

116138

FORM 1F

FINAL STATEMENT OF FINANCIAL INTERESTS

RECEIVED 2016 DEPARTMENT OF STATE 2016 MAY -5 AM 9:12

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)

LAST NAME - FIRST NAME - MIDDLE NAME: WILDEMAN ROY CLELAND
MAILING ADDRESS: P.O. BOX 3038
CITY: PINELAND ZIP: 33945 COUNTY: LEE

NAME OF REPORTING PERSON'S AGENCY: STATE DIVISION OF ELECTIONS UPPER CAPITVA FIRE & RESCUE DISTRICT
CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):
[X] LOCAL OFFICER [ ] STATE OFFICER [ ] SPECIFIED STATE EMPLOYEE
LIST OFFICE OR POSITION HELD: COMMISSIONER, SEAT 2

\*\*\*BOTH PARTS OF THIS SECTION MUST BE COMPLETED\*\*\*

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2016 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS 3-09-16, 2016. (Date must be prior to 12/31/16)

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). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one):

[X] COMPARATIVE (PERCENTAGE) THRESHOLDS OR [ ] DOLLAR VALUE THRESHOLDS

PART A - PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY. Content: SEE ATTACHED

PART B - SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE. Content: n/a

PART C - REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

Table with 1 column: REAL PROPERTY. Content: n/a

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 of this packet.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc. - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
	N/A

**PART E — LIABILITIES** [Major debts - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
	N/A

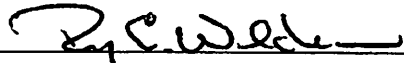
**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY	N/A	
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:



Date Signed:

4-18-16

**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, \_\_\_\_\_, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

**FILING INSTRUCTIONS:**

**WHAT TO FILE:**

After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only pages 1 and 2 for filing (you need not return any of the instruction pages). **Facsimiles will not be accepted.**

**WHEN TO FILE:**

At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.

**WHERE TO FILE:**

**Local officers:** file with the Supervisor of Elections of the county in which you 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, Florida 32303.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

**NOTE:**

If you are leaving office or employment during the first half of 2016, you may not have filed Form 1 for 2015. In that case, this is not the last form you will file. Form 1F covers January 1, 2016, through your last day of office or employment. You will be required to file Form 1 for 2015 by July 1, 2016, and risk being fined if you do not file Form 1 by the filing deadline, even if you have already filed the CE Form 1F.

## STATEMENT OF FINANCIAL INTERESTS

### PART A – PRIMARY SOURCES OF INCOME

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF SOURCES'S PRINCIPAL BUSINESS ACTIVITY
National Financial Services LLC Northern Trust Securities, Inc.	50 S. LaSalle Street Chicago, IL 60603	Investment Management
Department of the Treasury	1500 Pennsylvania Avenue NW Washington, DC 20220	Social Security Administration
Vanguard	P.O. Box 2600 Valley Forge, PA 19482-2600	Investment Management

**Roy C. Wildeman**  
**P.O. Box 3038, Pineland, FL 33945**

March 9, 2016

Edward L. McDonald, Chairman  
UCFRD Commission  
4511 Hodgepodge Lane  
Upper Captiva, FL 33924

Dear Zeke,

This will serve to inform you and the other Commissioners of my desire and intent to resign my seat as Commissioner of the UCFRD. This resignation is to take effect immediately. The reasons for my taking this action are twofold: The first is personal and I prefer to keep this private. The second reason is more objective and results from my having exercised too many negative votes or dissents in the past several months. An occasional dissent or minority opinion is understandable and may be even be constructive. A succession of negative votes or dissents is counterproductive and personally distasteful.

With the appointment of Robert Kinniry as Chief of the UCFRD, I think this is a particularly appropriate time for me to resign. This will allow you, the remaining Commissioners and Chief Kinniry to find a suitable replacement for me.

Having served the UCFRD as Commissioner for the past eight years and as a volunteer for six years before that, I am pleased to have been able to serve in both capacities. For the vast majority of this time, I have been rewarded with a substantial sense of accomplishment. This is no longer the case and it's simply time for me to now focus my talents and efforts elsewhere.

Sincerely,



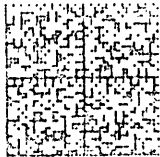
Roy C. Wildeman

Copies: Robert Kinniry, Chief UCFRD  
Richard Pepper, Deputy Chief UCFRD



FLORIDA DEPARTMENT OF STATE  
 DIVISION OF ELECTIONS  
 R.A. Gray Building  
 500 South Bronough Street, Rm 316  
 Tallahassee, Florida 32399

  
 ADDRESS SERVICE  
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USA FL 33902  
 PREST  
 FIRST CLASS  


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 ZIP 32301 \$ 000.41<sup>9</sup>  
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The Honorable Sharon Harrington  
 Supervisor of Elections, Lee County  
 P. O. Box 2545  
 Fort Myers, FL 33902

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