

**FORM 1**

**STATEMENT OF  
FINANCIAL INTERESTS**

**2016**

FOR OFFICE USE ONLY:

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :  
**Brookes Ralf Gunars**

MAILING ADDRESS :  
**1721 SE 39th St**

CITY : ZIP : COUNTY :  
**Cape Coral 33904 LEE**

NAME OF AGENCY :  
**Town of Yankeetown**

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
**Town of Yankeetown Attorney (by Contract, Hourly)**

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

17JUN12PM0845 SIDE LEE Co FI

pm 6/9 ✓

**\*\*\*\* 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 (must check one):

DECEMBER 31, 2016 OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

**MANNER OF CALCULATING REPORTABLE INTERESTS:**

FILERS HAVE 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). CHECK THE ONE YOU ARE USING (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR  DOLLAR VALUE THRESHOLDS

**PART A -- PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person - See instructions]  
 (If you have nothing to report, 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 Cape Coral FI 33904	Attorney 100%

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

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
n/a			

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

1721 SE 39th St Cape Coral Florida 33904 (homestead with Molly Brookes)
3726 SW 20th Place Cape Coral Florida 33904 (vacant lot with Molly Brookes)
423 NE 24th Terr Cape Coral Florida 33904 (vacant lot with Molly 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.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc. - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
n/a	

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	n/a	
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		

**PART G — TRAINING**

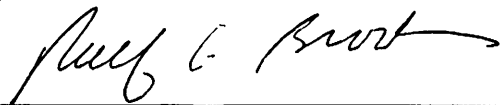
For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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

**SIGNATURE OF FILER:**

Signature:



Date Signed:

6/8/2017

**CPA or ATTORNEY SIGNATURE ONLY**

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, \_\_\_\_\_, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**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, write "none" or "n/a" in that section(s).

**NOTE:**

**MULTIPLE FILING UNNECESSARY:**

A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

**Facsimiles will not be accepted.**

**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: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

**Candidates** file this form together with their qualifying papers.

To determine what category your position falls under, see page 3 of instructions.

**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** must file at the same time they file their qualifying papers.

**Thereafter**, file by July 1 following each calendar year in which they hold their positions.

**Finally**, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does **not** relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2016.

# RALF BROOKES, ATTORNEY

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

June 8, 2017

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**

**Re: Ralf Brookes**  
2016 Form 1, Statement of Financial Interests

(Yankeetown Town Attorney in Levy County, but resides in Lee County)

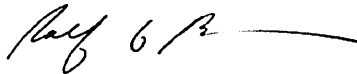
Dear Supervisor(s):

Please find my Form 1, Statement of Financial Interests. 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.** Under the applicable rules and statutes, **I filed this Form 1/F 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 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 2012 Form 1 for your files should anyone request to see or confirm the disclosure in your respective counties.

Thank you,



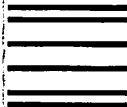
Ralf G. Brookes



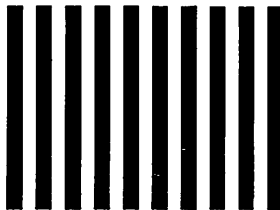
1217 East Cape Coral Parkway #107, Cape Coral, Florida 33904  
phone (239) 910-5464 ~ (866) 341-6086 fax  
email [Ralf@RalfBrookesAttorney.com](mailto:Ralf@RalfBrookesAttorney.com)

17JUN12PM0843 90E Lec Co FL

FT MYERS  
FL 339  
OFFICIAL MAIL  
ELECTION MAIL  
Authorized by the U.S. Postal Service



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 1021 FT MYERS FL

POSTAGE WILL BE PAID BY ADDRESSEE

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

