

## FORM 1

## STATEMENT OF

2008

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

## FINANCIAL INTERESTS

A/C

LAST NAME -- FIRST NAME -- MIDDLE NAME --

BAQUERO, Washington Dario

MAILING ADDRESS:

1505 Colonial Blvd

Ft Myers, FL 33907. Lee

CITY:

ZIP:

COUNTY:

NAME OF AGENCY:

Edison State College

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Trustee

FOR OFFICE  
USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

09MUG12M0848 SDE Lee Co FL

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

## \*\*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
Medical Office	1705 Colonial Blvd Ft M	Primary Care Doctor
SW Florida Addiction Services	2802 3363 Evan. Ave Ft M	Treatment of Addictions

## 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
Health Park Care Center	Med Dir	Rosecrush Rd Ft M	Nursing Home
Steady Rest Nursing R.	Med Dir	2310 N. Airport Rd Ft M	Nursing Home

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

Home 5824 Sunnyside Lane Ft M FL
Condo 6662 Evers Blvd. Ft M Beach FL
Condo Unit 453 Royal Pelican Ft M Beach FL
Condo 1705 Colonial Blvd Ft M FL

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

Retirement PLAN  
Fifth Third Bank  
Retirement PLAN

SUNFAS (Additional Services)  
Medicaid

**PART E — LIABILITIES** [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

Fifth Third  
Bank

P.O. Box 630 778  
Cincinnati, OH 45203-0778

**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 ENTITYADDRESS OF  
BUSINESS ENTITYPRINCIPAL BUSINESS  
ACTIVITYPOSITION HELD  
WITH ENTITYI OWN MORE THAN A 5%  
INTEREST IN THE BUSINESSNATURE OF MY  
OWNERSHIP INTERESTIF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE (required):

Michael D. Boyer

DATE SIGNED (required):

August 10, 09

**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.

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:**

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/employees** file with the Supervisor of Elections of the county in which they 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; 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.

**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.

FOR THE SUPERVISOR OF ELECTIONS  
COMPLEX  
2545  
FORT MYERS FLORIDA 33902



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