

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

## FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME:

LOWMEYER JAMES EDWIN

MAILING ADDRESS:

16112 Forest Oaks Dr

CITY:

Ft Myers

ZIP:

33908

COUNTY:

LEE

NAME OF AGENCY:

CONSTRUCTION INDUSTRY LICENSING BOARD

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

BOARD MEMBER

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF ☐ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

UNSIGNED

13 JUL 23 AM 10:03 SDC LEE CO FL

## \*\*\*\* 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 (must check one):

☒ DECEMBER 31, 2012 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). CHECK THE ONE YOU ARE USING:

☐ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☒ DOLLAR VALUE THRESHOLDS

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

(If you have nothing to report, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME

SOURCE'S ADDRESS

DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY

LIBRARY ALUMNIUM CO  
BUREAU OF CONSTRUCTION

5613 6th St West Lehigh Acres 33971

Specialty Contracting  
REAL ESTATE

## PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY

NAME OF MAJOR SOURCES OF BUSINESS' INCOME

ADDRESS OF SOURCE

PRINCIPAL BUSINESS ACTIVITY OF SOURCE

N

A

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

(If you have nothing to report, you must write "none" or "n/a")

1st St. Condo 805 Beau Rouge - Ft Myers

5613 6th St West Lehigh Acres - Commercial Bldg

3.5 Acres Land in Westgate Lehigh Acres

**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.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc. - See instructions]  
(If you have nothing to report, you must write "none" or "n/a")

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

**COPY**

**UNSIGNED**

**PART E — LIABILITIES** [Major debts - See instructions]

(If you have nothing to report, you must write "none" or "n/a")

NAME OF CREDITOR

ADDRESS OF CREDITOR

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions]  
(If you have nothing to report, you must write "none" or "n/a")

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

BUSINESS ENTITY # 3

NAME OF BUSINESS ENTITY

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 F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

**SIGNATURE (required):**

**DATE SIGNED (required):**

**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.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

**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.

**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.

**Facsimiles will not be accepted.**

**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 the 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. However, filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if he or she was in the position on December 31, 2012.

**SHARON L. HARRINGTON  
SUPERVISOR OF ELECTIONS  
LEE COUNTY - FLORIDA**

<b><u>PHYSICAL ADDRESS</u></b> LEE COUNTY CONSTITUTIONAL COMPLEX 2480 THOMPSON STREET 3 <sup>RD</sup> FLOOR FORT MYERS FL 33901	<b><u>MAILING ADDRESS</u></b> please send all correspondence to this address P O BOX 2545 FORT MYERS FL 33902-2545
<b>MAIN OFFICE</b> 239 LEE VOTE 239-533-8683	<b>FAX</b> 239-533-6310 <b>WEBSITE</b> <a href="http://www.leeelections.com">www.leeelections.com</a>

111545827

**TO :** Local Officer

LOWNDES, JAMES EDWIN  
16112 FOREST OAKS DR  
FORT MYERS FL 33908

**FROM :** Bernie Feliciano  
[bfeliciano@leeelections.com](mailto:bfeliciano@leeelections.com)  
Filing Officer

**RE :** Incomplete Form 1 Statement of Financial Interest for 2012

You recently filed your Form 1 Statement of Financial Interests for 2012 with the office of the Lee County Supervisor of Elections. The form is incomplete. The following information is missing from the form:

**◆ Signature and/or Date**

You are required to file a SIGNED and DATED form. We are returning, to you, a copy of the original form you filed for your signature and date. Return the signed and dated form immediately in order to comply with the signature and date requirements for Form 1 Statement of Financial Interests.

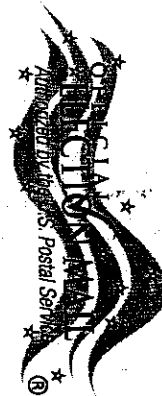
Please use the postage-paid envelope provided to return the signed and dated form. You may call 239-533-6304 if you have any questions.

**Enclosures:** Copy of Original Form 1 Statement Of Financial Interests for 2012 for Signature and/or Date  
Postage Paid Return Envelope

13 AUG 09 10 50 EEE OF 1

13 AUG 08 AM 09:10 SUE LEE CDP

Chenyl F.



**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 1021 FT MYERS FL

POSTAGE WILL BE PAID BY ADDRESSEE

SUPERVISOR OF ELECTIONS  
PO BOX 2545  
FORT MYERS FL 33902-9888



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

