FORM 1		STATEM	ENT OF			RECEIVE 2003		
Please print or type your name, mailing address, agency name, and position bel	ow:	FINANCIAL	INTERES	STS		01 1111		
LAST NAME FIRST NAME MIDD Whittamore, Ja MAILING ADDRESS:	LE NAME Mes	۲,		FOR OFFI	11.5	OF JUL -1 APTI: 03 PERVISORO, LECTIONS		
Estaro .	339° ZIP:	R8 Lee COUNTY:			ID C			
NAME OF AGENCY: Lee County Scho NAME OF OFFICE OR POSITION HE	eLD OR SO				Conf	. Code eq. Code		
Instructional Procheck IF CANDIDATE OR	O NI	r Dinector EW EMPLOYEE OR APPOIN	TEE					
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, 2003 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 NAME OF SOURCE OF INCOME	NCOME	SOUF	e reporting person] RCE'S RESS	1		SCRIPTION OF THE SOURCE'S SINCIPAL BUSINESS ACTIVITY		
Lee Courty Shool	Astric	- 2055 Central	Ave FAMpor	3901	Tusti	ructional Przyrom Directo		
PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY	NAME	ME [Major customers, clients, a OF MAJOR SOURCES BUSINESS' INCOME	and other sources of in ADDRES OF SOUR	SS	usiness	es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
None								
PART C REAL PROPERTY [Land, buildings owned by the reporting person]					FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.			
	_ `				INST	RUCTIONS on who must file irm and how to fill it out begin		
					ОТНЕ	ER FORMS you may need to		

TYPE OF INTANG		l	ates of deposit, etc.] BUSINESS ENTITY TO WHICH THE	PROPERTY RELATES		
None						
TV C						
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR				
Maria e						
1						
PART F — INTERESTS IN SPECI	FIED BUSINESSES [O	wnership or positio	ns in certain types of businesses]			
Nous	BUSINESS ENTITY # 1		BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY						
ADDDECC OF '			Í			
ADDRESS OF BUSINESS ENTITY						
BUSINESS ENTITY PRINCIPAL BUSINESS						
BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5%						
BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY						
BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5% INTEREST IN THE BUSINESS NATURE OF MY OWNERSHIP INTEREST	\ THROUGH F ARE	E CONTINUED	ON A SEPARATE SHEET, PLE	ASE CHECK HERE		
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		Q-AA	DATE SIGNED (re			
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 FARE	ttane	DATE SIGNED (re	equired):		

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.

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.

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.