FORM 1		STATEMENT OF			2015	
Please print or type your name, mailing address, agency name, and position belo	w. FI	NANCIAL	INTERESTS		FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIC	DLE NAME :					
Baucom Warren Edwin						
MAILING ADDRESS :						
1536 Poinciana Ave					21-09	
					<del>-</del>	
CITY:	ZIP :	COUNTY:	····		9	
Fort Myers	Fl	33901			<u></u>	
NAME OF AGENCY:					<b>6</b>	
Lee County Emergency Managmo	ent				™ <b>™</b>	
NAME OF OFFICE OR POSITION I				<u>o</u>		
Disaster Advisory Council					m10:46	
You are not limited to the space on th	e lines on this f	orm. Attach additional she	ets, if necessary.		_	
CHECK ONLY IF CANDIDAT		NEW EMPLOYEE OR				
CHECK CHEFTI CANDIDAT	L OK U	MEW EMI COTEL ON	NO			
**** BO	TH PARTS	OF THIS SECT	TON MUST BE CO	MPLET	ED ****	
DISCLOSURE PERIOD:					· <del></del>	
THIS STATEMENT REFLECTS Y	OUR FINANC	IAL INTERESTS FOR T	HE PRECEDING TAX YEA	R, WHETI	HER BASED ON A CALENDAR	
YEAR OR ON A FISCAL YEAR. FEITHER (must check one):	LEASE STAT	E BELOW WHETHER	THIS STATEMENT IS FOR	THE PRE	CEDING IAX YEAR ENDING	
,	0045 01	0000		A N T 1 1 C		
☑ DECEMBER 31,	2015 <u>O</u>	SPECII	FY TAX YEAR IF OTHER TH	AN IHE C	CALENDAR YEAR:	
MANNER OF CALCULATING F	REPORTABL	E INTERESTS:				
FILERS HAVE THE OPTION OF U	JSING REPOR	RTING THRESHOLDS 1	THAT ARE ABSOLUTE DOL	AR VALU	JES, WHICH REQUIRES FEWER	
CALCULATIONS, OR USING CO for further details). CHECK THE (				PERCE	NIAGE VALUES (see instructions	
•		GE) THRESHOLDS	· /	AR VALL	JE THRESHOLDS	
	() LIVOLIVIA	(OL) THILLOHOLDO	<u>on</u> a boll	AIT VALU	SE THILDHOLDS	
PART A PRIMARY SOURCES OF	INCOME [Ma	ajor sources of income to	the reporting person - See ins	tructions]		
(If you have nothing to				•		
NAME OF SOURCE		SOL	JRCE'S	DESCRIPTION OF THE SOURCE'S		
OF INCOME		ADDRESS		PRINCIPAL BUSINESS ACTIVITY		
Lee County BoCC	2201	2201 Second Street, Ft. Myers, FL 33901		County Government		
PART B SECONDARY SOURCE						
[Major customers, clients (If you have nothing to			sses owned by the reporting pe	rson - See	e instructions]	
, ,	•	•				
NAME OF BUSINESS ENTITY		F MAJOR SOURCES SINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
		SINESS INCOME	OF SOURCE		ACTIVITY OF SOURCE	
None						
			<del></del> .			
DADT C DEAL DECREETY !!	L buildings own	and by the connection name	n - See instructions?			
PART C - REAL PROPERTY [Land (If you have nothing to r			n - See instructionsj		G INSTRUCTIONS for when	
			and where to file this form are located at the bottom of page 2.			
None						
				this fo	RUCTIONS on who must file orm and how to fill it out	
			· · · · · · · · · · · · · · · · · · ·	begin	on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY [Sto (If you have nothing to report, write "none TYPE OF INTANGIBLE	e" or "n/a")	•	tructions] /HICH THE PROPERTY RELATES			
None	ВОЗП	ILOS ENTIT TO V	MIGHT THE PROPERTY RELATES			
· · · · · ·						
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none						
NAME OF CREDITOR	ADDRESS OF CREDITOR					
None						
PART F — INTERESTS IN SPECIFIED BUSINESSES [  (If you have nothing to report, write "none"	Ownership or positions in co or "n/a") BUSINESS ENTI		inesses - See instructions]  BUSINESS ENTITY # 2			
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						
PART G — TRAINING For elected municipal officers required to complete and  I CERTIFY THAT I	<b>5</b> ,					
IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON A SE	EPARATE SHE	ET, PLEASE CHECK HERE			
SIGNATURE OF FILE  Signature:  Date Signed:  8 · 22 ·   6	If a c in gc she I, Form instruction	CPA or ATTORNEY SIGNATURE ONLY  If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:  I,				
	Date	Date Signed:				
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).

#### NOTE:

#### **MULTIPLE FILING UNNECESSARY:**

A candidate who previously filed Form 1 because of another public position must file a copy of his or her Form 1 when qualifying. A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

Facsimiles will not be accepted.

### 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: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see page 3 of instructions.

### 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 must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2015.

# Baucom, Warren

From:

Rasner, Kim

Sent:

Wednesday, August 17, 2016 9:42 AM

To:

Baucom, Warren

Subject:

Financial Disclosure requirement

Attachments:

Form 1 2015i.pdf

# Good morning Warren,

I have been notified that you are serving as the EDO designee on the Disaster Advisory Council in place of B. Pat. Members of the DAC are required to file a statement of financial interests. I have attached the necessary form. Please send it to the Supervisor of Elections Office in the county where you reside. This should be done within 30 days. You may send it via interoffice mail or by postal mail to:

Supervisor of Elections P.O. Box 2545 Fort Myers, FL 33902-2545

Always a pleasure,

Kim Rasner, Administrative Specialist Lee County Administration 239-533-2107 239-485-2262 fax

Lee County Southwest Florida

21-09 \*16 평10:4

Please note: Florida has a very broad public records law. Most written communications to or from County Employees and officials regarding County business are public records available to the public and media upon request. Your email communication may be subject to public disclosure.

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.