

# 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:  
Pearce Patricia B.

FOR OFFICE USE ONLY:

MAILING ADDRESS:  
Route 6 Box 992

ID Code

Okeechobee FL 34974 Glades

CITY: ZIP: COUNTY:

ID No.

Okeechobee FL 34974 Glades

NAME OF AGENCY:

Conf. Code

Glades County School Board

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

P. Req. Code

Board member

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 Dec 31, 2009 was \$ \$733,000<sup>00</sup>

### 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 \$ 25,000<sup>00</sup>

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

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

VALUE OF ASSET

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Home 1/2 Joint w/husband	600,000 <sup>00</sup>
66 agriculture pasture 1/2 w/husband	150,000 <sup>00</sup>
2003 Toyota sequoia sole	9,000 <sup>00</sup>
2001 Bmw sole	7,000 <sup>00</sup>
Home Contents & Jewelry	25,000 <sup>00</sup>

### PART C -- LIABILITIES

<791,000<sup>00</sup>>

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
1st Bank of Indian town joint 50%	23,000 <sup>00</sup>
Riverside National Bank joint 50%	35,000 <sup>00</sup>

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

NAME AND ADDRESS OF CREDITOR

<58,000<sup>00</sup>>

AMOUNT OF LIABILITY

N/A

**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
L-Cross Livestock Ex	Rt 6 Box 992 Okeechobee FL 34974	30,000 <sup>00</sup>
Glades County School Bd	PO Box 459 Moore Haven, FL	22,500 <sup>00</sup>
		<b>\$52,500<sup>00</sup></b>

**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
N/A			

**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	N/A		
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 Glades

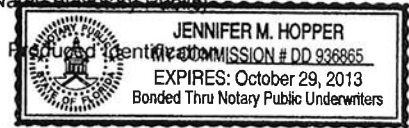
Sworn to (or affirmed) and subscribed before me this 8<sup>th</sup> day of

June, 2010 by Patricia B. Pearce  
Jennifer M. Hopper  
(Signature of Notary Public—State of Florida)

Patricia B. Pearce  
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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

Personally Known  OR



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.