STATEMENT OF FORM 1 2002 Please print or type your name, mailing FINANCIAL INTERESTS address, agency name, and position below: LAST NAME -- FIRST NAME -- MIDDLE NAME : FOR OFFICE USE ONLY WAGNER R. ROBERT MAILING ADDRESS: 25900 HTCKORY BOULEVARD ID Code SUITE #601 COUNTY: CITY: ZIP: ID No. 341 34 BONITA SPRINGS LEE NAME OF AGENCY: Conf. Code NAME OF OFFICE OR POSITION HELD OR SOUGHT: P. Rea. Code COUNCILMAN DISTRICT #3 BONITA SPRINGS ■ NEW EMPLOYEE OR APPOINTEE CHECK IF CANDIDATE OR **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** 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 SOURCE'S DESCRIPTION OF THE SOURCE'S OF INCOME **ADDRESS** PRINCIPAL BUSINESS ACTIVITY ANNUITIES RAYMOND JAMES & ASSOCIATES STOCK BROKER FORT MYERS, FLORIDA STOCKS & BONDS DEAN WITTER REYNOLDS STOCK BROKER BONITA SPRINGS 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
WAGNER ENTERPRI	SES OWNER	BONITA SPRINGS	LAND INVESTMENT
·			

PART C REA	L PROPERTY	[Land, buildings owned by the reporting	person]	
CASA	BONITA	GRNANDE CONDOMINIUM	UNIT	#601
CASA	BONITA	GRANDE CONDOMINIUM	UNIT	#202

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						
VARIABLE ANNUITY		PACIFIC LIFE INSURANCE, PASADENA, CALIFORNIA				
I.R.A.		DEAN WITTER REYNOLDS, BONITA SPRINGS, FLORIDA				
CUNA NUTUAL LIFE		WAVERLY, IOWA				
SAVINGS ACCOUNT		U.S.A.A. SAN ANTONIO, TEXAS				
~11.1119~ 119000111						
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR				
NONE		N/A				
<u> </u>						
PART F — INTERESTS IN SPEC	IFIED BUSINESSES [Ov	vnership or positio	ns in certain types of businesses]			
BUSINESS ENTI		TY#1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY	WAGNER ENTERPRISES					
ADDRESS OF BUSINESS ENTITY	BONITA SPRINGS, FLA.					
PRINCIPAL BUSINESS ACTIVITY	LAND INVESTMENT					
POSITION HELD WITH ENTITY	OWNER					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	SOLE OWNER					
NATURE OF MY OWNERSHIP INTEREST	PRESIDENT					
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE (required):						



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.

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 posi-

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.