FORM 1	STATEM	ENT OF		2002
Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTERESTS		SE 3 2
LAST NAME - FIRST NAME - MIDDLE	NAME:	FOR OF	FICE	
MAILING ADDRESS:	AM, EDHARD	USE ON		RECEIVED TO SUPERVIOUS
800 DUNLOP ROAD				
			ID Co	ode 20
CITY:	ZIP: COUNTY:		10.0	28
SANBEL	33957 L	Eξ	ID No	,
NAME OF AGENCY :	^		Conf	. Code
NAME OF OFFICE OR POSITION HEL	POLICE DEPARTME	ENT		
			P. Re	q. Code
SANIBEL POLICE PENSION CHECK IF CANDIDATE OR	BOARD MEMBER NEW EMPLOYEE OR APPOIN	ITEE NOL		
		(1/40.		
DIGOLOGUES DEDICE	**THIS SECTION MU	ST BE COMPLETED**		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR F A FISCAL YEAR. PLEASE STATE BEL	FINANCIAL INTERESTS FOR THE P OW WHETHER THIS STATEMENT I	RECEDING TAX YEAR, WHETH S FOR THE PRECEDING TAX Y	IER BASI	ED ON A CALENDAR YEAR OR ON DING EITHER (check one):
DECEMBER 31, 2002		TAX YEAR IF OTHER THAN I		· · · · · ·
MANNER OF CALCULATING REPORT THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS,	THE OPTION OF USING REPORT OR USING COMPARATIVE THRES	HOLDS, WHICH ARE USUALI	Y BASE	ON PERCENTAGE VALUES (see
instructions for further details). PLEASE COMPARATIVE (PERCENTAGE				
COMPARATIVE (PERCENTAGE) IRRESHOLDS	OR U	JOLLAR	VALUE THRESHOLDS
PART A PRIMARY SOURCES OF IN NAME OF SOURCE OF INCOME	sou	he reporting person] IRCE'S DRESS		CRIPTION OF THE SOURCE'S
	2 2 2			
CITY OF SANIBEL	SGO DUNLOP RO	AD SAHIBET 33957	Pe	LICE CHIEF
DADT B. SECONDADY SOUDCES O	E INCOME (Major quatomore, aliante		.	
PART B - SECONDARY SOURCES O NAME OF	NAME OF MAJOR SOURCES	ADDRESS	businesse	PRINCIPAL BUSINESS
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE		ACTIVITY OF SOURCE
PART C - REAL PROPERTY [Land, b	uildings owned by the reporting perso	n]		G INSTRUCTIONS for when here to file this form are locat-
15012 BORAIRE CIRCLE	FORT MYERS FL	33908		he bottom of page 2.
- CHARLE	() () () () () () () () ()		INSTI	RUCTIONS on who must file
1444			this fo	rm and how to fill it out begin le 3.
				ER 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				
RETIREMENT FUND (4	157)	PEBSO	.c	
PART E — LIABILITIES [Major de NAME OF CREDI		ADDRESS OF CREDITOR		
WELLS FARGO MORTE	ART			
PART F — INTERESTS IN SPECIF	IED BUSINESSES [O	vnership or positio	ns in certain types of businesses]	
	BUSINESS ENTI	TY#1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
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 (required):			DATE SIGNED	(required):
FILING INSTRUCTIONS:				

<u>ILING INSTRUCTIONS:</u>

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.

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.

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.

FORM 1	STATEMENT OF		2002			
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERF	ESTS [
LAST NAME FIRST NAME MIDDLE NAM TOMLINSON, WILL		FOR OFFICE USE ONLY:				
MAILING ADDRESS :	1/					
800 DUNLOP R	CAD	ID C	ode			
			20 SU			
SANIBEL 339		ID No	RE DI PERI			
NAME OF AGENCY :		Conf	RECEIVED 2003 JUN -9 PR 12: SUPERVISUR OF LEL G. Code			
	SOUGHT:	P. Re	eq. Code			
CHIEF OF POL	CE					
CHECK IF CANDIDATE OR	NEW EMPLOYEE OR APPOINTEE		.D 12: 32			
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, 2002 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:						
REQUIRES FEWER CALCULATIONS, OR I	E OPTION OF USING REPORTING THRESHOLD USING COMPARATIVE THRESHOLDS, WHICH AR TE BELOW WHETHER THIS STATEMENT REFLEC	RE USUALLY BASE TS EITHER (check o	ON PERCENTAGE VALUES (see			
	E [Major sources of income to the reporting person]	<u> </u>	WEST THEORES			
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS		CRIPTION OF THE SOURCE'S INCIPAL BUSINESS ACTIVITY			
CITY OF SANIBEL	800 SUNLOP RD SANIBEL 7	c cti	EF OF POLICE			
	3395	57				
NAME OF NA	OME [Major customers, clients, and other sources of ME OF MAJOR SOURCES ADDR OF BUSINESS' INCOME OF SO	RESS	es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
DART C. DEAL PROPERTY II and building	To curred by the constitue neveral		G INSTRUCTIONS for when			
PART C REAL PROPERTY [Land, building		and w	here to file this form are locathe bottom of page 2.			
15012 BONAIRE CIRC	CE FORT MYERS PL.	INST	RUCTIONS on who must file rm and how to fill it out begin ge 3.			
		OTHE	ER FORMS you may need to 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 ,						
RETIREMENT		(457)	PEB	1500		
PART E — LIABILITIES [Major debts] NAME OF CREDITOR ADDRESS OF CREDITOR						
WELLS FARGO	moet	GAGE				
			<u> </u>			
PART F — INTERESTS IN S	PECIFIED E	BUSINESSES [O	wnership or po	sitions in certa	ain types of businesses]	
NAME OF		BUSINESS ENT	TTY # 1	B	USINESS ENTITY # 2	 BUSINESS ENTITY # 3
BUSINESS ENTITY						
ADDRESS OF BUSINESS ENTITY						
PRINCIPAL BUSINESS ACTIVITY						
POSITION HELD WITH ENTITY						_
I OWN MORE THAN A 5% INTEREST IN THE BUSINES	ss					
NATURE OF MY OWNERSHIP INTEREST						
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE (required):	Willi	160			DATE SIGNE):
FILING INSTRUCTIONS:						
VAULAT TO EU E.	MULTIN TO FUE					

