FORM 1	2001						
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INT	ERESTS					
LAST NAME - FIRST NAME - MIDDLE N GALLW, MAILING ADDRESS: 3819 5E 12 F	FOR OFFI USE ONLY						
CAPE CORAL CITY: CITY OF CAPE NAME OF AGENCY:		ID Code					
GENERAL EMPLOYEE NAME OF OFFICE OR POSITION HELD O TRUSTEE CHECKIF CANDIDATE OR		P. Req. Code					
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 PITHER (check one): DECEMBER 31, 2001 DR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: DO MANNER OF CALCULATING REPORTABLE INTERESTS: PRIOR TO 2001, THE THRESHOLDS FOR REPORTING FINANCIAL INTERESTS WERE COMPARATIVE, USUALLY BASED ON PERCENTAGE VALUES. BEGINNING IN 2001, THE LEGISLATURE HAS ALLOWED FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one): DOLLAR VALUE THRESHOLDS (new method)							
PART A - PRIMARY SOURCES OF INCO NAME OF SOURCE OF INCOME	ME [Major sources of income to the reporting SOURCE'S ADDRESS) person]	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
CITY OF CAPE CORAL		AL, FL 33915	LOCAL GOU'T				
	ICOME [Major customers, clients, and other so IAME OF MAJOR SOURCES OF BUSINESS' INCOME	sources of income to bu ADDRESS OF SOURCE	usinesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE				
PART C - REAL PROPERTY [Land, build DWN RESIDENCE AT 3819 SE 12 PU			FILING INSTRUCTIONS for when and where to file this form are locat- ed 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.				

CE FORM 1 - Eff. 1/2002 (Continued on reverse side)

PART D — INTANGIBLE PERSO TYPE OF INTANG	DNAL PROPERTY [S BIBLE	itocks, bonds, certific	ates of deposit, etc.] BUSINESS ENTITY TO WH	ICH THE PROPERTY RELATES	
NONE					
· · · ·					
				· · · · · · · · · · · · · · · · · · ·	
······································					
PART E — LIABILITIES [Major of NAME OF CREE		1	ADDRESS	OF CREDITOR	
VONE					
	· · · · · · · · · · · · · · · · · · ·				
PART F — INTERESTS IN SPECI	IFIED BUSINESSES	(Ownership or positi	ons in certain types of businesses	s]	
· · · · · · · · · · · · · · · · · · ·	BUSINESS E	NTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY	NONE				
ADDRESS OF BUSINESS ENTITY	4				
PRINCIPAL BUSINESS ACTIVITY POSITION HELD	"				
POSITION HELD WITH ENTITY	11				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	11				
NATURE OF MY OWNERSHIP INTEREST	11				
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					
SIGNATURE (required): 1 . DATE SIGNED (required): DATE SIGNED (required): P-11-02				IGNED (required): 9-11-02	
			STRUCTIONS:		
WHAT TO FILE: WHERE TO FILE: WHEN 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 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. WHEN TO FILE:					

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.

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.

ment. 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	2001						
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTEREST	'S				
LAST NAME - FIRST NAME - MIDDLE N CALL L LLS MAILING ADDRESS :	1		OFFICE SUPERV				
3819 SE 12 MADE MARAN FI	The second s						
CITY:							
NAME OF OFFICE OR POSITION HELD	TRUSTEE	Conf. Code					
CHECK IF 🔲 CANDIDATE OR		ITEE					
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, 2001 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: MANNER OF CALCULATING REPORTABLE INTERESTS: SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: DISCLOSURE PRIOR TO 2001, THE THRESHOLDS FOR REPORTING FINANCIAL INTERESTS WERE COMPARATIVE, USUALLY BASED ON PERCENTAGE VALUES. BEGINNING IN 2001, THE LEGISLATURE HAS ALLOWED FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one): COMPARATIVE (PERCENTAGE) THRESHOLDS (old method) OR DOLLAR VALUE THRESHOLDS (new method)							
PART A - PRIMARY SOURCES OF INCO NAME OF SOURCE OF INCOME	SOU	he reporting person] IRCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
CITY OF CAPE COAAL	TY OF CAPE CORAL POBAX 150007 CAPE CORAL, F		7915 LOCAL GOU'T				
PART B – SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of NAME OF NAME OF MAJOR SOURCES ADD BUSINESS ENTITY OF BUSINESS' INCOME OF SO			e to businesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE				
NINE							
PART C - REAL PROPERTY [Land, build OWN REGIDENCE AT 3819. SE 12	•	FILING INSTRUCTIONS for when and where to file this form are locat- ed 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.				

