FORM 1		STATEM	ENT OF		2006				
Please print or type your name, mailing address, agency name, and position below	v:	FINANCIAL	INTERESTS	S					
LAST NAME FIRST NAME MIDDL Shenko, Jr. William Edward	E NAME	•	FOR O			07JUN01991035SDELeeCoF			
MAILING ADDRESS : 581 Carlos Circle				ı ID Co	do)TMMT(
				1000	ue	8			
CITY: Fort Myers Beach, FL	ZIP : 3393			ID No		771 8			
NAME OF AGENCY: Town Council, Town of Fort Mye	rs Bea	ch. Florida		Conf.	Code	S H			
NAME OF OFFICE OR POSITION HE Town Council Seat 4	Ψ	P. Re	q. Code						
You are not limited to the space on the lin	es on thi	s form. Attach additional sheets,	if necessary.						
CHECK ONLY IF CANDIDATE	OR	NEW EMPLOYEE OR AF			PDF 2006				
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 (check one): DECEMBER 31, 2006 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: MANNER OF CALCULATING REPORTABLE INTERESTS: THE LEGISLATURE ALLOWS FILERS 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). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one): COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS									
PART A PRIMARY SOURCES OF II NAME OF SOURCE OF INCOME	NCOME	, SOUF	e reporting person] RCE'S RESS		CRIPTION OF THE SOURCE'S INCIPAL BUSINESS ACTIVITY				
William E. Shenko, Jr., P.A.		1661 Estero Blvd. #24,	Ft. Myers Beach, FL	Law Pr	actice				
Jackson Cove, LLC 1840 Harbor Place, Naples, FL 34103		Condo	minium ownership						
Merrill Lynch Private Client Grou	rill Lynch Private Client Group 1190 W. Marion Ave., Punta Gorda, FL		Investr	Investments					
* SEE ATTACHED CONTINUA	ΓΙΟΝ	PAGE FOR ADDITION	AL PRIMARY	SOUR	CES OF INCOME.				
PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY	NAM	ME [Major customers, clients, a E OF MAJOR SOURCES F BUSINESS' INCOME	and other sources of income t ADDRESS OF SOURCE	o business	es owned by the reporting person PRINCIPAL BUSINESS ACTIVITY OF SOURCE]			
		walland and the second and the secon							
				T	I NOTE LOS I	-			
PART C REAL PROPERTY [Land, buildings owned by the reporting person] 581 Carlos Cir., Ft. Myers Beach, FL - Primary Residence - Joint with Spouse					IG INSTRUCTIONS for w here to file this form are loc the bottom of page 2.				
	4	RUCTIONS on who must f	ile						
100 Estero Blvd. #134, Ft. Myers Beach, FL - Joint with Spouse 900 Broad Ave. S. #331 Naples, FL - Joint with Spouse - Sold in 2006					orm and how to fill it out beg ge 3.				
900 Broad Ave. S. #234 Naples, FL - Joint with Spouse OTHER FORMS you may						to			
10801 Sunset Plaza Cir. #1C F		e described on page 6.							

CE FORM 1 - Eff. 1/2007 (Continued on reverse side)

PAGE 1

TYPE OF INTANGIBLE		N.A. 11.1	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
Investment account - Joint with Spouse			Merrill Lynch Private Client Group, Punta Gorda, FL M & I Private Bank, Naples, FL Wachovia Bank, Ft. Myers Beach, FL First American Bank, Ft. Myers, FL SunTrust Bank, Ft. Myers, FL William E. Shenko, Jr., P.A.			
Investment account - Joint with Spouse		M & I Private	M & I Private Bank, Naples, FL			
Investment account - Joint with Spouse		Wachovia B	Wachovia Bank, Ft. Myers Beach, FL			
Investment account - Joint with Spouse		First Americ	First American Bank, Ft. Myers, FL			
Investment account - Joint	with Spouse	SunTrust Ba	SunTrust Bank, Ft. Myers, FL			
Capital Stock		William E. S	William E. Shenko, Jr., P.A.			
PART E — LIABILITIES [Major debts] NAME OF CREDITOR			ADDRESS OF CREDITOR			
NO CREDITORS						
PART F — INTERESTS IN SPEC	CIFIED BUSINESSES	[Ownership or posit	ions in certain types of businesses]			
	ı BUSINESS E		BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY	NONE					
ADDRESS OF BUSINESS ENTITY						
PRINCIPAL BUSINESS ACTIVITY						
POSITION HELD WITH ENTITY						

SIGNATURE (required):

William Elhew)

DATE SIGNED (required):

5-29-07

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.

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.

FILING INSTRUCTIONS:

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.

CE FORM 1 - Eff. 1/2007

STATEMENT OF FINANCIAL INTERESTS PART A CONTINUED

PRIMARY SOURCES OF INCOME	SOURCES ADDRESS	DESCRIPTION OF THE SOURCE'S
		PRINCIPAL BUSINESS ACTIVITY
M & I PRIVATE BANK	800 LAUREL OAK DR. #100 NAPLES, FL	BANK / INVESTMENTS
OLD COVE MANAGEMENT	900 BROAD AV.S. NAPLES,	FL RENTAL MANAGEMENT
100 ESTERO BLVD #134 FMB	100 ESTERO BLVD. #134 FT. MYERS BEACH, FL	CONDOMINIUM RENTAL

William (Sharks) 5-29-07