FORM 1	STATEMENT	ΓOF	2014		
Please print or type your name, mailing address, agency name, and position bel	FINANCIAL INT	ERESTS [	FOR OFFICE USE ONLY:		
LAST NAME FIRST NAME MI	DDLE NAME :				
Modys Peter Baco	n				
MAILING ADDRESS :					
3321 SE 10th Str	eet				
Cape Coral, FL	33904 Lee				
CITY:	ZIP: COUNTY:	,			
Lee County Port	Authority	/			
NAME OF AGENCY:	Director Arristica				
NAME OF OFFICE OR POSITION	Director, Aviation				
NAME OF OFFICE OR FOSITION	HELD OR SOUGHT.	_ /			
		—— <b>!</b> V			
You are not limited to the space on the	e lines on this form. Attach additional sheets, if neces	· 14 /			
CHECK ONLY IF CANDIDA	E OR 🔲 NEW EMPLOYEE OR APPOINT	EE PM 6/11			
**** BO	TH PARTS OF THIS SECTION M	UST BE COMPLE	TED ****		
DISCLOSURE PERIOD:					
	OUR FINANCIAL INTERESTS FOR THE PREC				
YEAR OR ON A FISCAL YEAR.  EITHER (must check one):	PLEASE STATE BELOW WHETHER THIS STA	TEMENT IS FOR THE PRI	ECEDING TAX YEAR ENDING		
DECEMBER 31	, 2014 <u>OR</u> 그 SPECIFY TAX YE	EAR IF OTHER THAN THE	CALENDAR YEAR:		
MANNED OF CALCULATING	DEBORTARI E INTERESE.				
MANNER OF CALCULATING REPORTABLE INTERESTS: FILERS HAVE 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). CHECK THE					
☐ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☑ DOLLAR VALUE THRESHOLDS					
	FINCOME [Major sources of income to the reporting report, write "none" or "n/a")	ng person - See instructions]			
NAME OF SOURCE	source's		ESCRIPTION OF THE SOURCE'S		
• OF INCOME	ADDRESS	F	PRINCIPAL BUSINESS ACTIVITY		
-None-					
Particular of Campan Conservations and Company and Com			and the second s		
	S OF INCOME s, and other sources of income to businesses owned report, write "none" or "n/a")	by the reporting person - Se	e instructions]		
NAME OF .	NAME OF MAJOR SOURCES	ADDRESS	. PRINCIPAL BUSINESS		
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE	ACTIVITY OF SOURCE		
-None-					
-None-					
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]  (If you have nothing to report, write "none" or "n/a")			G INSTRUCTIONS for when where to file this form are		
None			ed at the bottom of page 2.		
-None-			RUCTIONS on who must file		
			orm and how to fill it out on page 3.		
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SUBSECTIONS.

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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 OF FILER:  CPA or ATTORNEY SIGNATURE ON  If a certified public accountant licensed under Chapte attorney in good standing with the Florida Bar prepare	PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions]  (If you have nothing to report, write "none" or "n/a")					
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")  NAME OF CREDITOR  -None -  PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions] (If you have nothing to report, write "none" or "n/a")  BUSINESS ENTITY # 1  BUSINESS ENTITY # 2  ADDRESS OF BUSINESS ENTITY  PRINCIPAL BUSINESS ENTITY  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 OF FILER:  SIGNATURE OF FILER:  Signature:  Signature:	TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
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SIGNATURE OF FILER:  CPA or ATTORNEY SIGNATURE ON  If a certified public accountant licensed under Chapte attorney in good standing with the Florida Bar prepare	NATURE OF MY OWNERSHIP INTEREST					
Signature:  If a certified public accountant licensed under Chapte attorney in good standing with the Florida Bar prepare	IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					
Signature: attorney in good standing with the Florida Bar prepare	SIGNATURE OF FILE	R:	CPA or ATTORNEY SIGNATURE ONLY			
the CE Form 1 in accordance with Section 112.314			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,, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable			
Date Signed:  CPA/Attorney Signature:	Date Signed: (7)		knowledge and belief, the disclosure herein is true and correct.			

# 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).

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

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. A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

## **FILING INSTRUCTIONS:**

### 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 the "Who Must File" Instructions on page 3.

Facsimiles will not be accepted.

# 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

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. However, filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2014.

\* \* ELECTION MAIL

Authorized by the U.S. Postal Service

SUPERVISOR OF ELECTIONS PO BOX 2545 FORT MYERS FL 33902-2545