FORM 1	STATEM	ENT OF		2007			
Please print or type your name, mailing address, agency name, and position belo	FINANCIAL	INTERESTS		NOL			
LAST NAME - FIRST NAME - MIDDI EDWARDS, S MAILING ADDRESS :	541-VIA	FOR OF USE ON	FICE				
SANIBEL.	LOP KOAD 33957 LEE			089UG159#1018 SDE			
CITY : NAME OF AGENCY :	ZIP : COUNTY :		iD N	。 [018 S0			
NAME OF OFFICE OR POSITION HE FINANCE	An air air air an an an tha tha tha ann an a		. Code				
You are not limited to the space on the li	FINANCE DIRECTOR 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						
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 (check one): Image: Colspan="2">Colspan="2">Colspan="2">Comparative allows files the option of using reporting thresholds, which are usually based on percentage values (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one): Image: Colspan="2">Comparative (percentage) thresholds Image: Colspan="2">OR Image: Colspan="2">Comparative (percentage) thresholds Image: Colspan="2">OR Image: Colspan="2">OULAR value thresholds							
PART A PRIMARY SOURCES OF I NAME OF SOURCE OF INCOME		ne reporting person] RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
NA							
	······						
PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY	OF INCOME [Major customers, clients, NAME OF MAJOR SOURCES OF BUSINESS' INCOME	and other sources of income to ADDRESS OF SOURCE	business	es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
NA	······································		- <u>.</u>				
		······					
PART C-REAL PROPERTY [Land, buildings owned by the reporting person] POLK COUNTY- 14 INTEREST OF 14ACRES E.OF HAVE WAVE HWY 60 PAST INDIAN LAKE ESTATES TAX IO 253129 0000000 12160				FILING INSTRUCTIONS for when and where to file this form are locat- ed at the bottom of page 2. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.			
· · ·			отні	ER FORMS you may need to e described on page 6.			

PART D — INTANGIBLE PERSO TYPE OF INTANGI	NAL PROPERTY [Stock BLE	s, bonds, certific	ates of deposit, etc.] BUSINESS ENTITY TO WHICH 1	HE PROPERTY RELATES			
IRA		Ame	RICAN FUNDS				
				00 9UF80			
				11 15 14			
				10 <u>1</u> 8			
				о С			
PART E LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR					
COUNTRY WIDE HOME LOANS		PO BOX 10219, VAN NULLS, CA 91410 I					
CITI MOLTGAGE		PO Box 183040, COLUMBUS, OH 43218					
SALLE MAE		POBOXASOO, WILLES BARRE, PAIBARS					
				L.			
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]							
	BUSINESS ENT		BUSINESS ENTITY # 2	BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY	NA						
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):			DATE SIGNED (required): 8/14/08				
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).

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.

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 addition papers.

To determine what category your position fails 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 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.

City of Sanibel

Finance Department 800 Dunlop Road Sanibel, Florida 33957-4096

Lee County Elections Office PO Box 2545 Fort Myers, FL 33902



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