FORM 1 F

FINAL STATEMENT OF FINANCIAL INTERESTS



2011

(10 BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)							
LAST NAME - FIRST NAME - MIDDLE NAME:			NAME OF REPORTING PERSON'S AGENCY:				
Papes Pater Louis			City of Swibz)				
MAILING ADDRESS: $PDB+328$			CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):				
Y 013+ 328			LOCAL OFFICER STATE OFFICER				
Seribel 33957 Lee			LIST OFFICE OR POSITION HELD:				
CITY: ZIP:		COUNTY:	CouncilM				
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2011 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS FOR THE PERIOD BETWEEN JANUARY 1, 2011 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS FOR THE PERIOD BETWEEN JANUARY 1, 2011 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS FOR THE PERIOD BETWEEN JANUARY 1, 2011 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS FILED THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES							
FEWER CALCULATIONS, OR USING	G COMPAR	RATIVE THRESHOLDS, WHIC	CH ARE USUALLY BASED O	N PERCE	OOLLAR VALUES, WHICH REQUIRES INTAGE VALUES, (see instructions for		
further details). PLEASE STATE BEL COMPARATIVE (PERC				•	JE THRESHOL ÓS		
					<u> </u>		
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		SOURC ADDRE	_	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
Allincome is f	rom	Stocks, innuities, prots		20015			
			<u> </u>	 	<u> </u>		
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PART B - SECONDARY SOURCE				ome to bu	sinesses owned by reporting person]		
(If you have nothing to re NAME OF		must write "none" or "n/a")	ADDRESS		DOMOIDAL DIIGIMEGS		
NAME OF BUSINESS ENTITY		E OF MAJOR SOURCES BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
N/A							
/	<u> </u>						
PART C — REAL PROPERTY [Land, buildings owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a")					IG INSTRUCTIONS for and where to file this form are and at the bottom of page 2.		
Senibel home					RUCTIONS on who must file orm and how to fill it out begin ge 3 of this packet.		
					ER FORMS you may need to e described on page 6.		

	RSONAL PROPERTY [Stocks, bo to report, you must write "none" o						
TYPE OF INTANG	SIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
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			2				
PART E — LIABILITIES [Majo (if you have nothing to NAME OF CREDI	o report, you must write "none" o	r "n/a") ADDRESS OF CRE	EDITOR III				
The series will be suppose		, , , , , , , , , , , , , , , , , , , ,	Try to				
WA		(************************************					
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")							
	report, you must write "none" or	"n/a")					
(If you have nothing to			BUSINESS ENTITY # 3				
(If you have nothing to NAME OF BUSINESS ENTITY	report, you must write "none" or	"n/a")					
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY	report, you must write "none" or	"n/a")					
(If you have nothing to NAME OF BUSINESS ENTITY ADDRESS OF	report, you must write "none" or	"n/a")					
(If you have nothing to NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5%	report, you must write "none" or	"n/a")					
(If you have nothing to NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5% INTEREST IN THE BUSINESS NATURE OF MY	report, you must write "none" or	"n/a")					
(If you have nothing to NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	report, you must write "none" or	"n/a")					
NAME OF BUSINESS ENTITY 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	BUSINESS ENTITY # 1	"n/a")	BUSINESS ENTITY # 3				
NAME OF BUSINESS ENTITY 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	BUSINESS ENTITY # 1	"n/a") BUSINESS ENTITY # 2	BUSINESS ENTITY # 3				

WHAT TO FILE:

After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only pages 1 and 2 for filing (you need not return any of the instruction pages). Facsimiles will not be accepted.

WHEN TO FILE:

At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.

WHERE TO FILE:

Local officers: file with the Supervisor of Elections of the county in which you 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.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

NOTE:

If you are leaving office or employment during the first half of 2011, you may not have filed Form 1 for 2010. In that case, this is not the last form you will file, even though the Form 1F covers the final portion of your term of office or employment. You will be required to file Form 1 for 2010 by July 1 of 2011.

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CITY OF SANIBEL 800 Dunlop Road Sanibel, FL 33957-4096

TO:

Bernie Feliciano, Qualifying Officer Lee County Elections P. O. Box 2545 Ft. Myers, Florida 33902