FORM 1	STATEM	ENT OF		2003	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	S	\rac{1}{2}	
LAST NAME - FIRST NAME - MIDDLE N Adams, Alane Ecklee	ME:	FOR C	OFFICE ONLY:	\$ 03	
MAILING ADDRESS: 9650 Spring Ridg	o. Cir			18 13	
Je J			ID Co	de 🚶	
_ 1	ip: county: 33928 Lee		) xó No	70409	
NAME OF AGENCY: Lee County Schools	- : :	loreido	Conf.	Code	
NAME OF OFFICE OR POSITION HELD O	R SOUGHT()	VET SILLE	P. Rec	ą. Code	
CHECK IF CANDIDATE OR	NEW EMPLOYEE OR APPOINT	EE			
	**THIS SECTION MUST	T BE COMPLETED**		<u>, , , , , , , , , , , , , , , , , , , </u>	
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 (check one):					
DECEMBER 31, 2003 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:					
MANNER OF CALCULATING REPORTABLE THE LEGISLATURE ALLOWS FILERS THE REQUIRES FEWER CALCULATIONS, OR instructions for further details). PLEASE ST	IE OPTION OF USING REPORT USING COMPARATIVE THRESH	OLDS, WHICH ARE USUAI	LLY BASED	ON PERCENTAGE VALUES (see	
☐ COMPARATIVE (PERCENTAGE) THRESHOLDS ☐ DOLLAR VALUE THRESHOLDS					
PART A PRIMARY SOURCES OF INCOI NAME OF SOURCE OF INCOME	IE [Major sources of income to the SOUR ADDR	CE'S		CRIPTION OF THE SOURCE'S NCIPAL BUSINESS ACTIVITY	
Lee County Schools	pols 1620 Manchester Blud.		Administrator		
<b>5</b>					
PART B SECONDARY SOURCES OF IN	COME [Major customers, clients, at	nd other sources of income t	o businesse	s owned by the reporting person] PRINCIPAL BUSINESS	
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE		ACTIVITY OF SOURCE	
NA					
				Þ	
PART C REAL PROPERTY [Land, buildings owned by the reporting person]			FILING INSTRUCTIONS for when and where to file this form are locat-		
Residents - 9650 S		•	e bottom of page 2.		
	. 0 0			UCTIONS on who must file m and how to fill it out begin as 3.	
				R FORMS you may need to described on page 6.	

PART D — INTANGIBLE PERSO TYPE OF INTANG	NAL PROPERTY [Stocks, bonds, certifi	cates of deposit, etc.] BUSINESS ENTITY TO WHICH THE PF	ROPERTY RELATES		
NA					
PART E — LIABILITIES [Major of NAME OF CRED		ADDRESS OF CREDITOR			
Country vide, M	orgage				
0	0 0				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]					
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY	NA NA	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
BUSINESS ENTITY  ADDRESS OF BUSINESS ENTITY  PRINCIPAL BUSINESS ACTIVITY	NA	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
BUSINESS ENTITY  ADDRESS OF BUSINESS ENTITY  PRINCIPAL BUSINESS ACTIVITY  POSITION HELD WITH ENTITY	NA NA	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
BUSINESS ENTITY  ADDRESS OF BUSINESS ENTITY  PRINCIPAL BUSINESS ACTIVITY  POSITION HELD	NA NA NA	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
BUSINESS ENTITY  ADDRESS OF BUSINESS ENTITY  PRINCIPAL BUSINESS ACTIVITY  POSITION HELD WITH ENTITY  I OWN MORE THAN A 5%	NA NA NA NA	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
BUSINESS ENTITY  ADDRESS OF BUSINESS ENTITY  PRINCIPAL BUSINESS ACTIVITY  POSITION HELD WITH ENTITY  I OWN MORE THAN A 5% INTEREST IN THE BUSINESS  NATURE OF MY OWNERSHIP INTEREST	NA NA NA NA NA	BUSINESS ENTITY # 2			
BUSINESS ENTITY  ADDRESS OF BUSINESS ENTITY  PRINCIPAL BUSINESS ACTIVITY  POSITION HELD WITH ENTITY  I OWN MORE THAN A 5% INTEREST IN THE BUSINESS  NATURE OF MY OWNERSHIP INTEREST	NA NA NA NA NA NA NA NA NA A THROUGH F ARE CONTINUE	ED ON A SEPARATE SHEET, PLEA	ASE CHECK HERE		
BUSINESS ENTITY  ADDRESS OF BUSINESS ENTITY  PRINCIPAL BUSINESS ACTIVITY  POSITION HELD WITH ENTITY  I OWN MORE THAN A 5% INTEREST IN THE BUSINESS  NATURE OF MY OWNERSHIP INTEREST	NA NA NA NA NA NA A THROUGH F ARE CONTINUE	ED ON A SEPARATE SHEET, PLEA	ASE CHECK HERE		

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

## 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.

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.

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.

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.