

FORM 1

STATEMENT OF

2001

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

FINANCIAL INTERESTS

LAST NAME -- FIRST NAME -- MIDDLE NAME :

WILSON HANS JOHN M

MAILING ADDRESS :

16380 OLEANDER DR

FT. MYERS 33908 LEE

CITY : ZIP : COUNTY :

DISASTER ADVISORY COUNCIL

NAME OF AGENCY :

COUNCIL MEMBER

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

FOR OFFICE
USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

RECEIVED
2002 AUG -4 PM 4:17
SUPERVISOR OF ALLOCATIONS

CHECK IF ☐ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

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:

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 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
HANS WILSON & ASSOC.	2025 W. FIRST ST. FT. MYERS, FL 33901	CONSULTING

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
GULF COAST VET CLINIC			

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

2 SINGLE FAMILY LOTS (7, 8, 26, 25, 24, 43)
LOCATED BETWEEN OLEANDER DR & ARBOR RIDGE

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.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

STOCK

HANS WILSON & ASSOC. INC.

PART E — LIABILITIES [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

5/3 BANK

MADISONVILLE OPERATIONS CENTER

MAIL DROP 1 MOC2M

CINCINNATI, OH 45263-5300

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

ADDRESS OF
BUSINESS ENTITY

PRINCIPAL BUSINESS
ACTIVITY

POSITION HELD
WITH ENTITY

DO I OWN MORE THAN A 5%
INTEREST IN THE BUSINESS

NATURE OF MY
OWNERSHIP INTEREST

RECEIVED
2003 SEP 4 PM 4:17
SUPERVISOR OF ELECTIONS

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

SIGNATURE (required):

Hans J. M. Wilson

DATE SIGNED (required):

11/03/01

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 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.

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

FINANCIAL INTERESTS

LAST NAME -- FIRST NAME -- MIDDLE NAME:

WILSON HANS JOHN M.

MAILING ADDRESS:

2005 WEST FIRST ST.

FT. MYERS

CITY:

FLORIDA

ZIP:

33908

COUNTY:

LEE

NAME OF AGENCY: DISASTER ADVISORY COUNCIL

COASTAL ADVISORY COUNCIL

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

MEMBER

CHECK IF ☐ CANDIDATE OR ☒ NEW EMPLOYEE OR APPOINTEE

FOR OFFICE
USE ONLY:

ID Code

ID No.

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NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
HANS WILSON & ASSOC.	2005 WEST FIRST ST. FT. MYERS, FL 33901	CONSULTING ENGINEER

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

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

02-46-23-02-00000.0260
.0250
.0240
.0430
.0070

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STOCK

HANS WILSON & ASSOC. INC.

PART E — LIABILITIES [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

FIFTH THIRD BANK

2017 MCGREGOR BLVD
FT. MYERS, FL 33901**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses]

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BUSINESS ENTITY # 2

BUSINESS ENTITY # 3

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

SIGNATURE (required):

Hans J. M. Wilson

DATE SIGNED (required):

6/18/02

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