M

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	NAME:		الكوريس		_
Chaipel, Steven Cli	fford				
800 Dunlop Road					ΰ
CITY:	ZIP: COUNTY:		1		13JULO19MO913SCE LEE COFI
Sanibel NAME OF AGENCY:	33957 Lee	 	1	/	3
City of Sanibel			'	,	罚
NAME OF OFFICE OR POSITION HEL	D OR SOUGHT :				<u></u>
Accounting Operation	ons Manager				
You are not limited to the space on the line CHECK ONLY IF CANDIDATE					Ĭ
	PARTS OF THIS SECTI		OL ETI	-D ++++	
THIS STATEMENT REFLECTS YOUR YEAR OR ON A FISCAL YEAR. PLEATHER (must check one): DECEMBER 31, 201 MANNER OF CALCULATING REPORTHE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS (see instructions for further details).	ASE STATE BELOW WHETHER THIS I OR SPECIFY RTABLE INTERESTS: S THE OPTION OF USING REPORT OR USING COMPARATIVE THRES	S STATEMENT IS FOR THE TAX YEAR IF OTHER THAN NG THRESHOLDS THAT A	PRECE THE CA	DING TAX YEAR ENDING LENDAR YEAR:	 CH ES
COMPARATIVE (PE	RCENTAGE) THRESHOLDS	R X DOLLAR	VALUE	THRESHOLDS	
PART A PRIMARY SOURCES OF IN (if you have nothing to rep	COME (Major sources of income to the ort, you must write "none" or "n/a")	e reporting person - See instru	ictions]		
NAME OF SOURCE OF INCOME	SOUF ADDI		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
City of Sanibel	800 Dunlop Roa	d, Sanibel FL	Mun	icipality	·
					,
					,
					
PART B SECONDARY SOURCES ([Major customers, clients, a (If you have nothing to re) NAME OF BUSINESS ENTITY	OF INCOME nd other sources of Income to business part, write "nane" or "n/a") NAME OF MAJOR SOURCES OF BUSINESS' INCOME	es owned by the reporting per ADDRESS OF SOURCE	rson - See	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
None.					
PART C REAL PROPERTY [Land, to (If you have nothing to rep	ouildings owned by the reporting person ort, you must write "none" or "n/a")	- See instructions]	when	G INSTRUCTIONS for and where to file this	
None.			form of pa	are located at the bottom ge 2.	ı
			file ti	RUCTIONS on who must nis form and how to fill it egin on page 3.	

TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
Mutual Funds		Ameriprise Financial			
Deferred Compensation Plan		Milliman Financial Services			
PART E — LIABILITIES [Major de (if you have nothing to			/a")		
NAME OF CREDITOR		ADDRESS OF CREDITOR			
Wells Fargo Bank NA		2504 Santa Barbara Blvd, Cape Coral FL 33914			
Toyota Auto Loan		2555 Colonial Blvd, Fort Myers, FL 33907			
107000 Harris		2555 CO	ioniai Bivo, Fort Mye	:LS, FL 3330/	
		2555 CO	ioniai Bivd, Fort Mye	:15, FU 33907	
	report, you must writ	wnership or position	ons in certain types of businesses - See Insi		131
PART F — INTERESTS IN SPECIFI	report, you must writ	ownership or position	ons in certain types of businesses - See insi	ructions]	13.00
PART F — INTERESTS IN SPECIFIC (If you have nothing to	BUSINESS	ownership or position	ons in certain types of businesses - See insi	ructions]	13,000
PART F — INTERESTS IN SPECIFIC (If you have nothing to	BUSINESS	ownership or position	ons in certain types of businesses - See insi	ructions]	13.JUL01H101
PART F — INTERESTS IN SPECIFIC (If you have nothing to NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY	BUSINESS	ownership or position	ons in certain types of businesses - See insi	ructions]	

SIGNATURE (required):

DATE SIGNED (required):

06/27/2019

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 filling.

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 not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2012.



City of Sanibel

800 Dunlop Road Sanibel, Florida 33957-4096

www.mysanibel.com

AREA CODE - 239

CITY COUNCIL	472-4135
ADMINISTRATIVE	472-3700
BUILDING	472-4555
EMERGENCY MANAGEMENT	472-3111
FINANCE	472-9615
LEGAL	472-4359
NATURAL RESOURCES	472-3700
RECREATION	472-0345
PLANNING	472-4136
POLICE	472-3111
PUBLIC WORKS	472-6397

June 28, 2013

Ms. Bernie Feliciano Qualifying Officer Lee County Supervisor of Elections Office Post Office 2545 Fort Myers, Florida 33902-2545

Dear Ms. Feliciano:

Enclosed please find the 2012 Statements of Financial Interests for the following:

Holly Smith Steve Chaipel Kenneth Cuyler Pamela Smith John Talmage William P. Dalton Timothy R. Garmager William Tomlinson James Jennings Keith Williams Judith Zimomra James Jordan Ralph Harold Law

Cordially,

Pamela Smith, MMC

City Clerk

Enclosure

Cc: Judie Zimomra, City Manager Kenneth B. Cuyler, City Attorney





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9229 TTZE 2000 0262 TTO2

Qualifying Officer Ms. Bernie Feliciano

06/28/2013 Haster

Sanibel, FL 33957 Pamela Smith City of Sanibel 800 Dunlop Road

Fort Myers, FL 33902-2545 P.O. Box 2545 Lee Co. Supervisor of Elections