

WAIVER OF REPORT

Section 106.07(7), F.S.

POSTMARK DATE	
OFFICE USE ONLY	
IDENTIFICATION NUMBER	

Ruth K. Baucom

Name of Candidate Political Committee or Committee of Continuous Existence (IN FULL)

**'Lee Soil and Water Conservation District
Supervisor, Group Seat 1**

Office Sought (Include District, Circuit and Group Number)

12405 Kaune Baucom Road SE

Address (Number & Street)

Fort Myers, FL 33905

City, State & Zip Code

Check here if address is DIFFERENT than previously reported

Type of Report (Check Appropriate Boxes)

QUARTERLY REPORTS

- January 10 July 10
- April 10 October 10

REPORTS AFTER QUALIFYING PERIOD

- 32nd day preceding First Primary
- 18th day preceding First Primary
- 4th day preceding First Primary
- 18th day preceding Second Primary
- 4th day preceding Second Primary
- 18th day preceding General Election
- 4th day preceding General Election

NOTIFICATION OF NO ACTIVITY IN CAMPAIGN

ACCOUNT FOR THE REPORTING PERIOD OF

April 1, 1990

through

June 30, 1990

Ruth K. Baucom
SIGNATURE

July 10, 1990

DATE

In any reporting period when there has been no activity in the account (no funds expended or received) the filing of the required report is waived. However, the filing officer must be notified in writing on the prescribed reporting date that no report is being filed. Any candidate, political committee or committee of continuous existence failing to file this notice on time will be subject to a fine for each late day.

LOYALTY OATH
For Candidates for Public Office
Sections 876.05-876.10, 99.021, Florida Statutes
AGO 071-249

STATE OF FLORIDA

Lee County

I, RUTH K. BAUCOM, a citizen of the State of Florida and of the United States of America and a candidate for public office do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Ruth K. Baucum
Signature of Candidate

OATH OF CANDIDATE
(Section 99.021(1)(a), Florida Statutes)

Before me, an officer authorized to administer oaths, personally appeared RUTH K. BAUCOM, to me well known, who, being sworn, says he is a candidate for the office

of Supervisor - Seat #1 - LCSC District, that he is

a qualified elector of Lee County, Florida: that he is qualified under the Constitution and Laws of Florida to hold the office to which he desires to be nominated or elected; that he has qualified for no other office in the state, the term of which office or any part thereof runs concurrent with that of the office he seeks; and that he has resigned from any office from which he is required to resign pursuant to Section 99.012, Florida Statutes.

Ruth K. Baucum
Signature of Candidate

12405 KAUNE-BAUCOM RD
Address

7th Myers FL 33905
City State Zip

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SUPERVISOR OF
ELECTIONS
JUL 9 1 11 PM '90

The Loyalty Oath and the above Oath of Candidate are sworn to and subscribed before me this 19th day of July, 19 90, at Lee County, Florida.

Fatsy R. Bass
Signature and Title of Officer Administering Oath
Notary Public, State of Florida

STATEMENT OF CANDIDATE
(Section 99.021, Florida Statutes)

My Commission Expires April 4, 1993
Bonded thru Troy John Insurance Inc.

I, (Print) RUTH K. BAUCOM, am a member of the Republican party. I am not a registered member of any other political party and have not been a candidate for nomination for any other political party for a period of 6 months preceding the general election for which I seek to qualify. I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the _____ party, of which I am a member.

Date

Signature

FORM 7 STATEMENT OF FINANCIAL INTERESTS 1989

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR ENDING:

EITHER DECEMBER 31, 1989 TAX YEAR IF OTHER THAN THE CALENDAR YEAR OR

NAME OF AGENCY
PLANNING + ZONING Bd - MEMBER

BAUCOM RUTH KAUNE

LOCAL OFFICER OFFICE HELD

LAST NAME - FIRST NAME - MIDDLE NAME
12405 KAUNE-BAUCOM Rd

Lee Soil & WATER CONST DIST - Super

MAILING ADDRESS
FT MYERS 33905 LEE

STATE OFFICER OFFICE HELD

FT MYERS CITY MUSEUM - Bd - memb

CITY ZIP COUNTY

EMPLOYEE POSITION HELD

CANDIDATE OFFICE SOUGHT

PART A — PRIMARY SOURCES OF INCOME [Required by Florida Statutes § 112.3145(3)(a)].

