

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

## FINANCIAL INTERESTS

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Brookes Ralf Gunars

MAILING ADDRESS :

1217 E Cape Coral Parkway #107

CITY :

Cape Coral Fl

ZIP :

33904

COUNTY :

LEE COUNTY

NAME OF AGENCY :

Town of Yankeetown; City of Bradenton Beach

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

part time Attorney

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

FOR OFFICE  
USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

11MAY2010 09:55:51 LEE CO FL

**\*\*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
Ralf Brookes Attorney	1217 E Cape Coral Parkway #107	Attorney at Law
	Cape Coral Fl 33904	

**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

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person]

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

1721 SE 39th St Cape Coral Fl 33904 (LEE COUNTY)

423 NE 24th Terr Cape Coral Fl 33909 (LEE COUNTY)

3726 SW 20th Place Cape Coral FL 33914 (LEE COUNTY)

NOTE - all properties are owned as husband and wife with wife Molly E Brookes

**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
ROTH IRA/Certificate of Deposit	Merrill Lynch

**PART E — LIABILITIES** [Major debts]  
(If you have nothing to report, you must write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
n/a	

**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	Ralf Brookes Attorney		
ADDRESS OF BUSINESS ENTITY	1217 E Cape Coral Parkway #107		
PRINCIPAL BUSINESS ACTIVITY	Attorney at Law		
POSITION HELD WITH ENTITY	Owner		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100%		
NATURE OF MY OWNERSHIP INTEREST	sole proprietor		

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

SIGNATURE (required):

*Ralf Brookes*

DATE SIGNED (required):

5/25/11

**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.

# RALF BROOKES, ATTORNEY

*Board Certified in City, County and Local Government Law*

Supervisor of Elections Lee County  
**Attn. Bernie Feliciano Fax 533-6310**  
2480 Thompson St  
Fort Myers Fla 33902  
fax (239) 533-6310

Supervisor of Elections Levy County  
421 S Court St  
Bronson, FL 32621  
**Fax 352.486.5146**

May 25, 2011

Re: **Ralf Brookes** 2010 Form 1, Statement of Financial Interests

Dear Supervisor(s):

Please find my Form 1, Statement of Financial Interests, covering the year 2010.  
I serve as a Town Attorney/Special Land Use Counsel for the Town of Yankeetown,  
Florida (Levy County) **however I permanently reside in Cape Coral, Lee County,  
Florida.**

**I am filing this Form 1 Statement of Financial Interests in Lee County, where I  
reside.** However, in the past this has generated some confusion on the Commission on  
Ethics (COE) annual confirmation lists for appointed officials within the Counties in which  
I serve as City or Town Attorney. For this reason, I am filing Form 1 in Lee County and  
sending a copy of Form 1 to Levy County Supervisor of Elections.

Please find attached to this letter a copy of my 2007 Form 1 for your files should anyone  
request to see or confirm the disclosure in your respective counties.

Thank you,



Ralf G. Brookes

5/26/2010 -



1217 East Cape Coral Parkway #107, Cape Coral, Florida 33904  
phone (239) 910-5464 ~ (866) 341-6086 fax  
email [Ralf@RalfBrookesAttorney.com](mailto:Ralf@RalfBrookesAttorney.com)

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## RALF BROOKES, ATTORNEY

*Board Certified in City, County and Local Government Law*

May 27, 2011

Supervisor of Elections Lee County  
2480 Thompson St  
Fort Myers Fla 33902  
fax (239) 533-6310

Supervisor of Elections Levy County  
421 S Court St  
Bronson, FL 32621  
Fax 352.486.5146

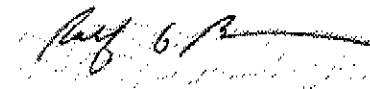
Supervisor of Elections Manatee County  
305 Fifteenth Street West  
Bradenton Florida 34205-5900  
fax (941) 741-3820

Re: **Ralf Brookes 2010 Form 1, Statement of Financial Interests**

Dear Supervisor(s):

Please find my Form 1, Statement of Financial Interests, covering the year 2010. I serve as a Town Attorney/Special Land Use Counsel for the Town of Yankeetown, Florida (Levy County) and as a part time secondary Alternate City Attorney for the City of Bradenton Beach (Manatee County) **however I permanently reside in Cape Coral, Lee County, Florida.** Under the applicable rules and statutes, I filed this Form 1 **Statement of Financial Interests in Lee County, where I reside.** However, in the past this has generated some confusion on the Commission on Ethics (COE) annual confirmation lists for appointed officials within the Counties in which I serve as Alternate City (Manatee) or Town Attorney (Levy). For this reason, I am filing Form 1 in Lee County and sending a copy of Form 1 to Levy County Supervisor of Elections. Please find attached to this letter a copy of my 2007 Form 1 for your files should anyone request to see or confirm the disclosure in your respective counties.

Thank you,



Ralf G. Brookes



1217 East Cape Coral Parkway #107, Cape Coral, Florida 33904  
phone (239) 910-5464 ~ (866) 341-6086 fax  
email [Ralf@RalfBrookesAttorney.com](mailto:Ralf@RalfBrookesAttorney.com)

FORM 1

## STATEMENT OF

2010

## FINANCIAL INTERESTS

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

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Brookes Ralf Gunars

FOR OFFICE  
USE ONLY:

MAILING ADDRESS:

1217 E Cape Coral Parkway #107

ID Code

CITY:

ZIP:

COUNTY:

Cape Coral Fl

33904

LEE COUNTY

ID No.

NAME OF AGENCY:

Town of Yankeetown; City of Bradenton Beach

Conf. Code

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

part time Attorney

P. Req. Code

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

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	Cape Coral Fl 33904	

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

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TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
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<b>PART E — LIABILITIES</b> (Major debts) (If you have nothing to report, you must write "none" or "n/a")			
NAME OF CREDITOR	ADDRESS OF CREDITOR		
n/a			
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POSITION HELD WITH ENTITY	Owner		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100%		
NATURE OF MY OWNERSHIP INTEREST	sole proprietor		
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE <input type="checkbox"/>			
SIGNATURE (required): 		DATE SIGNED (required): 5/25/11	
<b><u>FILING INSTRUCTIONS:</u></b>			
<b>WHAT TO FILE:</b> 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.		<b>WHERE TO FILE:</b> 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.  <b>Local officers/employees</b> 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.)  <b>State officers or specified state employees</b> 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.  <b>Candidates</b> 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.	
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