FORM 1 STATEMENT OF					2010		
Please print or type your name, mailing address, agency name, and position being address agency name, and position being address agency name and position being address agency agency agency address agency address agency address agency address agency address agency address	w:	FINANCIAL	INTERE	ESTS	Γ		
LAST NAME FIRST NAME MIDD LIPPS-GRANT- MAILING ADDRESS 2005 SE 3RD S	LA		· · · · · · · · · · · · · · · · · · ·	FOR OFI USE ON			
2115 JE 3RD 5		COUNTY		1 - - -		ode 21074132 o. 12 41	
CAPE CORAL	FL	LEE		ID N	0. H		
NAME OF AGENCY CITY OF SANIBLL GENERAL EMPLOYEES PENSION PLAN NAME OF OFFICE OR POSITION HELD OR SOUGHT						Code	
TRUSTEE You are not limited to the space on the i CHECK ONLY IF CANDIDATE	nes on thi OR	, if necessary.					
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR A FISCAL YEAR. PLEASE STATE BE DECEMBER 31, 201 MANNER OF CALCULATING REPOR THE LEGISLATURE ALLOWS FILER REQUIRES FEWER CALCULATIONS instructions for further details). PLEAS COMPARATIVE (PERCENTAG	FINANCI OW WHE D (TABLE IN S THE C OR USI E STATE	THER THIS STATEMENT IS DB D SPECIFY ITERESTS: PTION OF USING REPOR' NG COMPARATIVE THRESS BELOW WHETHER THIS ST	ECEDING TAX YEAF FOR THE PRECEDII TAX YEAR IF OTHEF TING THRESHOLDS HOLDS, WHICH ARE ATEMENT REFLECT	R, WHETHE NG TAX YE R THAN TH S THAT AF S USUALLY S EITHER	EAR END IE CALE RE ABSC (BASED (must ch	DING EITHER (must check one): NDAR YEAR: DLUTE DOLLAR VALUES, WHICH ON PERCENTAGE VALUES (see	
PART A PRIMARY SOURCES OF (If you have nothing to re		[Major sources of income to t must write "none" or "n/a"]					
NAME OF SOURCE OF INCOME (ITY OF SANIBEL (SALARY)		SOU ADD 800 DUNLOP R	3 <i>3957</i>	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY MUNICIPAL GOVERNMENT			
	aport, ya	u must write "none" or "n/a	")		busines		
NAME OF BUSINESS ENTITY	ITY OF BUSINESS' INCOME			DRESS 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") Recidence.					when	L IG INSTRUCTIONS for and where to file this form cated at the bottom of page 2.	
LOT ON PINE ISLAND - 21-44-22-10-00000, 1280					INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.		
						ER FORMS you may need are described on page 6.	

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PART D INTANGIBLE PERSONAI (If you have nothing to r						
		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
See "AddendumA						
					Б.	
PART E — LIABILITIES [Major debt (If you have nothing to r		vrite "none" or "n)/a")		METAU	
NAME OF CREDITO	<u>R</u>	ADDRESS OF CREDITOR				
Suncoast Schools Credit Union		6801 E. Hillsborough Avenue TAMPA FL 33610-4197 (Home loan)				
					SH I	
	······································				Ē	
					Ě	
PART F — INTERESTS IN SPECIFIEI (If you have nothing to re	oort, you must wr					
NAME OF BUSINESS ENTITY						
ADDRESS OF BUSINESS ENTITY						
PRINCIPAL BUSINESS ACTIVITY	. <u></u> .					
POSITION HELD WITH ENTITY						
I OWN MORE THAN A 5%						
INTEREST IN THE BUSINESS		.				
OWNERSHIP INTEREST						
IF ANY OF PARTS A T SIGNATURE (required):				ET, PLEASE CHECK HERE		
SIGNATURE (required):	XI A	and	DATE SI	UNED (required): 11/13/12		
	F	ILING IN	STRUCTIONS:			
WHAT TO FILE:		WHERE TO FI		WHEN TO FILE:		
After completing all parts of this for		If you were mailed the form by the Commission		Initially, each local officer/employee, stat		
signing and dating it, send back only the first sheet (pages 1 and 2) for filing.			nty Supervisor of Elections for sure filing, return the form to	officer, and specified state employee mult file within 30 days of the date of his or her		
If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).		ocal officers/emp of Elections of the nently reside. (If ye	bloyees file with the Supervisor county in which they perma- ou do not permanently reside the Supervisor of the county	appointment or of the beginning of emplo ment. Appointees who must be confirmed t the Senate must file prior to confirmation, eve if that is less than 30 days from the date of the appointment.		
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 your agency	has its headquarters.) specified state employees	Candidates for publicly-elected local offic must file at the same time they file the		
		ile with the Comm 15709, Tallahasse	ission on Ethics, P.O. Drawer e, FL 32317-5709; physical ictay Boulevard, South, Suite	qualifying papers. Thereafter , local officers/employees, st. officers, and specified state employees a required to file by July 1st following ea		
			his form together with their	calendar year in which they hold their pos tions.		
		To determin	e what category your position a "Who Must File" Instructions	Finally, at the end of office or employmer each local officer/employee, state officer, ar specified state employee is required to file final disclosure form (Form 1F) within 60 day of leaving office or employment.		

CE FORM 1 - Effective: January 1, 2011. Refer to Rule 34-8.202 (1), F.A.C.

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"ADDENDUM A" to

Financial Disclosure of Trustee Grant A. Lipps Intangible Personal Property Reporting Period Jan - Dec 2011

Arafura Resources	1000 shares @.16 share
Blue Note Mining	7 shares @.0203 share
Forest Gate Energy	200 shares @.0098 share
Great Western Mineral Group	2000 shares @.3851 share
Harley Davidson Inc.	200 shares @42.37 share
LRAD Corp	500 shares @1.39 share
Parametric Sound Corp	50 shares @6.49 share
Shore Gold Inc	1148 shares @.2542 share
Wind Works Power Corp	2000 shares @.03 share

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