

## FORM 1

## STATEMENT OF

2002

## FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

LAST NAME -- FIRST NAME -- MIDDLE NAME:

JENNINGS James Lowry

MAILING ADDRESS:

9209 Kincaid CT

Sanibel, FL 33957 Lee

CITY:

ZIP:

COUNTY:

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Sanibel City Council

CHECK IF ☒ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEEFOR OFFICE  
USE ONLY:

ID Code

ID No.

Cont. Code

P. Reg. Code

COPY

## "THIS SECTION MUST BE COMPLETED"

## 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, 2002

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

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
Lee County Teachers Income		\$51,279.64
Lee County School Board	2055 Central Avenue Ft. Myers FL 33901	Teacher's wages

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

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCE OF BUSINESS INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

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

House owned by James Lowry & Christine Jennings			
9209 Kincaid Court, Sanibel, FL 33957			
Lee County Parcel ID number 462220T200300039			

FILING INSTRUCTIONS for when  
and where to file this form are locat-  
ed at the bottom of page 2.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
TSA-VALIC - Variable Annuity Life Insurance Company	2929 Allen Pkwy, Houston, TX 77019 #15,405.45 TSA - TAX Sheltered Annuity
TSA-Fiduciary Trust Co.	3920 RCA Blvd, Suite 2004
The Legend Group	#11,248.15 TSA Palm Beach Gardens, FL 33410

  

PART E — LIABILITIES [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
Suncoast School FCU	PO Box 11829, Tampa, FL 33680-1829
Toyota Camry LE 2001	
Olds Silhouette VAN 1998	
VISA Provident	PO Box 660737, Dallas, TX 75266-0737

  

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			COPY
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
DO 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): <i>James Lowry Jennings</i>	DATE SIGNED (required): 06/02/03
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### FILING INSTRUCTIONS:

**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.

**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.

**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 32317-6709.  
  
**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.