

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

## FINANCIAL INTERESTS

LAST NAME -- FIRST NAME -- MIDDLE NAME:

Mullins, Michael C

MAILING ADDRESS:

PO Box 880

CITY:

Captiva

ZIP:

33924

COUNTY:

Lee

NAME OF AGENCY:

Captiva Erosion Prevention District

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Commissioner Erosion Prevention District

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 JUN 6 PM 10:16 SDE LEE CP1

\*\*\*\* 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

NA -

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

Our Captiva LLC

Rental Income

PO Box 880

Property Mgmt

Captiva FL 33924

Vacation Rentals

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")

17170 Captiva Dr. Captiva FL 33924

16280 Captiva Dr. Captiva FL 33924

905 Marina Villas, Captiva FL 33924

14300 Riva Del Lago #1505 N Ft. Myers, FL

14300 Riva Del Lago #2103 N Ft. Myers, FL

**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

Sanford Bernstein 100%	Personal 1345 Ave of Americas NYC 10105
Wells Fargo	Personal - 5801 Pelican Bay Blvd Naples, FL
San Cap Trust income	Personal - Palm Bridge Rd, Sanibel FL 33957

**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

Sanford Bernstein	1345 Ave of Americas, NY NY
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**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

Our Capt, LLC

N/A

N/A

ADDRESS OF BUSINESS ENTITY

P.O. Box 880 Captiva, FL

PRINCIPAL BUSINESS ACTIVITY

Rentals - Property Mgmt

POSITION HELD WITH ENTITY

Owner

I OWN MORE THAN A 5% INTEREST IN THE BUSINESS

100%

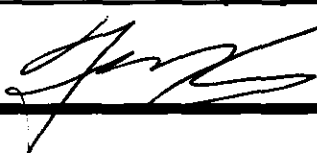
NATURE OF MY OWNERSHIP INTEREST

Sole Proprietor

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

**SIGNATURE (required):**

**DATE SIGNED (required):**



June 4, 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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ADDRESS OF CREDITOR

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BUSINESS ENTITY # 2

BUSINESS ENTITY # 3

NAME OF BUSINESS ENTITY

Our Capt, Inc LLC

N/A

N/A

ADDRESS OF BUSINESS ENTITY

P.O. Box 880 Captiva, FL

PRINCIPAL BUSINESS ACTIVITY

Rentals - Property Mgmt

POSITION HELD WITH ENTITY

Owner

I OWN MORE THAN A 5%

INTEREST IN THE BUSINESS

100%

NATURE OF MY

OWNERSHIP INTEREST

Sole Proprietor

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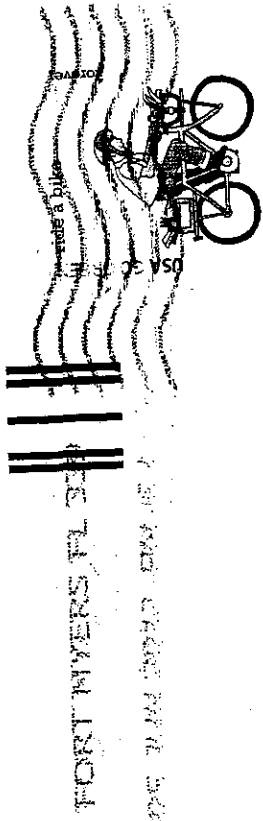
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**Thurmon L Harrington**  
**Supervisor of Elections**  
**LEE COUNTY**

CONSTITUTIONAL COMPLEX  
P.O. BOX 2545  
FORT MYERS, FLORIDA 33902

12 JUN 6 AM 10 16 50 DE LEE CO FL



SUPERVISOR OF ELECTIONS  
P.O. BOX 2545  
FORT MYERS FL 33902-2545

