FORM 1	STATEMEN	T OF		2001	
Please print or type your name, mailing address, agency name, and position below: FINANCIAL INTERESTS					
LAST NAME FIRST NAME MIDDL SCHIVINSKI MAILING ADDRESS: LOII SEII	ENAME: James Andrew Street Suite A	FOR OF USE ON	NLY:	71807 R	
WALLING ADDRESS: LOII SE II Street Suite A CITY: CAPE COVAL FL335900 NAME OF AGENCY: Lee County Contractors Reg. Board Zoning comm CHECK IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE					
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): Image: December 31, 2001 OR Image: Specify tax year if other than the calendar year: Image: December 31, 2001 OR Image: Specify tax year if other than the calendar year: Image: December 31, 2001 OR Image: Specify tax year if other than the calendar year: Image: December 31, 2001 OR Image: Specify tax year if other than the calendar year: Image: December 31, 2001 OR Image: Specify tax year if other than the calendar year: Image: December 31, 2001 OR Image: Specify tax year if other than the calendar year: Image: December 31, 2001 OR Image: Specify tax year if other than the calendar year: Image: December 31, 2001 OR Image: Specify tax year if other than the calendar year: Image: December 31, 2001, the tegislature these allowed files the option of using reporting thresholds that are absolute dollar values, which requires fewer calculations (see instructions for further details). PLEASE STATE BELOW WHETHER this statement reflects either (check one): Image: December 32, 2000 Image: December 34, 2000 Image: December 34, 2000 Image: December 34, 2001 Image: Decem					
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] NAME OF SOURCE SOURCE'S OF INCOME ADDRESS		с. <u>-</u>	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
Engineering è Des Consultants, Ir	ign (ell SE / Street ic. Cape Coval, F	Suite A 233990	Enginee	ring Firm	
		y the reporting person] INCIPAL BUSINESS TIVITY OF SOURCE			
	•			 	
		a Terr	FILING INSTRUCTIONS for when and where to file this form are locat- ed at the bottom of page 2. INSTRUCTIONS on who must file		
DOIS SW 43 TEN 1325 SW 43 LON			this form and ho on page 3.	ow to fill it out begin IS you may need to	
OFFILE BLDG - 1530 SEILO PLACE CapeCoral 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					
Sterv	Engineering & Design Consultants				
IPA	First Union Bank-Everareen Funds				
Bank Account	First Union				
PART E — LIABILITIES [Major debts] NAME OF CREDITOR	ADDRESS OF CREDITOR				
N/A					
	_				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]					
BUSINESS E	NTITY # 1 BUSINESS ENTITY # :	TY # 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):					
Mal //		8/2/02			
F	TIZING INSTRUCTIONS:				
WHAT TO FILE.	WHERE TO FILE:	WHEN TO FILE:			
After completing all parts of this form, including signing and dating it, send back only the first	f you were mailed the form by the Commission on Ethics or a County Supervisor of Elections	Initially, each local officer/employee, state officer, and specified state employee must file			
sheet (pages 1 and 2) for filing.	for your annual disclosure filing, return the form to that location.	within 30 days of the date of his or her appointment or of the beginning of employ-			
	Local officers/employees file with the Supervisor	ment. Appointees who must be confirmed by the Senate must file prior to confirmation, even			
	of Elections of the county in which they perma- nently reside. (If you do not permanently reside	if that is less than 30 days from the date of			
NOTE: MULTIPLE FILING UNNECESSARY:	in Florida, file with the Supervisor of the county where your agency has its headquarters.)	their appointment. Candidates for publicly-elected local office			
Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a	State officers or specified state employees	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.

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.

file with the Commis 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.