

FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

HARLAND EDMUND JAMES

MAILING ADDRESS :

21516 LANGHOLM RUN

ESTERO

33928

LEE

CITY :

ZIP :

COUNTY :

NAME OF AGENCY :

STONEBROOK CDD

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

SUPERVISOR SEAT #4

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

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

12 JUL 5 PM 12:16 SDE LEE CD-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
SOCIAL SECURITY ADMIN.	300 SPRING GARDEN ST, PHIL., PA 19042	RETIREMENT PENSION
AIG - PENSION PLAN	PO BOX 2233, PECK SLIP STATION, NY 10272	INSURANCE CO.
WELL FARGO - IRA	1530 HEITMAN ST., FORT MYERS, FL 33901	BANK

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
N/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")

21516 LANGHOLM RUN, ESTERO, FL 33928

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
TRUST ACCOUNT - BROKERAGE	WELLS FARGO, 1520 HEITMAN ST, FORT MYERS, FL 33901

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
BANK OF AMERICA	PO BOX 5170, SIMI VALLEY, CA 93062

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	N/A		
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			

*12 JUL 5 PM 1216 SDE LEE CO FL

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

SIGNATURE (required):

DATE SIGNED (required):

Edmund J. Harland

June 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.

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**SHARON L. HARRINGTON
SUPERVISOR OF ELECTIONS
LEE COUNTY - FLORIDA**

<p><u>PHYSICAL ADDRESS</u> LEE COUNTY CONSTITUTIONAL COMPLEX 2480 THOMPSON STREET 3RD FLOOR FORT MYERS FL 33901</p>	<p><u>MAILING ADDRESS</u> please send all correspondence to this address P O BOX 2545 FORT MYERS FL 33902-2545</p>
<p>MAIN OFFICE 239 LEE VOTE 239-533-8683</p>	<p>FAX 239-533-6310 WEBSITE www.leeelections.com</p>

TO : Local Officer

111373136

FROM : **Bernie Feliciano**
bfeliciano@leeelections.com
Filing Officer

HARLAND, EDMUND J
21516 LANGHOLM RUN
ESTERO FL 33928

DATE :

RE : **Incomplete Form 1 Statement of Financial Interest for 2011**

You recently filed your Form 1 Statement of Financial Interests for 2011 with the office of the Lee County Supervisor of Elections. The form is incomplete. The following must be corrected:

The form filed is a COPY. Form 1 Statement of Financial Interest must be filed as an original form bearing the signer's original signature and date.

You are required to file an original SIGNED and DATED form. The original SIGNED and DATED form must be returned immediately in order to comply with the signature and date requirements of Form 1 Statement of Financial Interests.

Please use the postage-paid envelope provided to return the enclosed form. I can be reached at 239-533-6304 if you have any questions.

Enclosures: **Form 1 Statement Of Financial Interests For 2011 For Original Signature And/Or Date
Postage Paid Return Envelope**

*Sorry, I mailed the old form.
The current one, enclosed, was left
in my copy machine.
EJ Harland*

E. HARLAND
21516 LANGHOLM RD
ESTERO, FL 33928

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FORT MYERS, FL 339
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NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS MAIL PERMIT NO. 1021 FORT MYERS, FL

POSTAGE WILL BE PAID BY ADDRESSEE
SUPERVISOR OF ELECTIONS
PO BOX 2545
FORT MYERS, FL 33902-9888