WHAT TO FILE:

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FORM I	STATEM	IENT OF		2002
Please print or type your name, mailing address, agency name, and position belo	FINANCIAL	INTERESTS	S	
LAST NAME - FIRST NAME - MIDDLE TOMLINSON WILL MAILING ADDRESS:	ENAME: IAM, EDHARD	FOR CUSE O	OFFICE ONLY:	
800 DUNLOP ROAD			ID Code	(0)
CITY: SANIBEL NAME OF AGENCY: CITY OF SANIBEL NAME OF OFFICE OR POSITION HEI SANIBEL PALICE PERSION CHECK IF CANDIDATE OR	POLICE DEPARTME		ID No. Conf. Code P. Req. Code	RECEIVED 2003 JUN -9 PM 12: 32 SUPERVISOR OF LECCTIONS
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR A FISCAL YEAR: PLEASE STATE BEL DECEMBER 31, 2002	FINANCIAL INTERESTS FOR THE PROOF	ST BE COMPLETED** RECEDING TAX YEAR, WHET S FOR THE PRECEDING TAX TAX YEAR IF OTHER THAN	YEAR ENDING E	THER (check one):
MANNER OF CALCULATING REPORT THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, instructions for further details). PLEASE COMPARATIVE (PERCENTAGE	S THE OPTION OF USING REPOR OR USING COMPARATIVE THRESI E STATE BELOW WHETHER THIS ST	HOLDS, WHICH ARE USUAL TATEMENT REFLECTS EITHE	LY BASED ON P	ERCENTAGE VALUES (see
PART A PRIMARY SOURCES OF IN NAME OF SOURCE OF INCOME	soui	ne reporting person] RCE'S RESS	F	ON OF THE SOURCE'S BUSINESS ACTIVITY
CITY OF SANIBEL	Sho Dunlop Rom	4D S4HIBEL 33957	POLICE	CHIEF
				-
PART B - SECONDARY SOURCES CON NAME OF BUSINESS ENTITY	F INCOME [Major customers, clients, a NAME OF MAJOR SOURCES OF BUSINESS' INCOME	and other sources of income to ADDRESS OF SOURCE	ı	d by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE
		·		
PART C - REAL PROPERTY [Land, be	FORT MYERS FL.		and where to ed at the bott INSTRUCTI	TRUCTIONS for when file this form are locatom of page 2. ONS on who must file how to fill it out begin
		·		PMS you may need to

file are described on page 6.

PART D — INTANGIBLE PERSO TYPE OF INTANG	ONAL PROPERTY (Stocks, bonds, cert	tificates of deposit, etc.] BUSINESS ENTITY TO WHICH THE	PROPERTY RELATES
			PROPERTY RESILES
RETIREMENT FUND	457) PEB	ssco	
·			
PART E — LIABILITIES [Major NAME OF CREE		ADDRESS OF CREE	DITOR
WELLS FARED MORE			
MELLS PARGO MOR	72.2.5		**************************************
DART E INTERESTO IN ORGA			
FARI F - MIERESIS M SPECI	FIED BUSINESSES [Ownership or pos		BUSINGS ENERTY #3
NAME OF	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINGS ENERTY #3
BUSINESS ENTITY			RV/b
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			9 1
POSITION HELD WITH ENTITY			P
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		***************************************	2
NATURE OF MY OWNERSHIP INTEREST	-		32 38
IF ANY OF PARTS	THROUGH F ARE CONTINU	ED ON A SEPARATE SHEET, PLE	ASE CHECK HERE
SIGNATURE (required): DATE SIGNED (required):			
	EII INIC IN	6-4	- 03
WHAT TO SU S		NSTRUCTIONS:	N TO FU E
WHAT TO FILE:	WHERE TO FI		N TO FILE:

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