FORM 1		STATEM	IENT OF	_	2012
Please print or type your name, mailing address, agency name, and position bel	ow:	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:
LAST NAME – FIRST NAME – MIDD Spikowski William – Michae					/ h
MAILING ADDRESS : 1617 Hendry Street, Suite 416					
CITY: Fort Myers, Florida	ZIP: 33901	COUNTY: Lee			/ %
NAME OF AGENCY: Fort Myers Planning Board; Lee	· ·		ı. Adv. Comm.		13JUL029M0936S0E LEE COF
NAME OF OFFICE OR POSITION HI (member of both committees)	ELD OR SO	UGHT:			8F1
You are not limited to the space on the CHECK ONLY IF CANDIDATE	_	form. Attach additional sheets NEW EMPLOYEE OR A			
**** BO	TH PAR	TS OF THIS SECT	ION MUST BE COM	PLETE	D ****
THIS STATEMENT REFLECTS YOU YEAR OR ON A FISCAL YEAR. PLEITHER (must check one):					
DECEMBER 31, 2	012 <u>Of</u>	SPECIFY	TAX YEAR IF OTHER THAN	THE CA	LENDAR YEAR:
MANNER OF CALCULATING REPORT THE LEGISLATURE ALLOWS FILE REQUIRES FEWER CALCULATION (see instructions for further details).	RS THE OP IS, OR USI	TION OF USING REPOR NG COMPARATIVE THRE	ESHOLDS, WHICH ARE USU		
'			-	VALUE .	THRESHOLDS
PART A PRIMARY SOURCES OF (If you have nothing to re		fajor sources of income to t nust write "none" or "n/a"		ictions]	
NAME OF SOURCE OF INCOME			RCE'S PRESS		CRIPTION OF THE SOURCE'S INCIPAL BUSINESS ACTIVITY
Spikowski Planning Associa	tes		is above)		planning consultant
PART B - SECONDARY SOURCES [Major customers, clients, (If you have nothing to r	and other s	ources of income to busines	ses owned by the reporting per	son - See	instructions]
NAME OF BUSINESS ENTITY		OF MAJOR SOURCES BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
Dover, Kohl & Partners	planning consultant		1571 Sunset, Coral Gables		planning consultant
David Plummer and Associates	planning consultant		2149 McGregor Bl, Fort Myers		planning consultant
City of Fort Myers	pla	nning consultant	2200 Second St, Fort I	Myers	government agency
	port, you n	nust write "none" or "n/a"	n - See Instructions]	when	3 INSTRUCTIONS for and where to file this
vacant lot at 16287 Aura Lane,	BOKEElia,	Fiorida 33922		of pag	are located at the bottom je 2.
				file th	UCTIONS on who must is form and how to fill it agin on page 3.

TYPE OF INTANGIBLE retirement accounts		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES held by Vanguard Group (personal)				
PART E — LIABILITIES [Major debts		ite "none" or "n/e"	n			
NAME OF CREDITOR		ADDRESS OF CREDITOR				
none		<u> </u>				
					OLOZANOSK	
					9	
			the state of the s	4-3	(j)	
PART F — INTERESTS IN SPECIFIED (if you have nothing to rep		none" or "n/a")	s in certain types of businesses - See inst	ructions] BUSINESS ENTITY # 3	ELE LE	
	ort, you must write	e "none" or "n/a") ENTITY # 1	••	•		
(if you have nothing to rep	ort, you must write BUSINESS	e "none" or "n/a") ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
(If you have nothing to rep	ort, you must write BUSINESS	e "none" or "n/a") ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY	ort, you must write BUSINESS	e "none" or "n/a") ENTITY # 1	BUSINESS ENTITY # 2	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	ort, you must write BUSINESS	e "none" or "n/a") ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5%	ort, you must write BUSINESS	e "none" or "n/a") ENTITY # 1	BUSINESS ENTITY # 2	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	ort, you must write BUSINESS not applie	e "none" or "n/a") ENTITY # 1 Cable	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3 not applicable		
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 IF ANY OF PARTS A TH	ert, you must write BUSINESS not applie	e "none" or "n/a") ENTITY # 1 Cable	BUSINESS ENTITY # 2 not applicable	BUSINESS ENTITY # 3 not applicable ASE CHECK HERE		

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).

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

Spikowski Planning Associates 1617 Hendry Street, Suite 416 Fort Myers, Florida 33901-2947

SUPERVISOR OF ELECTIONS PO BOX 2545 FORT MYERS FL 33902-2545

