FORM 1	STATEMENT ()F	2008		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTE	RESTS			
LAST NAME - FIRST NAME MIDDLE NA Valiquette, Michael Joseph	ME :	FOR OFFICE USE ONLY:			
MAILING ADDRESS : 1206 Bay Drive		-			
			D Code		
	P: COUNTY: 957 Lee				
City of Sanibel			Conf. Code		
NAME OF OFFICE OR POSITION HELD OF Planning Commission	SOUGH1 :		D No. Conf. Code		
CHECK ONLY IF CANDIDATE OR			ISOEL		
A FISCAL YEAR. PLEASE STATE BELOW V DECEMBER 31, 2004 MANNER OF CALCULATING REPORTABLI THE LEGISLATURE ALLOWS FILERS THI REQUIRES FEWER CALCULATIONS, OR I instructions for further details). PLEASE STA	E OPTION OF USING REPORTING THRESH JSING COMPARATIVE THRESHOLDS, WHIC TE BELOW WHETHER THIS STATEMENT REF	YEAR, WHETHER E ECEDING TAX YEAR OTHER THAN THE C HOLDS THAT ARE A H ARE USUALLY BA FLECTS EITHER (che	ENDING EITHER (check one): ALENDAR YEAR: ABSOLUTE DOLLAR VALUES, WHICH ASED ON PERCENTAGE VALUES (see ick one):		
	E [Major sources of income to the reporting per		AR VALUE THRESHOLDS		
NAME OF SOURCE SOURCE'S OF INCOME ADDRESS			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
Wages- Sandcastle Const. Co	nibel Ge	el General Contractor			
			· · · · · · · · · · · · · · · · · · ·		
NAME OF NAME BUSINESS ENTITY (es of income to busin DDRESS SOURCE	esses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
NA		· 			
PART C - REAL PROPERTY [Land, buildings owned by the reporting person] 1206 Bay Drive; Sanibel, FL			ING INSTRUCTIONS for when where to file this form are locat- at the bottom of page 2.		
		this	STRUCTIONS on who must file form and how to fill it out begin page 3.		
			HER FORMS you may need to are described on page 6.		

PART D — INTANGIBLE PERS TYPE OF INTANG		Stocks, bonds, certifi	cates of deposit, etc.] BUSINESS ENTITY TO W	HICH THE PR	OPERTY RELATES	
NA			· · · · · · · · · · · · · · · · · · ·			
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		<u>_</u>	·			
PART E - LIABILITIES [Major NAME OF CREI		· · · · · · · · ·	ADDRES		DR	
NA						
			· · · · · · · · · · · · · · · · · · ·			
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·			·····		······································	
PART F — INTERESTS IN SPEC				-		
NAME OF	BUSINESS		BUSINESS ENTITY #	2	BUSINESS ENTITY # 3	
BUSINESS ENTITY ADDRESS OF		Bank of SW				
BUSINESS ENTITY PRINCIPAL BUSINESS	1565 Red Ce	edar Dr.; Ft M	vers,FL	·		
ACTIVITY	Banking				·	
WITH ENTITY	None		· · · ·			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	NO	· · ·				
NATURE OF MY OWNERSHIP INTEREST	Stockho	lder	· ·			
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE (required): Michaell. Valiquetto DATE SIGNED (required): 5/27/09						
			STRUCTIONS:			
After completing all parts of this form, including if signing and dating it, send back only the first on sheet (pages 1 and 2) for filing. for		on Ethics or a Co	LE: the form by the Commission unity Supervisor of Elections iclosure filing, return the form	Initially, officer, ar file within appointme	TO FILE: each local officer/employee, state nd specified state employee must a 30 days of the date of his or her ent or of the beginning of employ-	
of 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. Ca		of Elections of the nently reside. (If yo in Florida, file with	becal officers/employees file with the Supervisor Elections of the county in which they perma- ently reside. (If you do not permanently reside Florida, file with the Supervisor of the county here your agency has its headquarters.) ment. 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			
		State officers or file with the Comm 15709, Tallahasse address: 3600 Ma 201, Tallahassee, F Candidates file th	State officers or specified state employees ile with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312. must file at the same time th qualifying papers. <i>Thereafter</i> , local officers/employees officers, and specified state em- required to file by July 1st fol		at the same time they file their	
		qualifying papers.	-	uons.	,	

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

on page 3.

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. 1/2009