FORM 1		STATEM	ENT OF		2005	
Please print or type your name, mailing address, agency name, and position belo	ow:	FINANCIAL	INTEREST	S		
LAST NAME FIRST NAME MIDD Shenko, Jr. William (Bill) Edwa				R OFFICE ONLY:		XIIN.
MAILING ADDRESS : 581 Carlos Circle	·			ı ID C	ode	19 8 03
CITY: Fort Myers Beach, FL NAME OF AGENCY: Town Council, Town of Fort Myers NAME OF OFFICE OR POSITION HE Town Council Seat 4 CHECK ONLY IF CANDIDATE		31 Lee Florida	PPOINTEE	. /	o. Code eq. Code	OGJUN19PMO317SDELeeCoFI
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR A FISCAL YEAR. PLEASE STATE BE DECEMBER 31, 200 MANNER OF CALCULATING REPORE THE LEGISLATURE ALLOWS FILEF REQUIRES FEWER CALCULATIONS instructions for further details). PLEAS	FINANC LOW WH 5 RTABLE I RS THE IS, OR US SE STATE	HETHER THIS STATEMENT IS OR SPECIFY NTERESTS: OPTION OF USING REPORE SING COMPARATIVE THREST EBELOW WHETHER THIS ST	ECCEDING TAX YEAR, WHEFOR THE PRECEDING TO TAX YEAR IF OTHER THAT TING THRESHOLDS THAT HOLDS, WHICH ARE USLATEMENT REFLECTS EIT	HETHER BAS AX YEAR EN AN THE CALE AT ARE ABS JALLY BASE HER (check o	DING EITHER (check one): ENDAR YEAR: OLUTE DOLLAR VALUES, WH D ON PERCENTAGE VALUES (cone):	— IICH
PART A PRIMARY SOURCES OF I		[Major sources of income to th	RCE'S	DES	VALUE THRESHOLDS SCRIPTION OF THE SOURCE'S	
OF INCOME Matanzas Pass Marina, Inc.* (MPM, Inc.)		ADDRESS 1661 Estero Blvd., Suite 24, Ft. Myers Beach, FL			PRINCIPAL BUSINESS ACTIVITY Marina/Trailer Park - Sale of assets -2005	
William E. Shenko, Jr., P.A.		1661 Estero Blvd., Suite 24, Ft. Myers Beach, FL		_	Law Practice	
100 Estero Blvd. #134 Ft. Myers Beach		100 Estero Blvd., Unit 134 Ft. Myers Beach, FL		Rental	Rental Income	
Merrill Lynch		1190 W. Marion Ave., Punta Gorda, FL 33950		Investm	Investment Account - Joint W/ Spouse	
PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY	NAM	ME [Major customers, clients, a E OF MAJOR SOURCES E BUSINESS' INCOME	and other sources of incom ADDRESS OF SOURCE	e to business	es owned by the reporting person PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
Matanzas Pass Marina, Inc.*	Marina/Trailer Park rental income		1661 Estero Blvd., #24		Marina/Rental 25% owned	
*name changed to Shenko Corp.			Ft. Myers Beach, FL 33931			
2006						
PART C REAL PROPERTY [Land, 581 Carlos Cir., Ft. Myers Beach,Fl		and w	IG INSTRUCTIONS for where to file this form are located the bottom of page 2.			
100 Estero Blvd., Unit 134, Ft. Mye			INST	RUCTIONS on who must t	file	
1120-1122 Main St., Ft. Myers Bea				orm and how to fill it out beg ge 3.	jin	
900 Broad Ave., South Unit 331, Na	int with Spouse	OTHER FORMS you may need to				

11/1 6-15-06

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES								
Investment account - Joint with Spouse		Merrill Lynch, Punta Gorda, FL						
Savings/ Money Market - Joint with Spouse		M&I Bank, Naples, FL						
Capital Stock		Matanzas Pass Marina, Inc., Ft. Myers Beach, FL - Majority of assets sold 2005						
Money Mkt./Checking		Wachovia Bank, Ft. Myers Beach, FL						
Capital Stock		William E. Shenko, Jr. P.A., Ft. Myers Beach, FL						
CDs/Money Market Accts., Joint with Spouse		SunTrust Bank and Pelican National Bank, Ft. Myers, FL						
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR						
NONE								
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]								
	BUSINESS ENT	ITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3				
NAME OF BUSINESS ENTITY	NONE							
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								
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE								
SIGNATURE (required): DATE SIGNED (required): 6-15-36								

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.

FILING INSTRUCTIONS:

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.

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