# STATEMENT OF 2002 FORM 1 FINANCIAL INTERESTS Please print or type your name, mailing address, agency name, and position below: LAST NAME -- FIRST NAME -- MIDDLE NAME FOR OFFICE JUN 30 AT 11: 27 USE ONLY: MAILING ADDRESS : SUPERVISOR OF CELUTIONS ID Code NAME OF AGENCY: Conf./Code NAME OF OFFICE OR POSITION HELD OR SOUGHT: Reg. Code NEW EMPLOYEE OR APPOINTEE CHECK IF CANDIDATE OR \*\*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): SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: **DECEMBER 31, 2002** OR 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): **DOLLAR VALUE THRESHOLDS** COMPARATIVE (PERCENTAGE) THRESHOLDS PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] DESCRIPTION OF THE SOURCE'S NAME OF SOURCE SOURCE'S PRINCIPAL BUSINESS ACTIVITY OF INCOME **ADDRESS** PRACTICE MOS COLON PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person] NAME OF MAJOR SOURCES PRINCIPAL BUSINESS NAME OF **ADDRESS ACTIVITY OF SOURCE** OF BUSINESS' INCOME OF SOURCE **BUSINESS ENTITY**

FILING INSTRUCTIONS for when

and where to file this form are locat-

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

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

ed at the bottom of page 2.

on page 3.

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

PART D — INTANGIBLE PERSO	DNAL PROPERTY [Stocks, bonds, cel	rtificates of deposit letc l	
TYPE OF INTANG		BUSINESS ENTITY TO WHICH THE I	
PART E — LIABILITIES [Major debts]  NAME OF CREDITOR  ADDRESS OF CREDITOR			ITOR
PART F — INTERESTS IN SPECII	FIED BUSINESSES [Ownership or po	sitions in certain types of businesses]	
ı	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			75
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			Albert Al
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			
IF ANY OF PARTS A	THROUGH F ARE CONTINU	JED ON A SEPARATE SHEET, PLE	ASE CHECK HERE
SIGNATURE (required):	V. Bym	DATE SIGNED (re	equired):
	FILING II	NSTRUCTIONS:	
WHAT TO FILE:	WHERE TO F	FILE: WHEN	N TO FILE:

## 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:**

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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.

#### WHEN TO FILE:

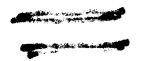
Initially, each local officer/employee, state officer, and specified state employee must file within 30 days of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from 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/employees, 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/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.

