FORM 1	STATEM	IENT OF		2006			
Please print or type your name, mailing address, agency name, and position below:	FINANCIAI	LINTERESTS	S				
LAST NAME FIRST NAME MIDDLE	NAME :	FOR O	FFICE				
MAILING ADDRESS:	n James	USE O	NLY:	1			
3071 SANTA B	ALPATA BIND	N.		ode			
				Š			
CITY: CAPE LOTA NAME OF AGENCY:		ID N	O7AUG30AM1106 SQE Lee Co				
NAME OF OFFICE OR POSITION HELD	OR SOUGHT:		P. Re	eq. Code			
BOARD OF ADJUST	15						
You are not limited to the space on the lines	on this form. Attach additional sheets	s, if necessary.		8			
CHECK ONLY IF CANDIDATE	DR NEW EMPLOYEE OR A	PPOINTEE		<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, 2006 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 (check one): COMPARATIVE (PERCENTAGE) THRESHOLDS PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] NAME OF SOURCE SOURCE'S OF INCOME ADDRESS DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY ILLATING LODING CONTRACTOR CONTRACTOR							
DART R SECONDARY SOURCES OF	INCOME (Major quaternary gliente	and other sources of income to	husinoss	on owned by the reporting person.			
NAME OF NAME OF BUSINESS ENTITY NAME OF BUSINESS ENTITY NAME OF BUSINESS' INCOME		ADDRESS OF SOURCE	businessi	PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
		 					
PART C REAL PROPERTY [Land, buildings owned by the reporting person] 3071 Santa Barkor & Blad X.			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.				
3720 walker lake RD				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 D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES							
Im Filelity	401-	K					
7							
PART E — LIABILITIES [Major debts] NAME OF CREDITOR	ADDRESS OF CREDITOR						
chase mostand	PO B0	PO Box 900 1871 LOUIS villa ky					
Reasons	PU BOX 2224 Busmingham AL						
NATIONAL City mortgage	3232 NEWMARK DE MURMIBUR Oh						
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]							
BUSINESS ENT	TITY # 1	BUSINESS ENTITY #	2 BUSIN	IESS ENTITY # 3			
NAME OF BUSINESS ENTITY	water as						
ADDRESS OF BUSINESS ENTITY	4.1						
PRINCIPAL BUSINESS ACTIVITY							
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 F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
SIGNATURE (required):	DATE SIGNED (required):						

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).

Facsimiles will not be accepted.

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.

FILING INSTRUCTIONS:

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.

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.

CE FORM 1 - Eff. 1/2007 PAGE 2