

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

## FINANCIAL INTERESTS

COPY

FOR OFFICE  
USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

12JUN28PM 9 47 SDE LEE CO FL

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Freeman, Alan C.

MAILING ADDRESS :

13891 Jetport Loop Road, Suite 9

CITY : ZIP : COUNTY :

Fort Myers, FL 33913

Lee

NAME OF AGENCY :

East Mulloch Drainage District

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Supervisor

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

\*\*\*\* 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
Realty & Investment Cons.	Fort Myers, FL	Real Estate Brokerage
Alan C. Freeman, CPA	Fort Myers, FL	Accounting
SW FL Building Group, Inc.	Fort Myers, FL	Real Estate Development
SW FL Capital Corp.	Fort Myers, FL	Real Estate Development

## 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 Item in Part A			

## 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")

Various Real Estate Properties

See attached schedule

**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
None worth more than 10% of	
total assets	

**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
None in excess of net worth	

**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			
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):**

6/25/2012

**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.

## REAL PROPERTY

### DESCRIPTION AND LOCATION OF PROPERTY

73 Acres, Florida Turnpike  
Martin County, FL

42 Acres  
Beautiful Island, FL

20 Acres, U.S. 41  
Lee County, FL

10 Acres Commercial  
Lee County, FL

4 Acre Shopping Center Site  
Lee County, FL

### DESCRIPTION AND LOCATION OF PROPERTY

10 Acres on Krome Ave.  
Dade County, FL

32 Acre Development, Villages  
Lee County, FL

53 Acres on Alico Road & I-75  
Lee County, FL

78.8 Acres, Three Oaks Pkwy. Extension  
Lee County, FL

74.5 Acres Alico Road  
Lee County, FL

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**EAST MULLOCH DRAINAGE DISTRICT  
P.O. Box 511  
ESTERO, FLORIDA 33929  
(239) 267-7472 • Fax (239) 267-7622**

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12 JUN 28 PM 9 47 SOE LEE CO FL

June 5, 2012

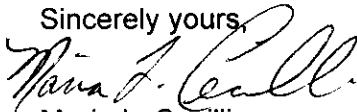
Ms. Sharon Harrington  
Supervisor of Elections, Lee County  
Lee County Elections Office  
P.O. Box 2545  
Fort Myers, FL 33902-2545

Dear Ms. Harrington:

Enclosed please find the Statement of Financial Interests for Mr. Alan C. Freeman for 2011

Please let me know if there is any additional information you may require.

Sincerely yours,



Maria L. Cecilli  
Secretary to Mr. Freeman

mlc

East Mulloch Drainage District  
P.O. Box 511  
Estero, FL 33929

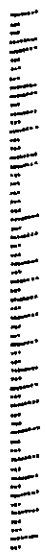
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Ms. Sharon Harrington  
Supervisor of Elections, Lee County  
Lee County Elections Office  
P.O. Box 2545  
Fort Myers, FL 33902-2545

33902-2545



East Mulloch Drainage District  
P.O. Box 511  
Estero, FL 33929

12 JUN 28 PM 9 49 SDE LEE CO FL

33902-2545

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