Please list below in descending order with the largest source first the name, address, and principal business activity of every source of your income excluding public salary which exceeded five percent (5%) of the gross income you received or any person received for your benefit or use during the disclosure period. The income of your spouse need not be disclosed. If continued on a separate sheet, please check here .

NAME OF SOURCE OF INCOME	ADDRESS	DESCRIPTION OF THE PRINCIPAL BUSINESS ACTIVITY
<u>CATTLE</u>	<u>KAUNE-BAUCOM RD</u>	<u>SALE of CALVES</u>

PART B — BUSINESS ENTITY'S SOURCES OF INCOME [Required by Florida Statutes § 112.3145(3)(b)].

If during the disclosure period (a) you owned, directly or indirectly, in excess of 5% of the total assets or capital stock of a business entity, AND (b) if you received in excess of 10% of your gross income from the business entity, please list below every source of income to the business entity which exceeded in value ten percent (10%) of the business entity's gross income (computed on the basis of the business entity's total year). You are NOT required in this part to list sources of income to a business entity if you received less than \$1,500 from the business entity during the disclosure period.

4 "source" in this part refers to any Customer, client, or other category of income production which meets the minimum percentage requirements noted above. If continued on a separate sheet, please check here .

NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
<u>N/A</u>		

RECEIVED RETURN TO SUPERVISOR OF ELECTIONS SECTION 9000 N. W. 10th AVE. FT. MYERS, FL 33905

PART C — GIFTS

[Required by Florida Statutes § 112.3145(3)(d)].

Please list below the name, address, and principal business activity of all persons, business entities, or other organizations from whom you received any gift or gifts the total of which exceeded \$100 from any one source during the disclosure period. Your benefactors must be listed in descending order of value with the largest source first. If you have received a preferential interest rate substantially below the customary and usual rate charged at the time the debt was incurred, the difference between the preferential and customary rate is deemed to be a gift. You are NOT required to list gifts received from your parent, grandparent, sibling, child, spouse, or from a spouse of any of the foregoing: gifts received by bequest or devise, or campaign contributions; or gifts representing an expression of sympathy and having no material benefit. ELECTED STATE, COUNTY, DISTRICT, AND MUNICIPAL OFFICERS are required to disclose gifts they have received on Form 7. Gifts and Other Non-Campaign Contributions, pursuant to § 112.3148, F.S., and need not complete this part. If continued on a separate sheet, please check here .

NAME	ADDRESS	DESCRIPTION OF THE PRINCIPAL BUSINESS ACTIVITY
<u>N/A</u>		

PART D — REAL PROPERTY [Required by Florida Statutes §112.3145(3)(c)].

Please list below the location or legal description of all real property in this state, excluding residence and vacation homes, in which you owned at any time during the previous tax year in excess of five percent (5%) of the property's most recently assessed value. If continued on a separate sheet, please check here .

1000 Ac - ORANEE RVR - RANCH
 200 Act BURN STORE RD
 100 Act PINE ISLAND
 5 LOTS COXA COSTA

PART E — INTANGIBLE PERSONAL PROPERTY

Please give a general description of any intangible personal property in which you hold an interest having a value in excess of ten percent (10%) of your total assets. Intangible personal property means money, all evidence* of debt owed to the reporting person, all evidences of ownership in a corporation or other business organization having multiple owners, and all other forms of property where value is based upon that which the property represent* rather than its own intrinsic value, such as: certificates of deposit, checks, bills of exchange, drafts, stocks or shares of incorporated or unincorporated companies, business trust* or mutual funds, beneficial interests in a trust, notes, bonds, and other obligations for the payment of money. Your general description should include the type of property as noted above and, if applicable, the name of the business entity to which the intangible property relates. For example: Stock, General Motors; Cash or Certificate of Deposit, First National Bank of Metropolis, Florida. No amount* need be stated. If continued on a separate sheet, please check here .

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

PART F — LIABILITIES IN EXCESS OF NET WORTH [Required by Florida Statutes §112.3145(3)(e)].

Please list below the name and address of each creditor to whom you were indebted at any time during the disclosure period in an amount which exceeded your net worth. You are not required to list the amount of any indebtedness or your net worth. The following are excluded from disclosure under this part: credit card and retail installment accounts; taxes owed; indebtedness on a life insurance policy owed to the company of issuance; contingent liabilities; and accrued income taxes on net unrealized appreciation.

NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A	

PART G — SIGNATURE

SIGNATURE	DATE SIGNED
Ruth Kayne Bausom	5/18/90

PART H — FILING INSTRUCTIONS FOR FORM 1

WHO MUST FILE: All state officers, local officers, candidates for state or local elective office, and specified state employees (other than officers of the judicial branch), as defined in Section 112.3145(1), Florida Statutes, and listed on the attached cover sheet and in the brochure entitled "Guide to the Sunshine Amendment and Code of Ethics for Public Officers and Employees," available from the Commission on Ethics, Supervisors of Elections, and Department of State. Persons required to file full disclosure (Form 6) are not required to file this form.

WHEN TO FILE: Candidates for publicly-elected state or local office must file financial disclosure together with and at the same time they file their qualifying papers. St*,* and local officers and specified state employees are required to file by July 1st of each year. Each state or local officer who is appointed and each specified state employee who is employed must file disclosure within 30 days from the date of appointment or the beginning of

employment. Those appointees requiring Senate confirmation must file prior to confirmation.

WHERE TO FILE: A candidate files this form together with and as a "part of hi" qualifying papers. A local officer files with the Supervisor of Elections of the county in which he permanently resides. A state officer or specified state employee files with the Department Of State, Room 1801, The Capitol, Tallahassee, Florida 32399.

MULTIPLE FILING UNNECESSARY: Any person who files a statement of financial interests for any calendar or fiscal year is not required to file a second disclosure for the **me year or any pa" thereof, except that any public officer who qualifies as a candidate shall file a copy of his disclosure with the officer before whom he qualifies a, the time he qualifies.

NOTICE: UNDER PROVISIONS OF FLORIDA STATUTES §112.317, A FAILURE TO MAKE ANY REQUIRED DISCLOSURE CONSTITUTES GROUNDS FOR AND MAY BE PUNISHED BY ONE OR MORE OF THE FOLLOWING: DISQUALIFICATION FROM BEING ON THE BALLOT, IMPEACHMENT, REMOVAL OR SUSPENSION FROM OFFICE OR EMPLOYMENT, DEMOTION, REDUCTION IN SALARY, REPRIMAND, OR A CIVIL PENALTY NOT TO EXCEED \$5,000.

WAIVER OF REPORT

Section 106.07(7), F.S.

POSTMARK DATE	
OFFICE USE ONLY	
IDENTIFICATION NUMBER	

Ruth K. Baucom

Name of Candidate Political Committee Committee of Continuous Existence (IN FULL)

Lee Soil and Water Conservation District
Supervisor, Group Seat 1

Office Sought (Include District, Circuit and Group Number)

12405 Kaune Baucom Road SE

Address (Number & Street)

Fort Myers, FL 33905

City, State & Zip Code

Check here if address is DIFFERENT than previously reported

Type of Report (Check Appropriate Boxes)

QUARTERLY REPORTS

- January 10
- July 10
- April 10
- October 10

REPORTS AFTER QUALIFYING PERIOD

- 32nd day preceding First Primary
- 18th day preceding First Primary
- 4th day preceding First Primary
- 18th day preceding Second Primary
- 4th day preceding Second Primary
- 18th day preceding General Election
- 4th day preceding General Election

NOTIFICATION OF NO ACTIVITY IN CAMPAIGN

ACCOUNT FOR THE REPORTING PERIOD OF

July 1, 1990

through

July 27, 1990

Ruth K. Baucom
SIGNATURE

July 30, 1990

DATE

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SUPERVISOR OF
ELECTIONS
AUG 1 10 22 AM '90

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WAIVER OF REPORT

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Ruth K. Baucom

Name of Candidate Political Committee Committee of Continuous Existence (IN FULL)

Lee Soil and Water Conservation District
Supervisor, Group Seat 1

Office Sought (Include District, Circuit and Group Number)

12405 Kaune Baucom Road SE

Address (Number & Street)

Fort Myers, FL 33905

City, State & Zip Code

Check here if address is DIFFERENT than previously reported

Type of Report (Check Appropriate Boxes)

