

Please print or type your name, mailing address, agency name, and position below:

FINANCIAL INTERESTS

UNSIGNED

COPY

FOR OFFICE USE ONLY

LAST NAME -- FIRST NAME -- MIDDLE NAME :

ALDRIAN PETER

MAILING ADDRESS :

P.O. BOX 613

CITY :

PINELAND

ZIP :

33945

COUNTY :

LEE

NAME OF AGENCY :

UPPER CAPTIVE PLANNING PANEL

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

MEMBER

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):

DECEMBER 31, 2009 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (SEE INSTRUCTIONS FOR FURTHER DETAILS). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] (If you have nothing to report, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
SOCIAL SECURITY	P.O. BOX 613 PINELAND	RETIRED
SUMMIT	2071 N. SUMMIT MKG WI 53202	EMPLOYED

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NA			
NA			
NA			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a")

311 SPANISH GOLD UC FL 33924
2071 N. SUMMIT MKG WI 53202
5768 N. LISA STONE LAKE WI 53074
16680 RAMMUS DRG STONE LAKE WI 53074

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

OTHER FORMS you may need to file are described 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
NA	

PART E — LIABILITIES [Major debts]

(If you have nothing to report, you must write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
DAIRY STATE BANK	11 SO. MAIN ST RICE LAKE WI 54868

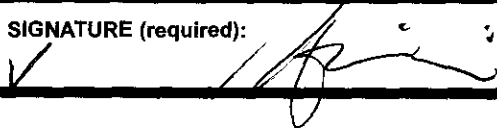
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]

(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	CAPTIVA RESORTS		
ADDRESS OF BUSINESS ENTITY	PO BOX 613 PLYM		
PRINCIPAL BUSINESS ACTIVITY	REAL ESTATE		
POSITION HELD WITH ENTITY	OWNER / BROKER		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100		
NATURE OF MY OWNERSHIP INTEREST	MANAGER		

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE (required):



DATE SIGNED (required):

7/23/10

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.

**SHARON L. HARRINGTON
SUPERVISOR OF ELECTIONS
LEE COUNTY - FLORIDA**

<u>PHYSICAL ADDRESS</u> LEE COUNTY CONSTITUTIONAL COMPLEX 2480 THOMPSON STREET 3 RD FLOOR FORT MYERS FL 33901	<u>MAILING ADDRESS</u> please send all correspondence to this address P O BOX 2545 FORT MYERS FL 33902-2545
MAIN OFFICE 239 LEE VOTE 239-533-8683	FAX 239-533-6310 WEBSITE www.leeelections.com

TO : Local Officer

FROM : Bernie Feliciano
bfeliciano@leeelections.com
Filing Officer

MR. PETER ALDRIAN
P O BOX 613
PINELAND FL 33945

DATE : July 13, 2010

RE : Incomplete Form 1 Statement of Financial Interest for 2009

You recently filed your Form 1 Statement of Financial Interests for 2009 with the office of the Lee County Supervisor of Elections. The form is incomplete. The following information is missing from the form:

◆ Signature and/or Date

You are required to file a SIGNED and DATED form. We are returning, to you, a copy of the original form you filed for your signature and date. Return the signed and dated form immediately in order to comply with the signature and date requirements of Form 1 Statement of Financial Interests.

Please use the postage-paid envelope provided to return the signed and dated form. I can be reached at 239-533-6304 if you have any questions.

Enclosures: Copy of Original Form 1 Statement Of Financial Interests for 2009 for Signature and/or Date
Postage Paid Return Envelope



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



10JUL27AM1035NE Lee Co FL

BUSINESS REPLY MAIL
FIRST CLASS MAIL PERMIT No. 1021 FORT MYERS, FL

POSTAGE WILL BE PAID BY ADDRESSEE

**SUPERVISOR OF ELECTIONS
PO BOX 2545
FORT MYERS, FL 33902-9888**

BERNIE FELICIANO

