FORM 1	FORM 1 STATEMENT OF					2004
Please print or type your name, mailing address, agency name, and position bel	ow:	FINANCIAL	INTERI	ESTS		1115
LAST NAME FIRST NAME MIDD LAVENDER TAME MAILING ADDRESS: PD. Boy 398		H.		FOR OF USE ON	<b>V</b>	MECEIVED
CITY	7/0	COUNTY		1	ID C	PERVISOR CO
NAME OF AGENCY:	ZIP :	: COUNTY:	LEE	7		TIT TO S
NAME OF OFFICE OR POSITION HE	LD OR S	SOUGHT:		`		c. Code eq. Code
Public WORKS	Dir.		<del></del>	ł		
CHECK ONLY IF  CANDIDATE	OR	NEW EMPLOYEE OR A	PPOINTEE			
**BOTH PARTS OF 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, 2004 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 (PERCENTAC	E) THRE	SHOLDS	<u>OR</u>		DOLLAR	VALUE THRESHOLDS
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]  NAME OF SOURCE  OF INCOME  ADDRESS						SCRIPTION OF THE SOURCE'S KINCIPAL BUSINESS ACTIVITY
LEE Co.		P.O. Box 398 Fir MyERS, FL. 33501			Government	
M. FRANCIS SCHOOL		HEITMAN ST.	FT. MYPOS, I	α.		EDUCATION
PART B SECONDARY SOURCES  NAME OF BUSINESS ENTITY	NAM	ME [Major customers, clients, E OF MAJOR SOURCES BUSINESS' INCOME	and other sources o ADDF OF SO	RESS	business	es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE
				<del></del>		
PART C REAL PROPERTY [Land, buildings owned by the reporting person]					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.	
					OTHE	ER FORMS you may need to

PART D — INTANGIBLE PERSON TYPE OF INTANGIE		bonds, certificate	es of deposit, etc.] BUSINESS ENTITY TO WHIC	H THE PROPERTY RELA	TES
		<del>, ", ", ", ", ", ", ", ", ", ", ", ", ",</del>			
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	f				
PART E — LIABILITIES [Major de NAME OF CREDIT		,	ADDRESS O	F CREDITOR	i
		·- <u>-</u>			
					i •
PART F INTERESTS IN SPECIFI	ED BUSINESSES [Owne	ership or position	s in certain types of businesses]		
	BUSINESS ENTITY	/#1	BUSINESS ENTITY # 2	BUSINES	SS ENTITY # 3
NAME OF BUSINESS ENTITY					
ADDRESS OF BUSINESS ENTITY					
PRINCIPAL BUSINESS ACTIVITY					
POSITION HELD WITH ENTITY					i
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): 5.23.05					
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 32317-5709; 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.

# FORM 1 F

# FINAL STATEMENT OF FINANCIAL INTERESTS

2004

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

LAST NAME — FIRST NAME — MIDDLE NAME:			NAME OF REPORTING PERSON'S AGENCY:				
LAVENTER JAMES !	4	カル	ASTE	P AT	MISORY COUNCIL		
MAILING ADDRESS:			CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):				
P.O. Bax 398		<b>⊣</b> ∈	LOCAL OFF	ICER [	STATE OFFICER		
FT. MURAS + 3350:	2 /==		SPECIFIED	STATE EMP	PLOYEE		
CITY: ZIP:	COUNT	As OFF	ICE OR POSIT	ION HELD			
	0 4 6 6 7	77 13	6				
DISCLOSURE PERIOD:	***THIS SECTION N	MUST BE COM	PLETED***				
THIS STATEMENT REFLECTS MY FINANC		<b>^ ^</b> .					
OFFICE OR EMPLOYMENT DESCRIBED A	ABOVE, WHICH DATE WAS _	2-21	t	, 20	004. (Date must be prior to 12/31/04)		
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FEWER CALCULATIONS, OR USING COM	MPARATIVE THRESHOLDS, V	WHICH ARE USL	JALLY BASED	ON PERCE	,		
further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REF				′	): OLLAR VALUE THRESHOLDS		
COMPARATIVE (PERCENT)	AGE) THRESHOLDS	<u>OR</u>		JELAK VAL	JE THRESHULDS		
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PART B SECONDARY SOURCES C	F INCOME [Major customers	s, clients, and oth	er sources of i	ncome to bu	isinesses owned by reporting person]		
NAME OF N	IAME OF MAJOR SOURCES OF BUSINESS' INCOME		ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
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PART C REAL PROPERTY [Land, bu	uildings owned by the reporting	g person]			IG INSTRUCTIONS for when here to file this form are locat-		
					the bottom of page 2.		
SMULL	20PERVIOUS STATE			INST	RUCTIONS on who must file		
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CE FORM 1 F - Eff. 1/2004	Continued	d on reverse sid	e)		PAGE 1		

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]  TYPE OF INTANGIBLE I BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
PART E — LIABILITIES [Majo NAME OF CRED		<b>!</b>	ADDRESS O	F CREDITOR		
PART F — INTERESTS IN SE	PECIFIED BUSINESS	SES [Ownership	or positions in certain types of bu	usinesses]		
	BUSINESS EN	TITY#1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY						
ADDRESS OF BUSINESS ENTITY						
PRINCIPAL BUSINESS ACTIVITY						
POSITION HELD						
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: SALWIO	faundr_		DATE SIG	sned: 4.9-04		
FILING INSTRUCTIONS:						
WHAT TO FILE.	A m e i	JEDE TO EII E		NOTE:		

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).

## 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

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.

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

25 P. 5:20

If you are leaving office or employment during the first half of the year, you may not have filed Form 1 for the previous calendar year. 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 the previous calendar year by July 1 of this year.