FORM 1	STATEMENT OF			2008			
Please print or type your name, mailing address, agency name, and position below:							
LAST NAME - FIRST NAME - MIDDLE NAM SICHEL EDGAR F MAILING ADDRESS: 12898 VISTA PINE	FOR O USE O	NLY:					
FORT MYSRS 3 CITY: ZIP COMUNITY DEVELOPME NAME OF AGENCY: SUBERVISDR 65CD NAME OF OFFICE OR POSITION HELD OR	TS MAY, GROWB		ġ				
You are not limited to the space on the lines on the CHECK ONLY IF T CANDIDATE OR							
"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:							
PART A PRIMARY SOURCES OF INCOME NAME OF SOURCE OF INCOME	sour	ne reporting person] RCE'S RESS	<b>F</b>	CRIPTION OF THE SOURCE'S INCIPAL BUSINESS ACTIVITY			
THE NORTHAN TENST COMPANY	BINSFIT PAYMENT SDS LASALLS S	/					
	60603			· · · · · · · · · · · · · · · · · · ·			
PART B – SECONDARY SOURCES OF INCOME [Major customers, clients, and other sou     NAME OF   NAME OF MAJOR SOURCES     BUSINESS ENTITY   OF BUSINESS' INCOME		and other sources of income to ADDRESS OF SOURCE	) business	es owned by the reporting person} PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
SOCIAL SECURITY ADMIN SOCIA	( SSEULITY BONSFITS			SOGIAL SEEVELTY			
USAA INVESTMENT MOT CO LITIC	SAN ANTONIO, TX 7	BURY Rd	ORGINARY STOCK				
PART C - REAL PROPERTY [Land, buildings owned by the reporting person]			and w	G INSTRUCTIONS for when here to file this form are locat- he bottom of page 2.			
12898 VISTA PINE CIA	INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.						
43GAL DSSCRIPTION: GATEWAY PH II BAK A PB SI PGS 89-94 LOT 34 BOOK: 3164 PAGE: 3879				OTHER FORMS you may need to file are described on page 6.			

PART D INTANGIBLE PERSO TYPE OF INTANGI	cks, bonds, certificates of deposit, etc.] BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
REXAM RETAREMENT	T SAVINGS PLAN	401K K	STIRSMSN	- Plans MANAG	Ed By THE VAngu And	
HOIK		Group.	P.O. B.	Ox 1101, VALLE	2d By TH3 VAngs And FORGE PA. 19482-1101	
		800-5	523-1188			
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR				
NONE	······································					
PART F — INTERESTS IN SPECI	FIED BUSINESSES [O	wnership or p	ositions in certair	types of businesses]		
	BUSINESS ENTITY # 1		BU	SINESS ENTITY # 2	BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY	NONE					
ADDRESS OF BUSINESS ENTITY				· ·		
PRINCIPAL BUSINESS						
POSITION HELD WITH ENTITY						
1 OWN MORE THAN A 5% INTEREST IN THE BUSINESS				······································		
NATURE OF MY OWNERSHIP INTEREST						
IF ANY OF PARTS	A THROUGH F ARI		UED ON A S	EPARATE SHEET, F	PLEASE CHECK HERE	
SIGNATURE (required):		DATE SIGNED (required):				
	Fut	-		5/2	3/2009	

## 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 filling.

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.

FILING INSTRUCTIONS:

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 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.