1040	Department of the Treasury — Internal Revenue Service		
Form 1040	U.S. Individual Income Tax Return 200	(99) IRS use of	only — Do not write or staple in this space.
	For the year $\tan 1 - \text{Dec } 31, 2002, \text{ or other tax year beginning}$ , 2002, s	ending , 20	OMB No. 1545-0074
Label	Your tirst name VI Last name		Your social security number
(See instructions.)	Washington D Baquero		
Use the	If a joint return, spouse's tirst name MI Last name		Spouse's social security number
IRS label. Otherwise.	Maria Baquero		420 54
please print	Home address (number and street). If you have a P.O.box, see instructions.	Apartment n	▲ Important: ▲
or type.	5829 Sunnyside Lane		You must enter your social
Dan aid antial	City, town or post office. If you have a foreign address, see instructions.	State ZIP code	security number(s) above.
Presidential Election	Fort Myers, FL 33919		
Campaign See distractions.)	Note: Checking 'Yes' will not change your tax or reduce your ref Do you, or your spouse if filing a joint return, want \$3 to go to the	und.	You Spouse Yes X No Yes X No
	1   Single 4		th qualifying person). (See
Filing Status	2 X Married filing jointly (even if only one had income)	instructions.) If the qua	ilifying person is a child
	3 Married filing separately. Enter spouse's SSN above & full	but not your dependent name here.	t, enter this child's
Check only	name here . > 5	Qualifying widow(er) w	ith dependent child (year
one box.		spouse died	). (See instructions.)
Exemptions	6a X Yourself. If your parent (or someone else) can claim you her tax return, do not check box 6a.	u as a dependent on his o	No. of boxes checked on 6a and 6b. 2
	b X Spouse	<u> </u>	No. of children
	c Dependents: (2) Dependent's		(4) √ if on 6a who:
	social security number	relationship to you	qualifying lived child for child with you.
	(1) First name Last name		(see instrs) • did not
			live with you due to divorce
			or separation (see instrs).
of more than tive dependents.			Dependents
see instructions.			on 6c not entered above.
			Add numbers
	d Total number of exemptions claimed		on lines 2
Income	7 Wages, salaries, tips, etc. Attach Form(s) W-2		7 242,000.
	8a Taxable interest. Attach Schedule B if required	t t	8a 1,538.
Attach Forms W-2 and W-2G	b Tax-exempt interest. Do not include on line 8a	L.,	7.
here. Also attach	10 Taxable refunds, credits, or offsets of state and local income taxes (see instr	untions)	10
Form(s) 1099-R if tax was withheld		actions)	11
	12 Business income or (loss). Attach Schedule C or C-EZ.		12 11,137.
if you did not get a W-2, see	13 Capital gain or (loss). Att Sch Diffreqd. If not reqd, ck here	► []	13
instructions.			14 -134.
		Taxable amount (see inst	
	16a Pensions and annuities 16a b  17 Rental real estate, royalties, partnerships, S corporations, tr	Taxable amount (see instructs, etc. Attach Schodul	
Enclose, but do	18 Farm income or (loss). Attach Schedule F		18
not attach, any	19 Unemployment compensation.		19
payment. Also, please use		Taxable amount (see inst	trs) 20b
Form 1040-V.	21 Other Income		21
	21 Other income 22 Add the amounts in the far right column for lines 7 through 3	21. This is your total inco	me. ► 22 277,549.
Adjusted	23 Educator expenses (see instructions)	23	
Gross	24 RA deduction (see instructions)	24	
Income	<ul><li>25 Student loan interest deduction (see instructions).</li><li>26 Tuition and fees deduction (see instructions).</li></ul>	25	
	27 Archer MSA deduction. Attach Form 8853.		
	28 Moving expenses. Attach Form 3903		
	29 One-half of self-employment tax. Attach Schedule SE.	149.	
	30 Self-employed health insurance deduction (see instructions)	30	
	31 Self-employed SEP, SIMPLE, and qualified plans		
	32 Penalty on early withdrawal of savings.	<del></del>	299.
	33a Alimony paid <b>b</b> Recipient's SSN.	33a	34 448.
	<b>34</b> Add lines 23 through 33a		34 448.



Form 1040 (2002)	Washington D and Maria Baguero		4-50	Page 2
Tax and	36 Amount from line 35 (adjusted gross income).	36	277,101.	
Credits	37a Check if: You were 65/older, Blind; Spouse was 65/older. Blind.			
	Add the number of boxes checked above and enter the total here	≥ 37a	$\perp$	
Standard Deduction	bilf you are married filing separately and your spouse itemizes ded	luctions.	7 1	
for -	or you were a dual-status alien, see instructions and check here	<u>-</u>	38	10 540
<ul> <li>People who checked any box</li> </ul>	38 Itemized deductions (from Schedule A) or your standard deduction (see left margin).			10,542.
on tine 37a or				266,559.
37b <b>or</b> who can	40 If line 36 is \$103,000 or less, multiply \$3,000 by the total number on line 6d. If line 36 is over \$103,000, see the worksheet in the in	or exemptions claimed	40	2,520.
be claimed as a compendent, see	41 Taxable income. Subtract line 40 from line 39.			
instructions.	If fine 40 is more than line 39, enter -0-		41	264,039.
All others:	42 Tax (see instrs). Check if any tax is from a Form(s) 8814 b Form 4972		42	74,227.
Single.	43 Alternative minimum tax (see instructions). Attach Form 6251		43	74 007
\$4.700 !	<b>44</b> Add lines 42 and 43	1	<b>44</b>	74,227.
Head of		5		
household. \$6.900		6	4 1	
	47 Credit for the elderly or the disabled. Attach Schedule R	<del></del>		
Married filing jointly or	48 Education credits. Attach Form 8863 4		_	
Qualifying	49 Retirement savings contributions credit. Attach Form 8880 4			
. widow(er). - \$7.850		0		
	51 Adoption credit. Attach Form 8839			
Married filing separately.	52 Credits from: a Form 8396 b Form 8859 5  53 Other credits. Check applicable box(es): a Form 3800	2	-	
\$3.925		3		
	b Form c Specify 5  Add lines 45 through 53. These are your total credits.		54	
	55 Subtract line 54 from line 44. If line 54 is more than line 44, enter	r -N-	► 55	74,227.
	56 Self-employment tax. Attach Schedule SE		56	298.
Other	57 Social security and Medicare tax on tip income not reported to employer. Attach Fo	irm 4137	57	
Taxes	58 Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Forr		58	
	59 Advance earned income credit payments from Form(s) W-2		59	
	60 Household employment taxes. Attach Schedule H		60	
	61 Add lines 55-60. This is your total tax		► 61	74,525.
Payments		67,855	<u>.</u>	
'I you have a		3		
qualifying	64 Earned income credit (EIC). NO 6		_	
chiid, attach Schedule EIC.		8,255	<u>-</u>	
		66		
		7		
		58		76 110
	69 Add lines 62 through 68. These are your total payments.		<b>►</b> 69	76,110.
Refund	70 If line 69 is more than line 61, subtract line 61 from line 69. This is the amount yo	u overpaid	70	1,585. 1,585.
Direct deposit?	71 a Amount of line 70 you want refunded to you	ов По-	► 71 a	1,303.
See instructions and fill in 71b.		Checking Savings	5	
Tip. and Tip.	d Account number.	72		
Amount		<del></del>	73	
Amount You Owe	Amount you owe. Subtract line 69 from line 61. For details on how to pay, see ins	74	73	
	74 Estimated tax penalty (see instructions). 75 Do you want to allow another person to discuss this return with the IRS	<del></del>	<u> Residence de la companya del companya de la companya del companya de la company</u>	
Third Party	(see instructions)?	X Yes. Co	omplete the fo	
Designee	Designee's Preparer Phone no.	<b>•</b>	Personal identif number (PIN)	ication
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying sch	edules and statements, and to t	ne best of my know	viedge and
Here	DIGIT belief, they are true, correct, and complete, Declaration of preparer (other than taxpayer) is based on all information of which			
Joint return?		our occupation	Daytime ph	one number
See instructions.				
Keep a copy for your records.		pouse's occupation	ee l	
ioi your records.	Date	dministrative A		SSN or PTIN
	Preparer's N T T T T T T T T T T T T T T T T T T	Characterities	Toparer 3	
Paid		Check if self-employed		
Preparer's	or yours it	(A)		
Use Only	address, and	EIN	e no. (941)	939-2301
	ZP code FORT MVers, FL 3390/	Phone	ま110、 (ブサエ)	

