FORM 1		STATEM	IENT OF		2012		
Please print or type your name, mailing address, agency name, and position be			INTERESTS	S	FOR OFFICE USE ONLY:		
LAST NAME - FIRST NAME - MIDE CALDWELL - RE			गा				
P.O. BOX 1971					13JUN100M1013 SOE LEE COF		
BOG GRINDY	ZIP 339	: COUNTY:		\searrow	113 50		
NAME OF AGENCY: BOCA GRAN DEHISTOR			AND	r			
LOCOL OFFICE		SOUGHT :			р Ц		
You are not limited to the space on the CHECK ONLY IF CANDIDATE		is form. Attach additional sheets					
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU YEAR OR ON A FISCAL YEAR. PL EITHER (must check one): DECEMBER 31, 2 MANNER OF CALCULATING REPO	ir finai Ease s)12 Drtabl	TATE BELOW WHETHER TH OR D SPECIFY E INTERESTS:	E PRECEDING TAX YEAR, V IIS STATEMENT IS FOR THE TAX YEAR IF OTHER THAN	VHETHE E PRECE I THE C/	R BASED ON A CALENDAR DING TAX YEAR ENDING ALENDAR YEAR:		
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). CHECK THE ONE YOU ARE USING:					DLUTE DOLLAR VALUES, WHICH SED ON PERCENTAGE VALUES		
			······································		THRESHOLDS		
PART A PRIMARY SOURCES OF (If you have nothing to re	NCOME port, yo	[Major sources of income to th u must write "none" or "n/a")	ne reporting person - See instru	ictions]			
NAME OF SOURCE SOURCE'S OF INCOME ADDRESS				DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
RUMANAY LAND HOLDINGS (LC			CaChampe, FE 33921	Desi	RESUGSISTE INUESTMENT		
Para Island lavestmant			x3694+Ac FZ 33921		LEST GEATE INVESTIGAT		
Su PINELISISTORAGE CENTER 700 57 St. Scuttput, Fi 3:			Hepert, fr. 33207	207 SelfStorage Ficility			
APR INVESTMENTS			60 Hp 17 FE 33707	12th	TALS 1		
PART B SECONDARY SOURCES [Major customers, clients, (If you have nothing to n	and othe	r sources of income to busines:	ses owned by the reporting per	son - See	• instructions]		
NAME OF BUSINESS ENTITY		E OF MAJOR SOURCES BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
			·				
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, you must write "none" or "n/a")				FILING INSTRUCTIONS for when and where to file this			
Suf SC - 700 SISTIS Golfport, FZ 33707 BEACHBLUCCONDO 3120 BEXCHBLUD GULPPORT, FZ 33707					form are located at the bottom of page 2.		
BEACH BLUCCONDO 3	20B	w1/tz 33707	INSTRUCTIONS on who must file this form and how to fill it				
					egin on page 3.		

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions] ? (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												
			ч н. м									
PART E — LIABILITIES [Major del (If you have nothing to	ots - See instruc report, you mu	lions] ist write "none" or "i	n/a")	-								
NAME OF CREDITOR		1	ADDRESS OF CREDITOR									
Nort			~ ~									
			· · · · · ·		<u> </u>							
					N10							
PART F — INTERESTS IN SPECIFIE (If you have nothing to r	[Ownership or posit write "none" or "n/a NESS ENTITY # 1	ions in certain types of businesse ") BUSINESS ENTITY #		ختاب ,								
NAME OF BUSINESS ENTITY	NA											
ADDRESS OF BUSINESS ENTITY				· · ·	H S							
PRINCIPAL BUSINESS ACTIVITY					Ĩ.							
POSITION HELD WITH ENTITY	· · ·											
I OWN MORE THAN A 5%		· ···· ·· · ···										
INTEREST IN THE BUSINESS NATURE OF MY OWNERSHIP INTEREST	. m.			· · · ·								
			D ON A SEPARATE SHE									
SIGNATURE (required):												
	F	LING IN	STRUCTIONS	•								
WHAT TO FILE:		WHERE TO	FILE:		IN TO FILE:							
After completing all parts of including signing and dating		If you were mailed on Ethics or a Co	the form by the Commission unty Supervisor of Elections	Initiali state d	<i>Initially</i> , each local officer/employee state officer, and specified state employee							
only the first sheet (pages 1 and 2) for filing.		for your annual form to that location	disclosure filing, return the	must file <i>within 30 days</i> of the date of his or her appointment or of the beginnin of employment. Appointees who must confirmed by the Senate must file prior								
If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).Lo Su wh per Su wh per Su wh per Su 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.Co Su Su No Ca To unapage		Local officers/e	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. Candidates file this form together with their qualifying papers.			confirmation, even if that is less than days from the date of their appointment Candidates for publicly-elected local offic must file at the same time they file the qualifying papers. Thereafter , local officers/employees, state officers, and specified state employees							
								are required to file by July 1st followi each calendar year in which they hold th positions.				
								To determine what category your position falls under, see the "Who Must File" Instructions on page 3.			<i>Finally</i> , at the end of office or employme each local officer/employee, state officer, a	
									<u>ill not be accepted.</u>	final di of leav	specified state employee is required to file final disclosure form (Form 1F) within 60 da of leaving office or employment. Howev	
							<u></u>		filing a Financ of filing	a ČE Form 1F (Final Statement ial Interests) does <u>not</u> relieve the fi g a CE Form 1 if he or she was in th n on December 31, 2012.		

Part C - Real Property

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Address	Column3	Improvement	Column 1	Column2
S126-46 Gulfport Blvd	Gulfport, FL 33707	Office bldg		
5220 29th Ave S'	Gulfport, FL 33707	Single family re	ental	
2424 Union St	St. Petersburg,FL	Apartment bldg	3	
2900 45th St S	Gulfport, FL 33707	Condo rental		
5121 Tangerine Ave	Gulfport, FL 33707	Single family, r	ental	
5325 13th Ave S	Gulfport, FL 33707	Single family r	ental	

·13JUN10001013 SDE LEE CO F1



Robert W. Caldwell III
 P.O. Box 1971
 Boca Grande, FL 33921

SUPERVISOR OF ELECTIONS PO BOX 2545 FORT MYERS FL 33902-2545

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