

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

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

Diversified Investment Advisers	Lee Memorial Health System
Lincoln Financial Group	Lee Memorial Health System
South West Florida Addition Retirement Plan	South West Florida Addition Service

PART E — LIABILITIES [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

Washington Mutual	400 E. Main Street Stockton California 95290
Fifth Third Bank	

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	Colonial Primary Care		
ADDRESS OF BUSINESS ENTITY	1705 Colonial Blvd Fort Myers, FL		
PRINCIPAL BUSINESS ACTIVITY	Family Practice		
POSITION HELD WITH ENTITY	President		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes		
NATURE OF MY OWNERSHIP INTEREST	Practicing physician		

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

SIGNATURE:

Wesley D. Bowen MD

DATE SIGNED:

August 28, 2001

FILING INSTRUCTIONS:

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.

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 file with the Supervisor of Elections of the county in which you 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 your qualifying papers.

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

WHEN TO FILE:

Initially, each local officer, 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, 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, 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
FINANCIAL INTERESTS

2000

LAST NAME — FIRST NAME — MIDDLE NAME:

BAQUERO Washington D.

MAILING ADDRESS:

5829 Sunnyside Lane

Ft Myers, FL. LEP.

CITY:

ZIP:

COUNTY:

33919.

NAME OF REPORTING PERSON'S AGENCY:

Edison Community College
Board of Trustees.

CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):



LOCAL OFFICER



STATE OFFICER



CANDIDATE



SPECIFIED STATE EMPLOYEE

LIST OFFICE OR POSITION HELD OR SOUGHT:

Edison College Trustee.

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, 2000

OR



SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

PRIOR TO 2001, THE THRESHOLDS FOR REPORTING FINANCIAL INTERESTS WERE COMPARATIVE, USUALLY BASED ON PERCENTAGE VALUES. BEGINNING IN 2001, THE LEGISLATURE HAS ALLOWED FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):



COMPARATIVE (PERCENTAGE) THRESHOLDS (old method)

OR



DOLLAR VALUE THRESHOLDS (new method)

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
Lee Memorial Hospital	Ft Myers, FL.	Medical Doctor
S.W. Florida Addiction Services	2562 Dixie Pkwy Ft M.	Medical Doctor
Integrated Health Services	13755 Golf Club Pkwy Ft. M.	Medical Doctor

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'S INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
Colonial Primary Care	Doctors Office	1705 Colonial Blvd Ft Myers	Medical Care

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

The Forum Condominiums, 1705 Colonial Blvd
Ft Myers, Florida.

Central Park South Condominiums.

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 of this packet.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
None Bank of America IRA	Medical Practice
Nations Bank IRA	Medical Practice
SWEAS Retirement PLAN	Medical Practice

PART E — LIABILITIES IN EXCESS OF NET WORTH [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
None	
Nations Bank IRA	

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	None		
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 PARTS OF A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE: Worley D. Rogers DATE SIGNED: August 20, 2000

FILING INSTRUCTIONS FOR FORM 1

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. Note: You also may be required to file Form 10, which is the last page of this packet. Please see that form for detailed instructions.

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: Local officers file with the Supervisor of Elections of the county in which you 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 Department of State, Room 1802, The Capitol, Tallahassee, Florida 32399-0250. Candidates file this form together with your qualifying papers. To determine what category your position falls under, see the "Who Must File" instructions on page 3. If you were mailed the form by the Secretary of State or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

WHEN TO FILE: Initially, each local officer, 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.

Thereafter, local officers, state officers, and specified state employees are required to file by July 1st following each calendar year they hold their positions. Candidates for publicly-elected state or local office must file at the same time they file their qualifying papers.

(Continued on p.3) 



THE FLORIDA SENATE
COMMITTEE ON GUBERNATORIAL
APPOINTMENTS AND CONFIRMATIONS

Location
420 Knott Building

Mailing Address
404 South Monroe Street
Tallahassee, Florida 32399-1100
(850) 487-5828

William G. "Doc" Myers, *Chairman*
Sarah Jane Bradshaw, *Staff Director*

January 4, 2000

Washington D. Baquero, M.D.
1705 Colonial Boulevard
Ft. Myers, FL 33909

RE: FILING FINANCIAL DISCLOSURE

Dear Dr. Baquero:

In preparing for the Senate Confirmation Process on your appointment to Board of Trustees of Edison Community College, staff has contacted the Supervisor of Elections in your county of residence to obtain a copy of your financial disclosure form. In reviewing your form, we note that you failed to sign it.

Enclosed is a copy of your form. Please sign the form where indicated and file it with the Supervisor of Elections in your county of residence. Next, notify our office at (850) 487-5828 so that we can request a copy from the Supervisor of Elections.

If you have any questions concerning this matter, please contact this office. Thank you for your attention to this matter.

Sincerely,

Sarah Jane Bradshaw

Sarah Jane Bradshaw
Staff Director

SJB/dp

RECEIVED
JAN 10 2000
SENATE CLERK
OFFICE OF THE CLERK
FLORIDA SENATE