

FORM 1

STATEMENT OF

2011

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

FINANCIAL INTERESTS

COMMISSION ON ETHICS

DATE RECEIVED

MAY 07 2012

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Lindsay David Edward

FOR OFFICE
USE ONLY:

MAILING ADDRESS :

601 East County Lane

Lehigh Acres

CITY :

ZIP :

COUNTY :

FL

33936

Lee

NAME OF AGENCY :

East County Water Control District

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

District Manager

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

ID Code

ID No.

Conf. Code

P. Req. Code

SCANNED

PROCESSED

**** 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
N/A		

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")

House 16-45-27-06-A-00011.0060 Lee | Land 1-28-44-18-A00-0067.0000

Land 1-28-44-18-A00-0128.0000

Land 1-28-44-18-A00-0129.0000

Land 1-28-44-30-A00-0029.0000

Land 1-28-44-31-A00-0086.0000

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
N/A	

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
Suncoast Schools Federal Credit Union	P.O. Box 11904, Tampa, FL 33680
Suncoast Schools Federal Credit Union	P.O. Box 11904, Tampa, FL 33680
Nissan Motor Acceptance Corporation	P.O. Box 685003, Franklin, TN 37068-5003

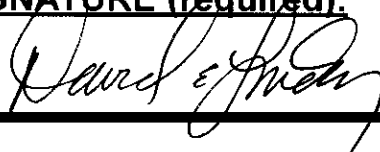
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions p. 5]
(If you have nothing to report, you must write "none" or "n/a")

	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			

12PM 14PM 2 54 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):

5-1-2012

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.



Robert J. Sniffen
Chair
Susan Horovitz Maurer
Vice Chair
Morgan R. Bentley
Matthew F. Carlucci
I. Martin Ford
Jean M. Larsen
Linda McKee Robison
Edwin Scales, III
Stanley M. Weston

State of Florida
COMMISSION ON ETHICS
P.O. Drawer 15709
Tallahassee, Florida 32317-5709
3600 MacLay Boulevard South, Suite 201
Tallahassee, Florida 32312

"A Public Office is a Public Trust"

Virindia Doss
Executive Director
C. Christopher Anderson, III
*General Counsel/
Deputy Executive Director*
(850) 488-7864 Phone
(850) 488-3077 (FAX)
www.ethics.state.fl.us

May 8, 2012

The Honorable Sharon Harrington
Supervisor of Elections
P O Box 2545
Fort Myers FL 33902-2545

Dear Ms. Harrington:

Enclosed is the Form 1, Statement of Financial Interests, filed with this office by the following:

David Edward Lindsay 30087

If you have any questions, please do not hesitate to call.

Sincerely,

A handwritten signature in black ink, appearing to read "Connie A. Evans", written over a horizontal line.

Connie A Evans
Executive Secretary

Enclosure

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