

Maintain OPEN

2007

2007

FORM 1 F

FINAL STATEMENT OF  
FINANCIAL INTERESTS

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)

LAST NAME — FIRST NAME — MIDDLE NAME:

CARROLL, JAMES LEESE

MAILING ADDRESS:

17490 STEAMING STONE DR.

FT. MYERS

33967

LEE

CITY:

ZIP:

COUNTY:

NAME OF REPORTING PERSON'S AGENCY:

VENTURA WEST CAA  
VENTURA SOUTH CAA  
MEDITERRA II CAA

CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):

- ☐ LOCAL OFFICER ☐ STATE OFFICER  
☐ SPECIFIED STATE EMPLOYEE

LIST OFFICE OR POSITION HELD:

SUPERVISOR

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2007 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS 6/20, 2007. (Date must be prior to 12/31/07)

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 OR ☐ DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

NAME OF SOURCE  
OF INCOME

SOURCE'S  
ADDRESS

DESCRIPTION OF THE SOURCE'S  
PRINCIPAL BUSINESS ACTIVITY

LANATAA CACUA, LLC 14055 RIVERVIEW DR. SUITE 225 TAMPA, FL 33611

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by reporting person]

NAME OF  
BUSINESS ENTITY

NAME OF MAJOR SOURCES  
OF BUSINESS' INCOME

ADDRESS  
OF SOURCE

PRINCIPAL BUSINESS  
ACTIVITY OF SOURCE

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]

RESIDENCE - FT. MYERS, FL

2ND HOME - TAMPA, FL

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet.

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

DEC 31 2007 PM 5:12

**PART E — LIABILITIES** [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

CITY MONTGOMERY  
SUNTRUST "CHICAGO, IL  
TAMPA, FL**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 ENTITYADDRESS OF  
BUSINESS ENTITYPRINCIPAL BUSINESS  
ACTIVITYPOSITION HELD  
WITH ENTITYI OWN MORE THAN A 5%  
INTEREST IN THE BUSINESSNATURE OF MY  
OWNERSHIP INTERESTIF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE:

James Carroll

DATE SIGNED:

12-13-07

**FILING INSTRUCTIONS:****WHAT TO FILE:**

After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only the first sheet for filing (you need not return any of the instruction pages). **Facsimiles will not be accepted.**

**WHEN TO FILE:**

At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless you take another position within the 60-day period that requires you to file financial disclosure on Form 1 or Form 6.

**WHERE TO FILE:**

**Local officers:** file with the Supervisor of Elections of the county in which you 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.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

**NOTE:**

If you are leaving office or employment during the first half of 2006, you may not have filed Form 1 for 2005. In that case, this is not the last form you will file, even though the Form 1F covers the final portion of your term of office or employment. You will be required to file Form 1 for 2005 by July 1 of 2006.

## FORM 1 F

FINAL STATEMENT OF  
FINANCIAL INTERESTS

5007

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)

LAST NAME — FIRST NAME — MIDDLE NAME:

CHANDLER JAMES LEESE

MAILING ADDRESS:

17490 STEADY STONE DR.

FT. MYERS

33967

LEE

CITY:

ZIP:

COUNTY:

NAME OF REPORTING PERSON'S AGENCY:

MEDICAL CAD 7

CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):

- ☐ LOCAL OFFICER    ☐ STATE OFFICER  
☐ SPECIFIED STATE EMPLOYEE

LIST OFFICE OR POSITION HELD:

S. J. ALLEN

DISCLOSURE PERIOD: BOTH PARTS OF THIS SECTION MUST BE COMPLETED\*\*\*

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2007 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS 6/30, 2007. (Date must be prior to 12/31/07)

MANNER OF CALCULATING REPORTABLE INTERESTS:

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- ☐ COMPARATIVE (PERCENTAGE) THRESHOLDS    OR    ☐ DOLLAR VALUE THRESHOLDS

## PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

NAME OF SOURCE  
OF INCOMESOURCE'S  
ADDRESSDESCRIPTION OF THE SOURCE'S  
PRINCIPAL BUSINESS ACTIVITY

LEWIS GROUP, LLC	14055 AVERIDGE A. SUITE 325 TAMPA	N/A DEVELOPMENT

## PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by reporting person]

NAME OF  
BUSINESS ENTITYNAME OF MAJOR SOURCES  
OF BUSINESS' INCOMEADDRESS  
OF SOURCEPRINCIPAL BUSINESS  
ACTIVITY OF SOURCE


## PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]

RESIDENCE - FT. MYERS FL
3 <sup>RD</sup> HOME - TAMPA FL

FILING INSTRUCTIONS for when  
and where to file this form are located  
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on page 3 of this packet.OTHER FORMS you may need to  
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**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

**PART E — LIABILITIES** [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

CITI MORTGAGE  
SUNTRUST IICHICAGO, IL  
TALLAH, FL**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  
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