FORM 1	STATEM	ENT OF		2003			
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	5 [St. The			
LAST NAME FIRST NAME MIDDLE LOWNDES JAMES MAILING ADDRESS :		DFFICE	SUPERATION OF				
18280 Telegrage		ID C	ode				
CITY : Alva NAME OF AGENCY :	ZIP: COUNTY: FLA 33'	920	ID N	o.			
CONSTRUCTION LIZE		Conf. Code P. Req. Code					
		ITEE					
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, 2003 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): Image: Comparative (percentage) thresholds OR DOLLAR VALUE THRESHOLDS							
PART A PRIMARY SOURCES OF INC NAME OF SOURCE OF INCOME	he reporting person] RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY					
Linserty Auminer (Linsary Aumin (Po Pox 7331 FM FAR 33			411 Construction			
Brunner Cons. How		-m F.A 33911		12 entr1			
PART B SECONDARY SOURCES OF NAME OF BUSINESS ENTITY	INCOME [Major customers, clients, NAME OF MAJOR SOURCES OF BUSINESS' INCOME	and other sources of income t ADDRESS OF SOURCE	o business	PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
Pulte Iformes	Liberty Alum Co	9148 Bonta Beh	BS	Construction			
Lenner Itmen C. berty Alum Co 10471 Six bil		10471 Six Mide	FM	Constanctur			
				k'			
PART C-REAL PROPERTY [Land, buildings owned by the reporting person] 5632 6th 5t W Lehigh Arres 33917 17233 Mundmelle Cer Fue 33912			FILING INSTRUCTIONS for when and where to file this form are locat- ed at the bottom of page 2.				
17233 Mundmille	INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.						
				ER FORMS you may need to e described on page 6.			

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PART D — INTANGIBLE PERSO TYPE OF INTANG		ocks, bonds, certific	cates of deposit, etc.] BUSINESS ENTITY TO WH	ICH THE	PROPERTY RELATES		
w/n							
					. 		
PART E — LIABILITIES [Major debts] NAME OF CREDITOR			ADDRESS OF CREDITOR				
NA							
······································							
	<u></u>						
				<u></u>			
				·	······································		
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]							
BUSINESS ENTI							
NAME OF BUSINESS ENTITY	~lr	-					
ADDRESS OF BUSINESS ENTITY	<i>L</i>						
PRINCIPAL BUSINESS							
ACTIVITY POSITION HELD							
WITH ENTITY I OWN MORE THAN A 5%			<u> </u>				
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): DATE SIGNED (required): 6/30/04							
U	FI	LING IN	STRUCTIONS:				
WHAT TO FILE:WHAfter completing all parts of this form, includingIf yousigning and dating it, send back only the firston Isheet (pages 1 and 2) for filing.for you		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.		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 employ-			
of I ner in F MULTIPLE FILING UNNECESSARY: who Generally, a person who has filed Form 1 for a Sta		bcal officers/employees file with the Supervisor Elections of the county in which they perma- ently reside. (If you do not permanently reside Florida, file with the Supervisor of the county here your agency has its headquarters.) ate officers or specified state employees		the Ser if that their ap Candi d must	Appointees who must be confirmed by nate must file prior to confirmation, even is less than 30 days from the date of popointment. dates for publicly-elected local office file at the same time they file their ing papers.		
calendar or tiscal year is not re-	juired to file a fi	ie with the Commir	ssion on Ethics, P.O. Drawer	4			

15709, Tallahassee, FL 32317-5709.

qualifying papers.

on page 3.

Candidates file this form together with their

falls under, see the "Who Must File" Instructions

To determine what category your position

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.

of his or her original Form 1 when qualifying.

CE FORM 1 - Eff. 1/2004