FORM 1	STATEMENT OF			2006				
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTEREST	S s					
LAST NAME FIRST NAME MIDDLE N Valiquette, Michael Joseph	AME :		OFFICE ONLY:		JUN18			
MAILING ADDRESS : 1206 Bay Drive		/	ID C	Code	₩1037 S			
Sanibel, FL 3	IP: COUNTY: 3957 Lee		I DI		107JUN189M1037 SOE Lee Co F1			
City of Sanibel NAME OF OFFICE OR POSITION HELD C Planning Commission	R SOUGHT :			ıf. Code Req. Code				
CHECK ONLY IF 🔲 CANDIDATE OR		PPOINTEE						
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): Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2" 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): Image: Colspan="2">Image: Colspan="2" Image: Colspan="2">DECEMBER 31, 2004 Image: Colspan="2">OPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:								
MANNER OF CALCULATING REPORTAB THE LEGISLATURE ALLOWS FILERS TI REQUIRES FEWER CALCULATIONS, OR instructions for further details). PLEASE ST COMPARATIVE (PERCENTAGE) TH	HE OPTION OF USING REPOR USING COMPARATIVE THRES ATE BELOW WHETHER THIS S	HOLDS, WHICH ARE USU	ALLY BASE IER (check	D ON PERCENTAGE VALUE				
PART A PRIMARY SOURCES OF INCO NAME OF SOURCE OF INCOME	he reporting person] RCE'S RESS		SCRIPTION OF THE SOURCE RINCIPAL BUSINESS ACTIVIT					
Wages- Sandcastle Const. Co., Inc.; 2402 Palm Ridge Rd.; Sanibe			General Contractor					
PART B - SECONDARY SOURCES OF IN NAME OF N BUSINESS ENTITY	COME [Major customers, clients, AME OF MAJOR SOURCES OF BUSINESS' INCOME	and other sources of income ADDRESS OF SOURCE	to busines:	ses owned by the reporting pers PRINCIPAL BUSINES ACTIVITY OF SOURC	s			
NA	······							
				· · · · · · · · · · · · · · · · · · ·				
		·		<u> </u>				
PART C REAL PROPERTY [Land, build	n] .	and w	NG INSTRUCTIONS for where to file this form are lot the bottom of page 2.					
1206 Bay Drive; Sanibel, FL		INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.						
		отн	OTHER FORMS you may need to file are described on page 6.					

PART D — INTANGIBLE PERS TYPE OF INTAN		[Stocks, bonds, certific	cates of deposit, etc.] BUSINESS ENTITY TO WHI	ICH THE	PROPERTY RELATES		
NA				·			
			· · · · · · · · · · · · · · · · · · ·				
PART E — LIABILITIES [Major debts] NAME OF CREDITOR			ADDRESS OF CREDITOR				
NA							
	······································						
	······································						
PART F - INTERESTS IN SPEC		5 [Ownership or position	ions in certain types of businesses	s]	· · · · · · · · · · · · · · · · · · ·		
		SENTITY # 1	BUSINESS ENTITY # 2	<u>:</u> J	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY		. Bank of SW FL]			
ADDRESS OF BUSINESS ENTITY	1565 Red Ce	edar Dr.; Ft Mye	rs,FL]			
	Banking		ļ]			
POSITION HELD WITH ENTITY	None]			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	NO		· · · · · · · · · · · · · · · · · · ·]			
NATURE OF MY OWNERSHIP INTEREST	Stockhol	lder	<u> </u>				
IF ANY OF PARTS	A THROUGH F	ARE CONTINUE	D ON A SEPARATE SHE	ET, PLE			
SIGNATURE (required): Michael / Wintett DATE SIGNED (required): 5/12/07							
	/	FILING IN	STRUCTIONS:		· · · ·		
After completing all parts of this form, including signing and dating it, send back only the first on sheet (pages 1 and 2) for filing. If you on the start of the same year. NOTE: In the same year. If you on the same year. MULTIPLE FILING UNNECESSARY: Start of the same year. Start of the same year. 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		on Ethics or a Cou	_E: the form by the Commission unty Supervisor of Elections closure filing, return the form	WHEN TO FILE: Initially, each local officer/employee, state officer, and specified state employee mus file within 30 days of the date of his or he appointment or of the beginning of employ			
		of Elections of the c nently reside. (If you in Florida, file with t where your agency h State officers or s file with the Commis 15709, Tallahassee	<i>loyees</i> file with the Supervisor county in which they perma- bu do not permanently reside the Supervisor of the county has its headquarters.) <i>specified state employees</i> ission on Ethics, P.O. Drawer e, FL 32317-5709; physical clay Boulevard, South, Suite L 32312.	Appointees who must be confirmed by enate must file prior to confirmation, even is less than 30 days from the date of their attent. Idates for publicly-elected local office file at the same time they file their ring papers. after , local officers/employees, state s, and specified state employees are ed to file by July 1st following each			

Candidates file this form together with their qualifying papers.

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

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calendar year in which they hold their posi-

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.

tions.

of his or her original Form 1 when qualifying.