

FORM 1

STATEMENT OF

*07JUN29PM0346 SOE Lee Co FI
2006

FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Hansen - Hans - Christian

MAILING ADDRESS :

5501 Park Road

CITY : ZIP : COUNTY :
Fort Myers 33908 Lee

NAME OF AGENCY :

Lee County BOCC - Division of Public Safety

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Deputy Director of Public Safety

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF ☐ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

FOR OFFICE
USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

PDF 2006

BOTH PARTS OF THIS SECTION MUST BE COMPLETED

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one):



DECEMBER 31, 2006

OR



SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS 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 (check one):



COMPARATIVE (PERCENTAGE) THRESHOLDS

OR



DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Lee County BOCC - Public Safety	PO Box 398 Fort Myers, FL 33902-0398	County Government

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
Priority Marketing of SWF, Inc	Client Service Fees	8191 College Pkwy, Suite 303	Marketing & Public Relations

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]

18100 Hansen Hoke Farm Lane, North Fort Myers, FL 33917

1450 Mandel Road, Fort Myers, FL 33919

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.

OTHER FORMS you may need to file are described on page 6.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

PART E — LIABILITIES [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
Colonial Bank	5220 Summerlin Commons Blvd., Suite 100, Fort Myers, FL 33907

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]			
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Priority Marketing of SWF, Inc.	Trinity Development Corp	
ADDRESS OF BUSINESS ENTITY	8191 College Pkwy, Fort Myers	8191 College Pkwy, Fort Myers	
PRINCIPAL BUSINESS ACTIVITY	Marketing & Public Relations	Real Estate Investment Corp	
POSITION HELD WITH ENTITY	Operations Manager	Vice President / Treasurer	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	No	Yes	
NATURE OF MY OWNERSHIP INTEREST		Corporate Stock	

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE (required):

NC Hansen

DATE SIGNED (required):

6/29/07

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).

Facsimiles will not be accepted.

NOTE:

MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, 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.

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: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

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.

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 papers.

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.



*07JUN29PM0349 SDE Lee Co Fl

LEE COUNTY
SOUTHWEST FLORIDA

BOARD OF COUNTY COMMISSIONERS

(239) 344-5404

Facsimile: (239) 344-5421

Bob Janes
District One

A. Brian Bigelow
District Two

Ray Judah
District Three

Tammy Hall
District Four

Frank Mann
District Five

Donald D. Stilwell
County Manager

David M. Owen
County Attorney

Diana M. Parker
County Hearing Examiner

June 29, 2007

Ms. Sharon Harrington, Supervisor of Elections
Constitutional Complex
2480 Thompson Street
Fort Myers, Florida 33901

RE: Statement of Financial Interests

Dear Madame Supervisor:

Please find accompanying this letter my initial Statement of Financial Form 1, as required for my position as Deputy Director of Public Safety.

Should you have any questions, please contact me at the above referenced number. Thank you.

Respectfully submitted,

DIVISION OF PUBLIC SAFETY

Chief Chris Hansen
Deputy Director

C: Personnel File