FORM 1	STATEM	ENT OF		2010	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		/	
LAST NAME FIRST NAME MIDDLE N Edwards, Sylvia	AME :	FOR OF	FICE LY:	711UL01AM09\\\	
MAILING ADDRESS: 300 Dunlop Road			ID Cøde		
NAME OF AGENCY: City of Sanibel NAME OF OFFICE OR POSITION HELD Finance Director You are not limited to the space on the lines	DR SOUGHT:		D No.  Conf. Code P. Req. Code	AT COLUMN TO THE	
CHECK ONLY IF CANDIDATE OF	**BOTH PARTS OF THIS SECT				
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINA A FISCAL YEAR. PLEASE STATE BELOW DECEMBER 31, 2010  MANNER OF CALCULATING REPORTAB THE LEGISLATURE ALLOWS FILERS TI REQUIRES FEWER CALCULATIONS, OR Instructions for further details). PLEASE ST COMPARATIVE (PERCENTAGE) THE	WHETHER THIS STATEMENT IS  OR SPECIFY  LE INTERESTS: HE OPTION OF USING REPORT USING COMPARATIVE THRESH  TATE BELOW WHETHER THIS STA	FOR THE PRECEDING TAX YE  TAX YEAR IF OTHER THAN TH  TING THRESHOLDS THAT AF  HOLDS, WHICH ARE USUALLY  ATEMENT REFLECTS EITHER	EAR ENDING EITH  IE CALENDAR YE  RE ABSOLUTE D  ' BASED ON PEI	HER (must check one):  EAR:  OLLAR VALUES, WHICH RCENTAGE VALUES (see	
PART A - PRIMARY SOURCES OF INCO	ME [Major sources of income to the you must write "none" or "n/a")				
NAME OF SOURCE OF INCOME		RCE'S	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
City of Sanibel	800 Dunlop Rd, Sani	bel, FL 33957	Local Government		
	NCOME [Major customers, clients, t , you must write "none" or "n/a" NAME OF MAJOR SOURCES OF BUSINESS' INCOME			d by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
PART C REAL PROPERTY [Land, build (if you have nothing to report Polk County - 1/4 interest of		FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.			
Hwy 60 past Indian Lak		INSTRUCTIONS on who must file this form and how to fill it out			
Tax ID 253129000000012		begin on page 3.  OTHER FORMS you may need			
				cribed on page 6.	

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]  (If you have nothing to report, you must write "none" or "n/a")								
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
IRA (Mutual Funds)		American Funds						
Deferred Comp Accounts		ICMA RC						
(Mutual Funds)								
PART E — LIABILITIES [Major debts] (If you have nothing to report, you must write "none" or "n/a")								
NAME OF CREDITOR		ADDRESS OF CREDITOR						
Bank of America Home Loans		PO Box 650070, Dallas, Texas 75265						
Citi Mortgage		PO Box 183040, Columbus, OH 43218						
Sallie Mae		PO Box 9500, Wilkes, Barre, PA 18773						
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]  (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	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):  (a) 30   20   1								
X X X X C X VC	- CEP							

## 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 the 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 d ys of leaving office or employment.