QUARTERLY REPORTS

- January 10 July 10
- April 10 October 10

REPORTS AFTER QUALIFYING PERIOD

- 32nd day preceding First Primary
- 18th day preceding First Primary
- 4th day preceding First Primary
- 18th day preceding Second Primary
- 4th day preceding Second Primary
- 18th day preceding General Election
- 4th day preceding General Election

NOTIFICATION OF NO ACTIVITY IN CAMPAIGN

ACCOUNT FOR THE REPORTING PERIOD OF

July 28, 1990

through

August 10, 1990

Ruth K. Baucom
SIGNATURE

August 13, 1990

DATE

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ELECTIONS
Aug 15 10 09 AM '90

In any reporting period when there has been no activity in the account (no funds expended or received) the filing of the required report is waived. However, the filing officer must be notified in writing on the prescribed reporting date that no report is being filed.

CAMPAIGN TREASURER'S REPORT

POSTMARK DATE	
OFFICE USE ONLY	
IDENTIFICATION NUMBER	

1. Ruth Kaune Baucom
 Full Name of Candidate Political Committee Committee of Continuous Existence
 Party Executive Committee
Lee Soil and Water Conservation District
Supervisor, Group Seat 1
 Office Sought (Include District, Circuit and Group Number)
12405 Kaune Baucom Road SE
 Address (Number & Street)
Fort Myers, FL 33905
 City, State & Zip Code
 Check here if Address is Different than previously reported
 Check here if the Political Committee or Committee of Continuous Existence has disbanded as of this report and will no longer file reports

2. Type of Report (Check Appropriate Box)
 a. QUARTERLY REPORTS
 January 10 July 10
 April 10 October 10
 b. REPORTS AFTER QUALIFYING PERIOD
 32nd day preceding First Primary
 18th day preceding First Primary
 4th day preceding First Primary
 18th day preceding Second Primary
 4th day preceding Second Primary
 18th day preceding General Election
 4th day preceding General Election
 Termination Report (90 Day Report for Candidates Only)
 Special Election
 b. Is this report an amendment Yes No

SUMMARY

3. Covering Period of 4/1/90 through August 10, 1990

4. Balance in Account at End of Year
\$ 0.00
 (For Political Committees and Committees of Continuous Existence Only)

5. CONTRIBUTIONS

- a. Contribution Total Brought Forward From Previous Report, If Any
- b. Contributions This Report Monetary
- c. Contributions This Report Loans
- d. Contributions This Report In-Kind
- e. Tot., Contributions To Date

Column A "Monetary"	Column B "Loans"	Column C "In-Kind"
\$ 0.00	0.00	\$ 0.00
\$ 0.00		
	\$ 0.00	
		\$ 0.00
Add Lines a & b	Add Lines . & c	Add Lines . & d
0.00	0.00	0.00

Grand Total for Contributions (Monetary & Loans)
 Add Columns A & B (Line e) \$ 0.00

6. Expenditures

- a. Expenditure Total Brought Forward From Previous Report, If Any.
- b. Expenditures This Report
- c. Tot., Expenditures Add Lines a & b

\$ 0.00
\$ 0.00
\$ 0.00

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 ELECTIONS
 Aug 16 2 39 PM '90

7. Money Currently In Interest Bearing Account or Certificate of Deposit \$ 0.00
 8. Campaign Depository or Bank Account Number N/A
 9. Total amount of proceeds from each campaign fundraiser \$ 0.00

VERIFICATION (THIS PART MUST BE DULY EXECUTED BEFORE FILING WILL BE COMPLETE)

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND IT IS TRUE, CORRECT AND COMPLETE.
N/A

TYPE OR PRINT NAME OF TREASURER

Ruth Kaune Baucom
 SIGNATURE
 SUBSCRIBED AND SWORN TO (AFFIRMED) BEFORE ME THIS 16th DAY OF August 1990
[Signature]
 NOTARY
 My commission expires

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND IT IS TRUE, CORRECT AND COMPLETE.
Ruth Kaune Baucom

TYPE OR PRINT NAME OF CANDIDATE OR CHAIRMAN FOR POLITICAL COMMITTEE OR PARTY

Ruth Kaune Baucom
 SIGNATURE
 SUBSCRIBED AND SWORN TO (AFFIRMED) BEFORE ME THIS 16th DAY OF August 1990
[Signature]
 NOTARY
 My commission expires