FORM 1 F

FINAL STATEMENT OF FINANCIAL INTERESTS

2015

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

(10 BE FILED WITHII	V 00 DATS OF LEAV	ING FUBLIC OFFI	CE UK	EMPLOTMENT)		
LAST NAME — FIRST NAME — MIDDLE NAME:		NAME OF REPORTING PERSON'S AGENCY:				
LOWNDES JAMES EDWIN		CONSTRUCTION ENDUSTRY LIESUSING BOARD				
MAILING ADDRESS:		BOAMD MEMBER				
16112 FOREST DAKS DR		CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):				
7 - 7 - 7 - 7 - 7 - 7 - 7		LOCAL OFFI		STATE OFFICER		
		SPECIFIED S				
CITY: ZIP:	COUNTY:	LIST OFFICE OR POSITION				
FT. Mysns 33908	LEE	150,ANL ()	/V(E w	Ben E		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2015 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS OCTOBER 31 2015. (Date must be prior to 12/31/15) MANNER OF CALCULATING REPORTABLE INTERESTS: FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DELLAR MANUES WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for furthed details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must checkenge): COMPARATIVE (PERCENTAGE) THRESHOLDS OR PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a") NAME OF SOURCE OF INCOME SOURCE'S ADDRESS DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY						
Liberty Alsenian 6	5613 6 St West Celigh 33971			onstruction		
Believer (soss butel			REMEDTATE			
						
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")						
	IE OF MAJOR SOURCES F BUSINESS' INCOME	ADDRESS		PRINCIPAL BUSINESS		
DOGINESS ENTITY	L BOSINESS INCOME	OF SOURCE		ACTIVITY OF SOURCE		
· N/2						
7						
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PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.			
15. ST Congo - BEAURIUM - Ft myen Fe				RUCTIONS on who must file		
552 Azreix Nokomis Fe				orm and how to fill it out		
Westgate Industrial - Comer Blag & VACENT (AND) 16:12 Porest DAK - PSILLOWAL RESIDENCE				on page 3 of this packet.		
16.12 Jorest DAK - PSVI	JONAL RESIDENC	٤_				

PART D — INTANGIBLE PERSONAL PROPERTY (If you have nothing to report, write "none	/ [Stocks, bonds, certifice or "n/a")	cates of deposit, etc See	instructions]	
TYPE OF INTANGIBLE	ВІ	JSINESS ENTITY TO WHI	CH THE PROPERTY RELATES	
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "none				
NAME OF CREDITOR	I	OF CREDITOR		
WELLS FAMERO BANK	Ft myers - nortable			
2 Auto Lorms	MBFS + LEXVS			
2 Thuy LOAMS	For			
PART F — INTERESTS IN SPECIFIED BUSINESSI (If you have nothing to report, write "none"		sitions in certain types of bu		
NAME OF BUSINESS ENTITY	BUSINESS ENTITY#1 L. bert-, Alminu		BUSINESS ENTITY#2 Becauser Consolidated	
ADDRESS OF BUSINESS ENTITY	5613 6 stweet lehing		5617 6th St west (chijly	
PRINCIPAL BUSINESS ACTIVITY	Crast.		RYM ESTATE	
POSITION HELD WITH ENTITY	Passonat		PRATNER	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	421		485	
NATURE OF MY OWNERSHIP INTEREST	Yel		187	
IF ANY OF PARTS A THROUGH F ARE	CONTINUED ON	A SEPARATE SHEE	ET, PLEASE CHECK HERE	
SIGNATURE OF FILE	R:	CPA or ATTO	DRNEY SIGNATURE ONLY	
Signature: M. Lul Date Signed:		If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement: I,		
	FILING INSTR	UCTIONS:		

WHAT TO FILE:

After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only pages 1 and 2 for filing (you need not return any of the instruction pages). Facsimiles will not be accepted.

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 he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.

WHERE TO FILE:

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; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, Florida 32303.

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

NOTE:

If you are leaving office or employment during the first half of 2015, you may not have filed Form 1 for 2014. 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 2014 by July 1, 2015, and risk being fined if you do not file Form 1 by the filing deadline, even if you have already filed the CE Form 1F.



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