FORM 1	STATEMENT OF		2014
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERE	ESTS	FOR OFFICE USE ONLY:
MAILING ADDRESS	e NAME IM E IVER Lane		15MAR31
NAME OF AGENCY NAME OF OFFICE OR POSITION HEL Procurement	ZIP COUNTY Florida 33908 Lee Strict of Lee County		15MAR31#M1055 SOE LEE CO F1
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR APPOINTEE		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU YEAR OR ON A FISCAL YEAR PLE EITHER (must check one) DECEMBER 31, 20 MANNER OF CALCULATING REF FILERS HAVE THE OPTION OF USII CALCULATIONS. OR USING COMP. for further details) CHECK THE ONI COMPARATIVE (P	PORTABLE INTERESTS: NG REPORTING THRESHOLDS THAT ARE ABSOLI ARATIVE THRESHOLDS WHICH ARE USUALLY B	TAX YEAR V IS FOR THE THER THAN JTE DOLLAR ASED ON PE DOLLAR	WHETHER BASED ON A CALENDAR E PRECEDING TAX YEAR ENDING THE CALENDAR YEAR: WALUES, WHICH REQUIRES FEWER ERCENTAGE VALUES (see instruction) VALUE THRESHOLDS
(If you have nothing to rep	ort, write "none" or "n/a")	i - See instruct	·
OF INCOME	SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCES PRINCIPAL BUSINESS ACTIVITY
Alta Resources	12/cca Ecotemay Blvd, F	M 13	Insurance Sale
PART B SECONDARY SOURCES Of [Major customers clients, and (If you have nothing to represent the second s	PF INCOME Indicate the desired of the second of the respective to the second of the s	RESS	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
(If you have nothing to repo	uildings owned by the reporting person - See instructions] ort, write "none" or "n/a") Came Fort My e(5 33	905	FILING INSTRUCTIONS for when and where to file this form are ocated at the bottom of page 2. NSTRUCTIONS on who must file this form and how to fill it out pegin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Sto	ocks, bonds, certificates	of deposit, etc See in	structions]	
(If you have nothing to report, write "non TYPE OF INTANGIBLE	·	NIONEON ENTITY TO	\	
TTPE OF INTANGIBLE		BUSINESS ENTITY TO	WHICH THE PROPERTY RELATES	
NIA			<u>~</u>	
			9 PR3	
PART E — LIABILITIES [Major debts - See instruction: (If you have nothing to report, write "non			.#108	
NAME OF CREDITOR	ADDRESS OF CREDITOR			
Chase Mortgage	POBOX 183228, Columbus OH 432			
Or was a strong to	10 1304 10	J000 , WI	+	
			C	
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions] (If you have nothing to report, write "none" or "n/a") BUSINESS ENTITY # 1 NAME OF BUSINESS ENTITY				
ADDRESS OF BUSINESS ENTITY	1.1	 		
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 SHE	ET, PLEASE CHECK HERE	
SIGNATURE OF FILER:		CPA or ATTORNEY SIGNATURE ONLY		
Signature: Signature: Date Signed:		If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement. I,		
3-23-15		CPA/Attorney Signature: Date Signed:		
	CH INC INCOM	LOTTONIO		

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:

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. A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

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: 325 John Knox Road. Building E. Suite 200. Tallahassee. FL 32303.

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, 2014

Jim Calvasco 10120 Forest River Lame Fort Myers F1 33908

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Supervisor of Elections Po Bux 2545 Fort Myers, Florida 33902