

FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

LAST NAME - FIRST NAME - MIDDLE NAME:
GARMAGER TIMOTHY ROY

MAILING ADDRESS:
PO Box 1075

CITY: **SANIBEL** ZIP: **FL 33957** COUNTY: **LEE**

NAME OF AGENCY:
CITY OF SANIBEL GENERAL EMPLOYEES PENSION PLAN

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
MEMBER - BOARD OF TRUSTEES

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY:

ID Code _____

ID No. **(D)**

Conf. Code _____

P. Reg. Code _____

(NOL)

09MAY18PM0238 SDE L ee Co FI

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, 2008 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 INCOME [Major sources of income to the reporting person]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
SUCCESS! HAPPINESS COACHING, LLC	(1360 EAGLE RUN DRIVE) P.O. BOX 1075 SANIBEL, FL 33957	EXECUTIVE AND PERSONAL COACHING

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]

1360 EAGLE RUN DRIVE, SANIBEL, FL

9149 PASO DE VALENCIA, FORT MYERS, FL

625 MERITA #26, SANIBEL, FL

2425 COUNTY RD 5 NE, ALEXANDRIA, MN

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

OTHER FORMS you may need to file are described on page 6.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

PART E — LIABILITIES [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

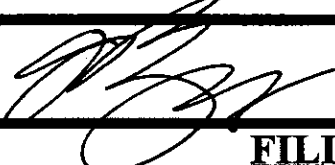
WASHINGTON MUTUAL (CHASE)	NYC
CHASE	NYC
COUNTRYWIDE (BOFA)	CHARLOTTE, N.C.
AMEX	NYC

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE (required):



DATE SIGNED (required):

5-13-09

FILING INSTRUCTIONS:

WHAT TO FILE:

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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:

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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.

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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.

FORM 1

STATEMENT OF

2008

Please print or type your name, mailing address, agency name, and position below:

FINANCIAL INTERESTS

LAST NAME - FIRST NAME - MIDDLE NAME:

GARMAGER TIMOTHY ROY

MAILING ADDRESS:

PO Box 1075

CITY: ZIP: COUNTY:

SANIBEL FL 33957 LEE

NAME OF AGENCY:

CITY OF SANIBEL GENERAL EMPLOYEES PENSION PLAN

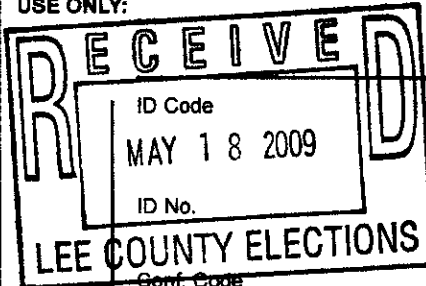
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FOR OFFICE USE ONLY:



ID Code

MAY 18 2009

ID No.

LEE COUNTY ELECTIONS

Conf. Code

P. Req. Code

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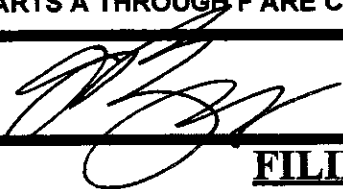
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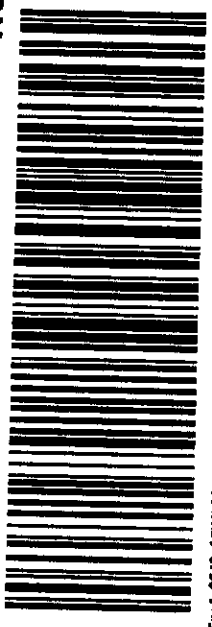
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MON - 18 MAY AT
 PRIORITY OVERNIGHT
 ISF
 33902
 FL-US
 RSW

FedEx
 TRK# 8651 5788 7715
 35 FMYA



Emp# 9643 15MAY09 FMYA

FedEx Envelope* FedEx Pak* FedEx Tube Other

FedEx Pak* Includes FedEx Small Pak, FedEx Large Pak, and FedEx Surety Pak.

6 Special Handling

SATURDAY Delivery
 Not available for FedEx Standard Overnight, FedEx First Overnight, FedEx Express Saver, or FedEx Ship Freight.
 Does this shipment contain dangerous goods?
 No Yes Yes (as per attached Shipper's Declaration and Product)

HOLD Weekday at FedEx Location
 Not available for FedEx First Overnight, FedEx Express Saver, or FedEx Ship Freight.
 Includes FedEx address in Section 1. **HOLD Saturday at FedEx Location**
 Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.

Include FedEx address in Section 1

Drop/POD
 Drop/POD (USPS) **Cargo Aircraft Only**

7 Payment Sender Recipient Third Party Credit Card Cash/Check

Enter FedEx Acct. No. or Credit Card No. below. **Urban Recip.** **Acct. No.**

Total Packages _____ **Total Weight** _____

8 Residential Delivery Signature Options If you require a signature, check Direct or Indirect.

No Signature Required
 Signature not required for delivery.

Direct Signature
 Signature of recipient's address at delivery. For applicable.

Indirect Signature
 Signature of recipient's address at delivery. For applicable.

519

Net Use 188-Pwr/1827-018-308 FedEx-PRINTED IN U.S.A.-SRS

FedEx. US Airbill
 Express

1 From This portion can be removed for Recipient's records.

Date 5/15/09 FedEx Tracking Number 865157887715

Sender's Name Janelle Smith Phone 239 472-3700

Company CITY OF SANIBEL

Address 800 DUNLOP RD

City SANIBEL State FL ZIP 33957

2 Your Internal Billing Reference

3 To Recipient's Name Ms. Bernie Feliciano Phone 239 533-16304

Company Lee Co. Supervisor of Elections

Recipient's Address Post Office 2545

We collect address in FL, GA or AL ZIP codes.

Address _____

City Fort Myers State FL ZIP 33902-2545



8651 5788 7715

0378031226

I live in **Fort Myers**

fedex.com 1800.GoFedEx 1800.463.3339



City of Sanibel

800 Dunlop Road
Sanibel, Florida 33957-4096

www.mysanibel.com

AREA CODE - 239

CITY COUNCIL	472-4135
ADMINISTRATIVE	472-3700
BUILDING	472-4555
EMERGENCY MANAGEMENT	472-3111
FINANCE	472-9615
LEGAL	472-4359
NATURAL RESOURCES	472-3700
RECREATION	472-0345
PLANNING	472-4136
POLICE	472-3111
PUBLIC WORKS	472-6397

May 15, 2009

Ms. Bernie Feliciano
Qualifying Officer
Lee County Supervisor of Elections Office
Post Office 2545
Fort Myers, Florida 33902-2545

Dear Ms. Feliciano:

Enclosed please find the 2008 Statements of Financial Interests for the following:

Timothy R. Garmager, Pension Board Trustee

If you have any questions please do not hesitate to call (239) 472-3700.

Cordially,

Pamela Smith, MMC
City Clerk

Enclosure

Cc: Judie Zimomra, City Manager
Ken Cuyler, City Attorney

09MAY18PM10238 SDE Lee Co Fl