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FORM 1	STATEM	2002		
Please print or type your name, mailing address, agency name, and position bel	ow: FINANCIAL	INTERESTS		
LAST NAME FIRST NAME MIDD Barnes - Buch MAILING ADDRESS:	ana, Barbara R	FOR OF USE OF		
	(9 4 2		ID Code	
CITY: COUNTY:  Bounta Springs FL 34133 Les  NAME OF AGENCY:  City of Bounta Springs			ID Code ID No. Conf. Code P. Req. Code	
NAME OF OFFICE OR POSITION HI	P. Req. Code			
CHECK IF CANDIDATE OR	NEW EMPLOYEE OR APPOIN	ITEE		
**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, 2002 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:				
REQUIRES FEWER CALCULATIONS	RS THE OPTION OF USING REPOR S, OR USING COMPARATIVE THRES SE STATE BELOW WHETHER THIS ST	HOLDS, WHICH ARE USUAL FATEMENT REFLECTS EITHEI	ARE ABSOLUTE DOLLAR VALUES, WHICH LY BASED ON PERCENTAGE VALUES (see R (check one): DOLLAR VALUE THRESHOLDS	
	INCOME [Major sources of income to the		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
, , ,	Springs Soutell	coita Bunch 180 Bonda Springs FL 3 netirement Sclotic Columbus CH 43216-	4135 Asst City Manager	
Deferrations Comp	457 3525 N. 46 h	rocke Dr., Naply,	Planning DeHand Comp Husband is Galf Pro at	
	E	L BUILD	b businesses owned by the reporting person]  PRINCIPAL BUSINESS	
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE	ACTIVITY OF SOURCE	
PART C REAL PROPERTY [Land, buildings owned by the reporting person]			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.	
25548 Fenner 4733 Spring (	. Cirche, Benita Sprin	95, FL 34135 NS, FL 34134.	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  I  BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
PART E — LIABILITIES [Major debts]  NAME OF CREDITOR  ADDRESS OF CREDITOR			CREDITOR	
Does not exce	ad hetwerth			
PART F — INTERESTS IN SPECI	FIED BUSINESSES [Ov	wnership or positio	ns in certain types of businesses]	
	BUSINESS ENTI	TY#1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY				
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 OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE				
SIGNATURE (required):  DATE SIGNED (required):  Live 30, 2003				
FILING INSTRUCTIONS:				

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CE FORM 1 - Eff. 1/2003 PAGE 2