FORM 1	STATEM	ENT OF		2012	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDLE				Ĕ	
	ARD JOHN			75 15	
MAILING ADDRESS: P.O. BOX 1707				<b>E</b>	
T.C. DON 1,1-1				) j	
				FOR OFFICE USE ONLY: 13APR12AM0935 SCELET OF	
CITY:	ZIP: COUNTY:				
	3921 LEE			m O	
NAME OF AGENCY: DEPT: OF COMMUNITY D	EVEL DAMENT - Duvicion	at O a service		je j	
NAME OF OFFICE OR POSITION HELD		G PLANNING		_	
BOCA GRANDE HISTOR		BOARD		· ·	
You are not limited to the space on the lines					
CHECK ONLY IF   CANDIDATE C	R NEW EMPLOYEE OR A	PPOINTEE			
**** BOTH	PARTS OF THIS SECT	ON MUST BE COM	IPLET	ED ****	
DISCLOSURE PERIOD:					
THIS STATEMENT REFLECTS YOUR F YEAR OR ON A FISCAL YEAR. PLEAS					
EITHER (must check one):	<b></b>				
DECEMBER 31, 2012	OR SPECIFY	TAX YEAR IF OTHER THAN	N THE CA	ALENDAR YEAR:	
MANNER OF CALCULATING REPORT THE LEGISLATURE ALLOWS FILERS T REQUIRES FEWER CALCULATIONS, (co.e. instructions for further details). CALCULATIONS, (co.e. instructions for further details).	THE OPTION OF USING REPORT OR USING COMPARATIVE THRE	SHOLDS, WHICH ARE USU			
(see instructions for further details). CH  COMPARATIVE (PER			VAI IJF	THRESHOLDS	
PART A PRIMARY SOURCES OF INC					
	t, you must write "none" or "n/a")		actions		
NAME OF SOURCE	1	SOURCE'S		SCRIPTION OF THE SOURCE'S	
OF INCOME		ADDRESS		PRINCIPAL BUSINESS ACTIVITY	
	EIBERT / RA CHAPLES SCHWAB & CO.			STOCK & BOND INVESTMENTS	
ESS/LMS CHARITABLE REM. UNL			MISC.S	TOCK & BOND INVESTMENTS	
EDWARD SEIBERT REV. TRE	UST CHAPLES SCHWAE	3 & Co	<u></u>		
	P.O.BOX 628290 ORLA	INDO FL.32862			
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repo	other sources of income to business	ses owned by the reporting pe	rson - See	e instructions]	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
N/A					
			<u>_</u>		
PART C REAL PROPERTY II and built	dings owned by the reporting person	- See instructions?			
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")				G INSTRUCTIONS for and where to file this	
N/A			form	are located at the bottom	
	· · · · · · · · · · · · · · · · · · ·		of pa	ge 2.	
				RUCTIONS on who must	
				is 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						
MISC. STOCKS & BONDS/SEE PARTA		EDWARD J. SEIBERT IRA						
,	· / / /	EDWARD 1.	SEIRERT / LININE M. SEIRE	D.T CHAIDITARIF REM. UNITRI	(X			
	············	EDWARD J. SEIBERT/LYNNE M. SEIBERT CHAIRITABLE KEM. UNITRUS EDWARD J. SEIBERT REVOCABLE TRUST						
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, you must write "none" or "n/a")								
NAME OF CREDITOR		ADDRESS OF CREDITOR						
N/A								
					_			
				ψ				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions] (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 ADDRESS OF BUSINESS ENTITY								
NAME OF BUSINESS ENTITY				) H				
ADDRESS OF BUSINESS ENTITY				#	_			
PRINCIPAL BUSINESS ACTIVITY				A				
POSITION HELD WITH ENTITY	<u></u>			S	_			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			<u> </u>		_			
NATURE OF MY OWNERSHIP INTEREST								
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE								
SIGNATURE (required):  Award Seiber			DATE SIGNED (required): APRIL 11 2013					

# <u>FILING INSTRUCTIONS:</u>

### 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).

#### 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.

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.

Facsimiles will not be accepted.

## 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. However, filing a CE Form 1F (Final Statement of Financial Interests) does <u>not</u> relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2012.

AND THE PARTY OF

TO ALTER ADDITION OF THE PARTY OF

Mr. & Mrs. Edward J. Seibert P.O. Box 1707 Boca Grande, FL 33921-1707

Mys, FL 33902 Le Court Synum of

のものないないないない