Please print or type your name, mailing address, agency name, and position below:	
LASTNAME — FIRST NAME — MIDDLE NAME: (ORKRAN WILLIAM	FOR OFFICE USE STEEK
MAILING ADDRESS:	
12 BONNIE LANE	Description Discourage of the second
Palm Coast 32137 Flagler	ID No. 28 FEET
NAME OF AGENCY:	Conf. Code W SS GR
NAME OF OFFICE OR POSITION HELD OR SOUGHT:	P. Req. Code
School Board Dist. 5	T PE
CHECK IF THIS IS A FILING BY A CANDIDATE	⊼ m ²
PART A - NET WORTH Please enter the value of your net worth as of December 31, 2011, or a more current date. [Note	Net worth is not calculated by subtracting your renorted
lightities from your reported assets, so please see the instructions on page 3.1	
My net worth as of 12-31- 20 // wa	18\$
PART B ASSETS HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate value if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items other household items; and vehicles for personal use.	exceeds \$1,000. This category includes any of the following, art objects; household equipment and furnishings; clothing;
The aggregate value of my household goods and personal effects (described above) is \$	148.385
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:	
	ns page 4) VALUE OF ASSET
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instruction)	ns page 4) VALUE OF ASSET
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ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instruction See affacked Sh PART C - LIABILITIES LIABILITIES IN EXCESS OF \$1,000 (See Instructions on page 4): NAME AND ADDRESS OF CREDITOR	ns page 4) VALUE OF ASSET
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instruction and an experiment of the second	AMOUNT OF LIABILITY
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instruction See affached Sh PART C - LIABILITIES LIABILITIES IN EXCESS OF \$1,000 (See Instructions on page 4): NAME AND ADDRESS OF CREDITOR Green Tree Servicing LLC 345 St Peter st S	AMOUNT OF LIABILITY
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instruction See affached Sh PART C - LIABILITIES LIABILITIES IN EXCESS OF \$1,000 (See Instructions on page 4): NAME AND ADDRESS OF CREDITOR Green Tree Servicing LLC 345 St Peter st S	AMOUNT OF LIABILITY
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PART C - LIABILITIES LIABILITIES IN EXCESS OF \$1,000 (See Instructions on page 4): NAME AND ADDRESS OF CREDITOR PART C - LIABILITIES LIABILITIES IN EXCESS OF \$1,000 (See Instructions on page 4): NAME AND ADDRESS OF CREDITOR Orden Tree Servicing LLC 345 St Peter St Styles of Style	AMOUNT OF LIABILITY HOUNT OF LIABILITY 70,000
PART C - LIABILITIES LIABILITIES IN EXCESS OF \$1,000 (See Instructions on page 4): NAME AND ADDRESS OF CREDITOR PART C - LIABILITIES LIABILITIES IN EXCESS OF \$1,000 (See Instructions on page 4): NAME AND ADDRESS OF CREDITOR Orden Tree Servicing LLC 345 St Peter St Styles of Style	AMOUNT OF LIABILITY HOUNT OF LIABILITY 70,000

FORM 6 FULL AND PUBLIC DISCLOSURE OF

2011

You may EITHER (1) file a complement identifying each separate so of Part D, below.	ete copy of your 20 at federaurce and the risk of the control	W	- INCOME on, including all W2's, schedules, and a 1,000, including secondary sources of	attachments, (f income, by o	OR (2) file a sworn state- completing the remainder
I elect to file a copy of my [If you check this box and	2011 federal income tax retu attach a copy of your 2011 ta	rn and all W2's ex return, you r	s, schedules, and attachments. need not complete the remainder of Part	D.]	
PRIMARY SOURCES OF INCOM NAME OF SOURCE OF INCOM	E (See instructions on pag ME EXCEEDING \$1,000	e 5):	ADDRESS OF SOURCE OF INCOME		
Hate at Florida Refirement		Po Box 9000 Tallahassee, FL 32815			8,757
Flacter Cty Schools		1719 movedy BLUD BLD 2 BUNNET 32110 35,849			
Social Securty	•	55A (01	Forsyth St. Swsuite 23.	Atlent Bu GA	5, 106
		335 Ada	335 Adams st Stite 2300 NY NY 1/201 22, 180		
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS' I	NCOME /A	ADDRESS OF SOURCE	ACT	NCIPAL BUSINESS IVITY OF SOURCE
	RT E INTERESTS IN BUSINESS ENTITY		D BUSINESSES [Instructions on BUSINESS ENTITY # 2		NESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/N	7			
ADDRESS OF BUSINESS ENTITY					
PRINCIPAL BUSINESS ACTIVITY				1	
POSITION HELD WITH ENTITY					- 78≤
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS				U	CPI 1
NATURE OF MY OWNERSHIP INTEREST				<u></u>	
IF ANY OF PARTS A	THROUGH E ARE CO	ONTENUED	ON A SEPARATE SHEET, PLEA	ASE CHEC	KHERE 🗷
OA I, the person whose name appear beginning of this form, do depose and say that the information discle and any attachments hereto is true and complete.	MICHAEL R PLANTIER MICHAEL R PLANTIER WY COMM. Extires And 26 2013	Commission # DD 884106 Bonded Through National Notary Assn.		of Notary Put	ation
		Type	e of Identification Produced F/	1121/	1-10.

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.



PART B ASSETS

Jewelry and gem stone collection	\$20,000	<u> </u>
Coin Collection	\$10,000	7PE
2009 car	\$13,000	
Space Coast Bank Savings Account	\$ 2,000	
Sun Trust Bank CD	\$ 3,000	
Well's Fargo Bank Savings Account	\$ 3,500	- 무슨
Met Lif e Financial	\$8,500	U PĒB
GenAmerica Financial Life insur. Cash Value	\$20,000	25 € <u>7</u>
ING	\$ 2,900	0 0
Pension Management	\$ 8,200	<u> </u>
Rencor Inc	\$64.786	

Total

\$155,886