		<u></u>				
FORM 1		STATEM	ENT OF		2009 🗸	
Please print or type your name, mailin address, agency name, and position b	g elow:	FINANCIAL	INTERF	STS	1	
LAST NAME - FIRST NAME - MIL	DLE NAME			FOR OFFICE		
Valiquette, Michael Jo	seph			USE ONLY:	and the second	
MAILING ADDRESS :						
1206 Bay Drive				-		
CITY :	ZIP	COUNTY :				
Sanibel, FL	339	57 Lee		"		
NAME OF AGENCY :					N E	
City of Sanibel					Sonf. Code	
NAME OF OFFICE OR POSITION Planning Commission		OUGHT :		і р —	Req. Code	
	EOR		PPOINTEE		D No. Sonf. Code Req. Code Req. Code Code Code	
A FISCAL YEAR. PLEASE STATE I December 31, 2009 MANNER OF CALCULATING REP	DRTABLE I ERS THE NS, OR US ASE STATE	IETHER THIS STATEMENT IS OR SPECIFY NTERESTS: OPTION OF USING REPOR SING COMPARATIVE THRES E BELOW WHETHER THIS S	s for the preced (Tax year if othe RTING THRESHOLD SHOLDS, WHICH AR TATEMENT REFLEC	ING TAX YEAR IR THAN THE C S THAT ARE A E USUALLY BA TS EITHER (che	ALENDAR YEAR: BSOLUTE DOLLAR VALUES, WHICH SED ON PERCENTAGE VALUES (900	
PART A PRIMARY SOURCES O NAME OF SOURCE OF INCOME	FINCOME	Major sources of income to the reporting person] SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
					General Contractor	
Wages- Sandcastle Const. Co.,		Inc. 695 Tarpon Bay Rd.; Sanibel			General Contractor	
PART B SECONDARY SOURCE NAME OF BUSINESS ENTITY	I NAMI	ME [Major customers, clients, E OF MAJOR SOURCES BUSINESS' INCOME	and other sources of ADDR OF SOL	ESS	esses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
NA						
• • • •	1	······································			· · · · · · · · · · · · · · · · · · ·	
	<u></u>	·····				
		•				
PART C REAL PROPERTY [Lan		and	ING INSTRUCTIONS for when I where to file this form are locat-			
1206 Bay Drive; Sanibel, FL					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.	
· · · · · · · · · · · · · · · · · · ·					· · · · · · · · · · · · · · · · · · ·	

TYPE OF INTA			BUSINESS ENTITY TO WH				
NA			<u> </u>				
			· · · · · · · · · · · · · · · · · · ·	·			
	······		· · · · · · · · · · · · · · · · · · ·				
	· · · · · · · · · · · · · · · · · · ·						
······································	· · · ·						
					Ĕ		
PART E LIABILITIES [Maj			· · · · ·	· ·	04P		
NAME OF CREDITOR			ADDRESS OF CREDITOR				
NA					DITOR		
			•		Ă		
					Ŕ		
			:		С П		
			······································				
PART F - INTERESTS IN SPE	CIFIED BUSINESSE	IOwnership or po	sitions in certain types of businesse	s]			
	BUSINESS	ENTITY#1	BUSINESS ENTITY # 2	2	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY	First Comm	. Bank of SV	VFL		· · ·		
ADDRESS OF BUSINESS ENTITY	1565 Red C	edar Dr.; Ft l	Myers,FL				
PRINCIPAL BUSINESS	Banking		·				
POSITION HELD 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	S A THROUGH F	ARE CONTINU	JED ON A SEPARATE SHE	ET, PLE			
SIGNATURE (required):	A. []]	11/1	DATE S	IGNED (r	required):		
	Walu //.	1 Mina		· · ·	required): 5/28/10		
			NSTRUCTIONS:				
WHAT TO FILE:	· · · · ·	WHERE TO I		WHE	N TO FILE:		
After completing all parts of the			If you were mailed the form by the Commission Initially, each local office on Ethics or a County Supervisor of Elections officer, and specified state				
signing and dating it, send back only the first sheet (pages 1 and 2) for filing.		for your annual	thin 30 days of the date of his or her				
		to that location.	mployees file with the Supervisor	ment.	atment or of the beginning of employ- Appointees who must be confirmed by		
		of Elections of the	he county in which they perma-		nate must file prior to confirmation, even is less than 30 days from the date of their		
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		in Florida, file wi	atment.				
					idates for publicly-elected local office file at the same time they file their		
		file with the Com	mission on Ethics, P.O. Drawer	qualifying papers.			
		address: 3600 M	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.				
		201, Tallahassee					
		To determine what category your position fails under, see the "Who Must File" Instructions			Finally, at the end of office or employment, each local officer/employee, state officer, and		
		on page 3.	ING AANO MUSU TIIG INSUUCIOAIS		ied state employee is required to file a isclosure form (Form 1F) within 60 days		
					ving office or employment.		