FORM 1	FORM 1 STATEMENT OF						
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERI	ESTS [					
LAST NAME FIRST NAME MIDDLE N Whittamore, James Mailing address: 20641 Grovelin.	Leon	FOR OFFICE USE ONLY:					
Estero, FL 3= CITY: NAME OF AGENCY: Lee County Sch NAME OF OFFICE OR POSITION HELD BOJV MEMBER - WORK-ONCE	219: COUNTY: ZIP: COUNTY: Mools OR SOUGHT: Directory: Technical B& Carrer, Adult Ed.	ID Co	No. Code PM 12 PM				
CHECK IF 🔲 CANDIDATE OR							
**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):   Image: December 31, 2002 OR Image: Specify tax year if other than the calendar year:   Image: December 31, 2002 OR Image: 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):   Image: December 2002 OR Image: December 2002   Image: December 2002 OR Image: December 2002   OUMPARATIVE (PERCENTAGE) THRESHOLDS							
PART A PRIMARY SOURCES OF INCO NAME OF SOURCE OF INCOME	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY						
Lee Co. School Bd.	2055 Central Ave, FMyer,	33901 P	blic Education				
	NCOME [Major customers, clients, and other sources of NAME OF MAJOR SOURCES ADDA OF BUSINESS' INCOME OF SO		PRINCIPAL BUSINESS ACTIVITY OF SOURCE				
N/4							
PART C REAL PROPERTY [Land, buil	and	FILING INSTRUCTIONS for when and where to file this form are locat- ed at the bottom of page 2.					
	INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.						
	от	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						
NA						
				······		
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR				
Suncoset Schools C	Credit Union	Po.	Box	11904	TIMOZ	PL 33680
				· · · · · · · · · · · · · · · · · · ·		
				·		
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]						
None	BUSINESS ENTI	TY # 1		BUSINESS E	NTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY		<u></u>				
ADDRESS OF BUSINESS ENTITY						
PRINCIPAL BUSINESS ACTIVITY						
POSITION HELD WITH ENTITY						
1 OWN MORE THAN A 5% INTEREST IN THE BUSINESS					<u> </u>	
NATURE OF MY OWNERSHIP INTEREST						
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE (required): James Utillamores				DATE SIGNED (required): $6/24/03$		

## 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.

# 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.

# FILING INSTRUCTIONS:

## 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.

## 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 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.