
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. (If you have nothing to report, you must write "none" or "n/a") Home - Belleview FL (address above) [5 acres Alachna FC			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.					
			OTH to file	ER FORMS you are described or	ı may need ı page 6.			

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PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions p. 5] (If you have nothing to report, you must write "none" or "n/a")						
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
NONE						
7 0						
PART E — LIABILITIES [Major debts - See ins (If you have nothing to report, you		n/a")				
NAME OF CREDITOR		ADDRESS OF CREDITOR				
Nova						
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions p. 5] (If you have nothing to report, you must write "none" or "n/a") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3						
NAME OF BUSINESS ENTITY	/					
ADDRESS OF BUSINESS ENTITY						
PRINCIPAL BUSINESS ACTIVITY	, D					
POSITION HELD WITH ENTITY						
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS) 1					
NATURE OF MY OWNERSHIP INTEREST						
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE (required):		DATE SIGNED (required):				
Shilme C. S	Loas	May 28, 2012				
FILING INSTRUCTIONS:						

WHAT TO FILE:

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

NOTE:

MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

Facsimiles will not be accepted.

WHEN TO FILE:

Initially, each local officer/employee, state officer, and specified state employee must file within 30 days of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does <u>not</u> relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2011.