

FORM 1

STATEMENT OF
FINANCIAL INTERESTS

2011

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

LAST NAME -- FIRST NAME -- MIDDLE NAME:

Bowen Clifford M.

MAILING ADDRESS:

1919 Courtney Drive Suite 9

Fort Myers FL 33901

CITY: ZIP: COUNTY:

Conservation 2020 Blue Ribbon Com.

NAME OF AGENCY:

Committee member

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

FOR OFFICE
USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

UNSIGNED

12 AUG 10 PM 3 40 SDE LEO CF1

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 APPOINTEE

2011 PDF Form 1

**** 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 (must check one):

☒ DECEMBER 31, 2011 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 (must check one):

☒ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☐ DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions p. 4]

(If you have nothing to report, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Agri-Property Consultants, Inc.	1919 Courtney Dr. St. 9 Ft 33901	Real Estate Appraisal and Consulting

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions p. 4]

(If you have nothing to report, you must write "none" or "n/a")

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

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4]

(If you have nothing to report, you must write "none" or "n/a")

3403 SE 1st Ave Cape Coral, FL 33904 - Residence

3231 Sea Haven Ct. #4 N. Ft. Myers, FL 33903 - Resid.

5735 Foxlake Dr. APT. 3 N. Ft. Myers, FL 33917 - Trust Beneficiary

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.

OTHER FORMS you may need to file are described on page 6.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions p. 5]
(If you have nothing to report, you must write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Checking Account - Personal	Reliance Bank - Joint Account
IRA Accounts	Clifford Bowen with Westport Resources

PART E — LIABILITIES [Major debts - See instructions p. 5]
(If you have nothing to report, you must write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A	

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions p. 5]
(If you have nothing to report, you must write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Agri-Property Consultants		
ADDRESS OF BUSINESS ENTITY	1919 Courtney Dr. St. 9 Fort Myers, FL 33901		
PRINCIPAL BUSINESS ACTIVITY	Agricultural Real Estate Appraisal & Consulting		
POSITION HELD WITH ENTITY	President - Stockholder		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	50%		
NATURE OF MY OWNERSHIP INTEREST	Active participant		

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

SIGNATURE (required):

DATE SIGNED (required):

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).

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 on page 3.

Facsimiles will not be accepted.

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. However, filing a CE Form 1F (Final Statement of Financial Interests) does **not** relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2011.

ADDENDUM TO FORM 1 STATEMENT OF FINANCIAL INTERESTS
SECONDARY SOURCES OF INCOME -Clifford M. Bowen

Name of Business Entity	Name of Major Sources of Business Income	Address of Source	Principal Business Activity of Source
Agri-Property Consultants, Inc.	Florida Agri-Management Co.	23351 N. River Rd. Alva, FL 33920	Citrus grove management and financial services
Agri-Property Consultants, Inc.	First Bank of Clewiston	P.O. Box 1237 Clewiston, FL 33440	Banking
Agri-Property Consultants, Inc.	MetLife Agricultural Investments	10801 Mastin Blvd. Overland Park KS 6210	Agricultural Investing and Lending
Agri-Property Consultants, Inc.	Rabo AgriFinance	5101 Wheelis Drive Memphis, TN 38117	Agricultural Lending
Agri-Property Consultants, Inc.	Stearns, Weaver, Miller	P.O. Box 3229 Tampa, FL 33601	Law Firm
Agri-Property Consultants, Inc.	First Community Bank Of SW FL	61 Hancock Bridge Parkway W. Cape Coral, FL 33991	Banking
Agri-Property Consultants, Inc.	Israel Discount Bank of New York	511 Fifth Avenue New York, NY 10118-2091	Banking
Agri-Property Consultants, Inc.	Prudential Agricultural Investments	201 South Orange Avenue Orlando, FL 32801-3413	Agricultural Investing and Lending
Agri-Property Consultants, Inc.	Regnery Family Investments	9171 Towne Centre Drive San Diego, CA 92122	Family Investment
Agri-Property Consultants, Inc.	Center State Bank Of Florida, NA	205 W. C. Owen Avenue Clewiston, FL 33440	Banking
Agri-Property Consultants, Inc.	Farm Credit Of Central Florida	PO Box 8009 Lakeland, FL 33815	Agricultural Lending

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