

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

LAST NAME — FIRST NAME — MIDDLE NAME: <u>Reeves LEA Ann</u>			NAME OF REPORTING PERSON'S AGENCY: <u>LEE County Commission AD-HOC Blasting Committee</u>		
MAILING ADDRESS: <u>8591 Belle Meade Dr.</u>			CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):		
<u>Ft. Myers</u>	<u>33908</u>	<u>LEE</u>	<input checked="" type="checkbox"/> LOCAL OFFICER	<input type="checkbox"/> STATE OFFICER	
			<input type="checkbox"/> SPECIFIED STATE EMPLOYEE		
CITY: ZIP: COUNTY:			LIST OFFICE OR POSITION HELD: <u>LEE County AD-HOC Blasting Committee</u>		

\*\*\*BOTH PARTS OF THIS SECTION MUST BE COMPLETED\*\*\*

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2006 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS April, 2006 2006. (Date must be prior to 12/31/06)

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 THRESHOLD

FINAL REPORT

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
<u>James A. Reeves, Jr. - Spouse</u>	<u>8591 Belle Meade Dr. Ft. Myers, FL 33908</u>	<u>Physician - FL Cancer Specialists</u>
<u>Physician - FL Cancer Specialists</u>		

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

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

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

<u>Medical Office Bldg. - 15681 New Hampshire Ct. - Ft. Myers</u>
<u>Medical Office Bldg. - 811 Del Prado Blvd. - Cape Coral</u>
<u>Medical Office Bldg. - 9240 Bonita Beach Rd. - Bonita Springs</u>
<u>Medical Office Bldg. - 1100 Gardlette Blvd. - Naples</u>
<u>Medical Office Bldg. - 22375 Edgewater Blvd. - Port Charlotte</u>

**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 of this packet.

**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
Publically-Traded Stocks & Bonds	Self/Spouse (?)

**PART E — LIABILITIES** [Major debts]

NAME OF CREDITOR	ADDRESS OF CREDITOR
None	

**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	None		
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:

*Lea R*

DATE SIGNED:

08/29/06

**FILING INSTRUCTIONS:**

**WHAT TO FILE:**

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). **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 you take another position within the 60-day period that requires you to file 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: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

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 2006, you may not have filed Form 1 for 2005. 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 2005 by July 1 of 2006.**