

FINANCIAL INTERESTS

COPY

LAST NAME — FIRST NAME — MIDDLE NAME:

JAMES Robert P

FOR OFFICE USE ONLY:

MAILING ADDRESS:

1203 KITTIWAKE CIRCLE

COPY

CITY: SANIBEL ZIP: 33957 COUNTY: LEE

NAME OF AGENCY: LEE COUNTY

NAME OF OFFICE OR POSITION HELD OR SOUGHT: COMMISSIONER, DISTRICT 1

CHECK IF THIS IS A FILING BY A CANDIDATE

ID No.
Conf. Code
P. Req. Code

*08JUN05AM1109 SDE L ee Co FI

No!

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2007, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of MAY, 2008 was \$ 2617000

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 625000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

| DESCRIPTION OF ASSET (specific description is required - see instructions p.4) | VALUE OF ASSET |
|--|----------------|
| HOME LIVING TRUST | 690 000 |
| MUTUAL FUND PORTFOLIO | 400 000 |
| CONDO, MYRTLE BEACH SC | 199 000 |
| MONET MARKET PORTFOLIO | 680 000 |
| CAUSEWAY BONDS DEPT INTL CAP | 45 000 |
| COLONIAL BANK CD | 10 000 |
| CHECKING ACCT, SUBTRUST | 25 000 |
| | 15 000 |

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|------------------------------|---------------------|
| HOME EQUITY LOAN USAA | 7500 |
| | |
| | |

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|------------------------------|---------------------|
| NONE | 0 |
| | |

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2007 federal income tax return, including all attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2007 federal income tax return. [If you check this box and attach a copy of your 2007 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME:

| NAME OF SOURCE OF INCOME EXCEEDING \$1,000 | ADDRESS OF SOURCE OF INCOME | AMOUNT |
|--|-----------------------------|-----------|
| BOCC | FT MYERS, FL | 83 502.00 |
| SEC SECURITY ADM | BALTIMORE, MD | 14 472.00 |
| DEPT OF DEFENSE | WASHINGTON, DC | 17 509.00 |
| OFFICE OF PERS MGMT | Po Box 45, Boyers PA | 15 454.00 |
| LIVING TRUST | RENO, NEVADA | 12 000.00 |

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions]:

| NAME OF BUSINESS ENTITY | NAME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS OF SOURCE | PRINCIPAL BUSINESS ACTIVITY OF SOURCE |
|-------------------------|---|-------------------|---------------------------------------|
| NONE | | | |
| | | | |
| | | | |
| | | | |

PART E -- INTERESTS IN SPECIFIED BUSINESSES

| | BUSINESS ENTITY # 1 | BUSINESS ENTITY # 2 | BUSINESS ENTITY # 3 |
|---|---------------------|---------------------|---------------------|
| NAME OF BUSINESS ENTITY | NONE | NONE | NONE |
| 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 | | | |

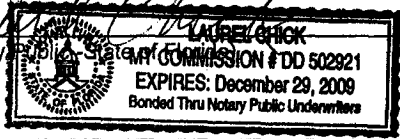
IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me this 29th day of May, 2008 by Robert James Lee
Laurel Chick

(Signature of Notary Public) Laurel Chick


(Print, Type, or Stamp Commissioned Name of Notary Public) Laurel Chick


SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known OR Produced Identification

Type of Identification Produced _____

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.