FORM 1		STATEM	ENT OF		2007	
Please print or type your name, mailing address, agency name, and position below	:	FINANCIAL	INTERES	TS [		
LAST NAME FIRST NAME MIDDLE Schober - Theresa - Marie	NAME	·		R OFFICE E ONLY:		
MAILING ADDRESS : 15770 Lake Candlewood Drive						
				ID C		
CITY: Fort Myers	ZIP : 3390			IDN		
NAME OF AGENCY: Lee County				Conf	de 25 R	
NAME OF OFFICE OR POSITION HEL Historic Preservation Board	OR S	OUGHT :		P. Re	ode OSAMOSZ7 SOE Lee Co FI	
You are not limited to the space on the line CHECK ONLY IF CANDIDATE	on thi	s form. Attach additional sheets,  NEW EMPLOYEE OR AF			PDF 2007	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FOR A FISCAL YEAR. PLEASE STATE BELOOF DECEMBER 31, 2007	NANCI W WH	ETHER THIS STATEMENT IS	ECEDING TAX YEAR, WH	IETHER BASE AX YEAR END	DING EITHER (check one):	
MANNER OF CALCULATING REPORT, THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, instructions for further details). PLEASE  COMPARATIVE (PERCENTAGE)	ABLE II THE ( OR USI STATE	ITERESTS:  PTION OF USING REPORT  NG COMPARATIVE THRESH  BELOW WHETHER THIS STA	TING THRESHOLDS THAT OLDS, WHICH ARE USU TEMENT REFLECTS EIT	AT ARE ABSO JALLY BASED	DLUTE DOLLAR VALUES, WHICH D ON PERCENTAGE VALUES (see ne):	
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting pe NAME OF SOURCE SOURCE'S OF INCOME ADDRESS					SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY	
Town of Fort Myers Beach		2523 Estero Boulevard, Fort Myers Beach, FL			·	
	<del></del>					
PART B SECONDARY SOURCES O  NAME OF BUSINESS ENTITY	NAM	ME [Major customers, clients, a E OF MAJOR SOURCES BUSINESS' INCOME	and other sources of incor ADDRESS OF SOURCE		es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
PART C REAL PROPERTY [Land, b] 15770 Lake Candlewood Drive,	h]	and w	IG INSTRUCTIONS for when there to file this form are location of page 2.			
				•	RUCTIONS on who must file orm and how to fill it out begin ge 3.	
					ER FORMS you may need to e described on page 6.	

PART D — INTANGIBLE PERS TYPE OF INTANG	ONAL PROPERTY (Stoc GIBLE	ks, bonds, certific	cates of deposit, etc.] BUSINESS ENTITY TO WHICI	H THE PROPERTY RELATES					
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					置				
					8				
					BUTCO SHWOOD SOLE FOR CO				
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR							
Flagstar Bank		P.O. Box 371891, Pittsburgh, Pennsylvania 15250-7891							
		C							
				TI					
PART F — INTERESTS IN SPEC	IFIED BUSINESSES (O	wnership or position	ons in certain types of husinesses						
	I BUSINESS ENTI		BUSINESS ENTITY # 2	I BUSINESS ENTITY # 3					
NAME OF BUSINESS ENTITY				BOSINEOU ENTITI # 3					
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): $\frac{1}{2}$									
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 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 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.

Ms. Theresa Schober
15770 Lake Candlewood Dr.
Fort Myers, FL 33908-1713

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Supervisor of Elections

2480 Thompson St.

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Fort Myers, FL & 33901

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