CE FORM 1 - Eff. 1/2002 (Continued on reverse side)

ويستعاد المتكور ويستعد المتقول والمتكافي والمتكور والمتكور	and the second				
PART D — INTANGIBLE PERSO TYPE OF INTANG	•	Stocks, bonds, certific	cates of deposit, etc.] BUSINESS ENTITY TO WHI	CH THE PR	OPFRTY RELATES
NONE					
-					
PART E — LIABILITIES (Major of NAME OF CRED		I	ADDRESS	OF CREDIT	OR
NANE					
				······································	
PART F INTERESTS IN SPECI	IFIED BUSINESSES	I (Ownership or positi	ions in certain types of businesses	5]	
NAME OF		ENTITY # 1	BUSINESS ENTITY # 2		BUSINESS ENTITY # 3
BUSINESS ENTITY	NONE				
ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS	"				
ACTIVITY POSITION HELD	11				······································
WITH ENTITY	4				
INTEREST IN THE BUSINESS	11				
OWNERSHIP INTEREST	//				
IF ANY OF PARTS	A THROUGH F	ARE CONTINUE	D ON A SEPARATE SHE	et, plea	
SIGNATURE (required):	11. 1.1		DATE S	IGNED (requ	uirad)-
	nel L	lielser			9.11.02
		FILING IN	STRUCTIONS:		
WHAT TO FILE: W 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 y on for filing.		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.		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 employ-	
NOTE: MULTIPLE FILING UNNEC Generally, a person who has file calendar or fiscal year is not re second Form 1 for the same ye candidate who previously filed F	ed Form 1 for a equired to file a ear. However, a	of Elections of the nently reside. (If yo in Florida, file with where your agency State officers or		the Senat if that is their appo Candidat must file qualifying Thereaft	tes for publicly-elected local office at the same time they file their

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.

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.

of another public position must at least file a copy

of his or her original Form 1 when qualifying.

FORM 1 STATEMENT OF					2001		
Please print or type your name, mailing address, agency name, and position below: FINANCIAL INTERES				STS	Γ	200	
LAST NAME - FIRST NAME - MIDDLE NAME : GAIL L WILSON MAILING ADDRESS : 3819 SE IJ AUE				FOR OF		RECE 2007 SEP 17 SUPERVISU	
CAPE COATH FL 33904 LEE CITY: ZIP: COUNTY: CITY OF CAPE CORAL NAME OF AGENCY: FIREFIGHTERS FENSION BOARD MEMBER TRUSTEE NAME OF OFFICE OF POSITION HELD OF SOUGHT:							
	×1	NEW EMPLOYEE OR APPOIN	TEE			•	
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 (Dreck ORE): DECEMBER 31, 2001 DECEMBER 31, 2							
COMPARATIVE (PERCENTAGE) THRESHOLDS (old method) OR DOLLAR VALUE THRESHOLDS (new method) PART A - PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] NAME OF SOURCE SOURCE'S DESCRIPTION OF THE SOURCE'S						SCRIPTION OF THE SOURCE'S	
OF INCOME	ADDRESS			PRINCIPAL BUSINESS ACTIVITY			
PART B - SECONDARY SOURCES O NAME OF BUSINESS ENTITY NONE	BUSINESS ENTITY OF BUSINESS' INCOME OF SC		f income to busine RESS DURCE		esses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
				 			
PART C REAL PROPERTY [Land, buildings owned by the reporting person] OWD RESIDENCE AT 3819 SE 12 AUE CADE CORAL FL				FILING INSTRUCTIONS for when and where to file this form are locat- ed 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.		

•

CE FORM 1 - Eff. 1/2002 (Continued on reverse side)