

FORM 1

STATEMENT OF

2008

FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Stout, James Nathan

MAILING ADDRESS :

403 Joan Ave Suite D

CITY :

Lehigh Acres

ZIP :

33971

COUNTY :

Lee

NAME OF AGENCY :

East County Water Control District

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Commissioner Seat 5

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 APPOINTEEFOR OFFICE
USE ONLY:

COMMISSION ON ETHICS

DATE RECEIVED

JUN 18 2009

ID Code

ID No.

39713

Conf. Code

P. Req. Code

PROCESSED

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 (check one):



DECEMBER 31, 2008

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):

☒ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☐ DOLLAR VALUE THRESHOLDS

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
J Nathan Stout, CPA PA	403 Joan Ave Ste D Lehigh Acres, Fl. 33971	Various Clients * Accounting Firm
JAN Properties of Lehigh, LLC	403 Joan Ave Ste D Lehigh Acres, Fl. 33971	Various Tenants * Rental Buildings
Rental Building	403 Joan Ave Ste D Lehigh Acres, Fl. 33971	Various Tenants * Rental Building

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

See Attached

FILING INSTRUCTIONS for who 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.

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
Corporate Stock	J Nathan Stout, CPA PA
Partnership Interest	JAN Properties of Lehigh, LLC

PART E ☐ **LIABILITIES** [Major debts]
NAME OF CREDITOR

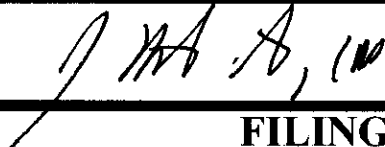
ADDRESS OF CREDITOR

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	Panther Community Bank, NA		
ADDRESS OF BUSINESS ENTITY	50 Joel Blvd. Lehigh Acres, FL 33936		
PRINCIPAL BUSINESS ACTIVITY	Community Banking		
POSITION HELD WITH ENTITY	Secretary/Director		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	n/a		
NATURE OF MY OWNERSHIP INTEREST	n/a		

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☒

SIGNATURE (required):



DATE SIGNED (required):

6/16/09

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).

Facsimiles will not be accepted.

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; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

Candidates file this form together with their qualifying papers.

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

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, the Senate must file prior to confirmation, even if that is less than 30 days from the date of the 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 their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, a specified state employee is required to file final disclosure form (Form 1F) within 60 days of leaving office or employment.

091105121650ELEC-01

COMMISSION ON ETHICS

DATE RECEIVED

JUN 18 2009

James Nathan Stout
STATEMENT OF FINANCIAL INTERESTS
PART C - REAL PROPERTY
DECEMBER 31,2008

DESCRIPTION	PARCEL NUMBER	PROPERTY ADDRESS OR DESCRIPTION
Rental Home	33-44-27-09-00036.0190	308 Maple Ave N
Commercial Rentals		1140 Lee Blvd. Units 101 - 108 & 111
Commercial Rentals		904 Lee Blvd Units 102 - 111
Commercial Rentals		410 & 430 Lee Blvd.
Commercial Rental	25-44-26-04-00025.0110	403 Joan Ave N
Residential Lot	1-28-44-18-A00-0155.0000	Hendry County

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Chair
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State of Florida
COMMISSION ON ETHICS
P.O. Drawer 15709
Tallahassee, FL 32317-5709

3600 Maclay Blvd., South, Suite 201
Tallahassee, FL 32312

Philip Claypool
Executive Director

Virindia Doss
Deputy Executive Director

(850) 488-7864 Phone
(850) 488-3077 (FAX)
www.ethics.state.fl.us

June 26, 2009

The Honorable Sharon Harrington
Supervisor of Elections
P O Box 2545
Ft Myers FL 33902

Dear Ms. Harrington:

Enclosed are the 2008 Form 1, Statements of Financial Interests, filed with this office by the following:

James Nathan Stout 39713
Richard L Ivill 4609

If you have any questions, please do not hesitate to call.

Sincerely,

A handwritten signature in black ink, appearing to read "Connie A Evans", is written over a horizontal line.

Connie A Evans
Executive Secretary

Enclosures

State of Florida
Commission on Ethics

3600 Macley Boulevard, South, Suite 201
Post Office Drawer 15709
Tallahassee, FL 32317-5709



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The Honorable Sharon Harrington
Supervisor of Elections
P O Box 2545
Ft Myers FL 33902

FIRST CLASS



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MAILED FROM ZIP CODE 32312

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