FORM 1	STATEMENT OF	2006			
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTEREST	ΓŞ			
LAST NAME FIRST NAME MIDDLE N Scott, Stephen H.	IAME: FOR	OFFICE			
MAILING ADDRESS :					
8005 Winged Foot D	rive				
0003 W2N300 1000 1		ID Code  ID No.  Conf. Code  P. Req. Code			
CITY:	ZIP: COUNTY:	9			
Fort Myers, FL 33	3967 Lee	ID No.			
NAME OF AGENCY: East Mulloch Drain		Conf. Code			
NAME OF OFFICE OR POSITION HELD	P. Req. Code				
Supervisor		<del></del>			
You are not limited to the space on the lines of	on this form. Attach additional sheets, if necessary.	·			
CHECK ONLY IF CANDIDATE OF	R NEW EMPLOYEE OR APPOINTEE				
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 (check one):  DECEMBER 31, 2006 OR DECEMBER 31, 2006 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 (check one):  COMPARATIVE (PERCENTAGE) THRESHOLDS  PART A - PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]  NAME OF SOURCE SOURCE'S PRINCIPAL BUSINESS ACTIVITY  hamber of SW Florida  1520-210 Royal Palm Sq. Blvd. Chamber of Commerce  Fort Myers, FL 33919					
	NCOME [Major customers, clients, and other sources of income NAME OF MAJOR SOURCES ADDRESS OF BUSINESS' INCOME OF SOURCE	e to businesses owned by the reporting person]  PRINCIPAL BUSINESS  ACTIVITY OF SOURCE			
PART C REAL PROPERTY (Land, build Primary Residence, Sa	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			

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]  TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
None						
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR				
None in excess of New Worth						
			<u> </u>			
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]						
	BUSINESS ENTI	TY#1	BUSINESS ENTITY	(#2	BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY	None					
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): S130/07						

### 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).

Facsimiles will not be accepted.

## 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.

# FILING INSTRUCTIONS:

#### 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.

#### 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 posi-

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.

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# EAST MULLOCH DRAINAGE DISTRICT P.O. Box 511

# ESTERO, FLORIDA 33928

(239) 267-7472 • Fax (239) 267-7622

June 15, 2007

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. Steven Scott for 2006.

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 33928

FORT MYERS FL 339

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Supervisor of Elections, Lee County Lee County Elections Office

Ms. Sharon Harrington

P.O. Box 2545

Fort Myers, FL 33902-2545