FORM 1

STATEMENT OF

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Please print or type your nam address, agency name, and p		FINANCIAL	INTERESTS	S	FOR OFFICE USE ONLY:
LAST NAME FIRST NA	ME - MIDDLE NA	ME:		<u> </u>	
Raborn	Charles	David			
MAILING ADDRESS :					
			-		
CITY:	Z	IP: COUNTY:			
NAME OF AGENCY :					
Lee County					
NAME OF OFFICE OR F	POSITION HELD C	R SOUGHT :			
Board of Adjustmen	ts and Appeal	s Committee			
CHECK ONLY IF 🔲 (CANDIDATE OR	NEW EMPLOYEE OF	RAPPOINTEE		
		THIS SECTION MUS	T BE COMPLETE	D ****	
DISCLOSURE PERI THIS STATEMENT RE	-	FINANCIAL INTERESTS FO	OR CALENDAR YEAR EN	IDING DE	CEMBER 31, 2019.
MANNED OF CALC	III ATING DED	ORTABLE INTERESTS:			
				E DOLLAR	R VALUES, WHICH REQUIRES
					D ON PERCENTAGE VALUES
		HECK THE ONE YOU ARE			
COMP/	ARATIVE (PERC	ENTAGE) THRESHOLDS	OR V DOL	LAR VAL	JE THRESHOLDS
DARTA DRIMARY SOL	LIBCES OF INCOM	IE [Major sources of income to	the reporting person. See in	etructionel	
		write "none" or "n/a")	the reporting person - See in	structionsj	
NAME OF SO	NURCE	90	IDCE'S	. DE	SCRIPTION OF THE SOURCE'S
OF INCO	ME	SOURCE'S ADDRESS		PRINCIPAL BUSINESS ACTIVITY	
City of Cape Coral I	Fire Departme	P.O. BOX 150027, Cape Coral, Fl. 33		915 Fire Marshal	
<u> </u>					
					· · · · · · · · · · · · · · · · · · ·
	ners, clients, and ot	COME her sources of income to busine write "none" or "n/a")	sses owned by the reporting p	erson - See	instructions]
NAME OF		ME OF MAJOR SOURCES	ADDRESS		PRINCIPAL BUSINESS
BUSINESS ENTI	1	OF BUSINESS' INCOME	OF SOURCE		ACTIVITY OF SOURCE
NIA					
		* * *			
		gs owned by the reporting personal	on - See instructions]		e not limited to the space on the
A I A	lotning to report, v	vrite "none" or "n/a")			on this form. Attach additional s, if necessary.
10/0				FILING	3 INSTRUCTIONS for when
					here to file this form are ed at the bottom of page 2.
					RUCTIONS on who must file
l					on name 3

PART D — INTANGIBLE PERSONAL PROPERTY [St (If you have nothing to report, write "not	ocks, bonds, certificates	s of deposit, etc See ins	tructions]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
N/A				
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "not				
NAME OF CREDITOR	1	ADDRESS OF CREDITOR		
N/A				
PART F — INTERESTS IN SPECIFIED BUSINESSES	[Ownership or position	ns in certain types of bus	inesses - See instructions]	
(If you have nothing to report, write "none	" or "n/a") BUSINES:	S ENTITY # 1	BUSINESS ENTITY # 2	
NAME OF BUSINESS ENTITY				
ADDRESS OF BUSINESS ENTITY	N/A			
PRINCIPAL BUSINESS ACTIVITY	N/A			
POSITION HELD WITH ENTITY	N/A			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	N/A			
NATURE OF MY OWNERSHIP INTEREST	N/A			
PART G TRAINING For elected municipal officers required to complete as	onual ethics training pur	suant to section 112 3142	FS	
			UIRED TRAINING.	
IF ANY OF PARTS A THROUGH G AR	E CONTINUED ON	I A SEPARATE SHE	ET, PLEASE CHECK HERE	
SIGNATURE OF FILER:		CPA or ATTORNEY SIGNATURE ONLY		
Sigr		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:		
		Form 1 in accordance instructions to the form.	, prepared the CE with Section 112.3145, Florida Statutes, and the Upon my reasonable knowledge and belief, the and correct.	
Date Signed: 10/1/2020		CPA/Attorney Signature:		
		Date Signed:		
FILING INSTRUCTIONS:	and the state of t		. Charlespensy.	

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

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.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

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

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

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 not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2019.