- FORM 1	STATEMEN	T OF	2002		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL IN	TERESTS [
MAILING ADDRESS :	JOHN M.	FOR OFFICE USE ONLY:			
PI. MYERS, FL. 33908 LEE CITY: ZIP: COUNTY: NAME OF AGENCY: DEASTER ADVIBORY COUNCIL NAME OF OFFICE OR POSITION HELD OR SOUGHT: MEMBER CHECK IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE			No. ont Code Req. Code		
			PDF 2002		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINA FISCAL YEAR. PLEASE STATE BELOW DECEMBER 31, 2002 MANNER OF CALCULATING REPORTAL THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, O instructions for further details). PLEASE STATE DECEMBER 31, 2002	OWHETHER THIS STATEMENT IS FOR OR SPECIFY TAX BLE INTERESTS: THE OPTION OF USING REPORTING R USING COMPARATIVE THRESHOLD TATE BELOW WHETHER THIS STATEN	DING TAX YEAR, WHETHER B. THE PRECEDING TAX YEAR I YEAR IF OTHER THAN THE CA THRESHOLDS THAT ARE A S, WHICH ARE USUALLY BAS IENT REFLECTS EITHER (chec	ENDING EITHER (check one): ALENDAR YEAR: BSOLUTE DOLLAR VALUES, WHICH SED ON PERCENTAGE VALUES (see		
PART A PRIMARY SOURCES OF INCO		, [DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
HANS WILSON & ASSOC.	1938 HILL AVE	Ca	CONSULTING		
	PT. MYETES, PL	33908			
PART B SECONDARY SOURCES OF NAME OF BUSINESS ENTITY	NCOME [Major customers, clients, and o NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ther sources of income to busing ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
			INC INCEDITORIO		
PART C REAL PROPERTY [Land, buildings owned by the reporting person]			ING INSTRUCTIONS for when where to file this form are locatatthe bottom of page 2.		
1938 HILL AVE, FT. MYERS, FL 33901 16401 N. OLEANDER DR., FT. MYERS, FL 33908 16460, 16440 S. OLEANDER DR., FM., FL 33908			STRUCTIONS on who must file form and how to fill it out begin page 3.		
16461 ARBOR RIGGE DR, FT M/PS, FL 33908			HER FORMS you may need to are described on page 6.		

PART D — INTANGIBLE PERSONAL PROPERTY [S TYPE OF INTANGIBLE	tocks, bonds, certific	cates of deposit, etc.] BUSINESS ENTIT	TY TO WHICH THE	PROPERTY RELATES
STOCK	HANS		d ASSOC.	
				
PART E — LIABILITIES [Major debts] NAME OF CREDITOR	1	F	ADDRESS OF CRED	PITOR
5/3 BANK	MADISONVILLE OPERATIONS CENTER			
	marl	DAOP 1	mocam	
	CINCINI	NATT, CH	45263	-5300
				ANTENNIA SELVICE DE LA CONTRACTOR DE LA CO
PART F — INTERESTS IN SPECIFIED BUSINESSES	[Ownership or posit	ions in certain types of	businesses]	
BUSINESS E	NTITY#1	BUSINESS E	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): 4/15/02 DATE SIGNED (required): 9/15/02				
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.

FORM 1		STATEMENT OF				2002
Please print or type your name, mailing address, agency name, and position below		FINANCIAL INTERESTS				<i>)</i>
LAST NAME FIRST NAME MIDDLE WILSON HANS		JOHN M.		FOR OFFIC		
MAILING ADDRESS:	B 2	- DR.				10 10 10 10 10 10 10 10 10 10 10 10 10 1
					ID C	øđe (
FT. WYENS FL 33908 LEE					ID N	o.
NAME OF AGENCY: COASTAL ADVISORY COUNCIL					Con	f. Code
NAME OF OFFICE OR POSITION HELD OR SOUGHT: WEN BETZ					P. R	eq. Code
CHECK IF CANDIDATE OR	<u> </u>	EW EMPLOYEE OR APPOINTEE				PDF 2002
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: 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):						
PART A PRIMARY SOURCES OF INC			rting person]] DOI	.LAR	VALUE THRESHOLDS
NAME OF SOURCE OF INCOME		SOURCE'S DESCRIPTION OF THE SOURCE'S ADDRESS PRINCIPAL BUSINESS ACTIVITY				
HANS WILSON * ASSE				SULTING		
We	***	FT. MYERS, FL 33901				
PART B SECONDARY SOURCES OF NAME OF BUSINESS ENTITY	NAME	ME [Major customers, clients, and oth E OF MAJOR SOURCES BUSINESS' INCOME	er sources of inc ADDRES OF SOUR	SS	siness	es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE
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1938 HILL AVE. FT. MYETIS, FL 33901 16901 N. OLEANDER DR. FT. MYETIS, FL 33908 16460-16440 S.OLEANDER FM, FL 33908			28 #	NST	RUCTIONS on who must file rm and how to fill it out begin	
16A61 ARBOR PLOGE DR, FM, PZ 33908					ER FORMS you may need to	

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STOCK	HANS WILSON #ASSOC. INC.		
PART E — LIABILITIES [Major debts] NAME OF CREDITOR	ADDRESS OF CREDITOR		
5/3 BANK	MADISONVILLE OPERATIONS CENTER		
	MATIL DROP 1 MOC2M		
	CINCINNATI, OH 45763-5300		
PART F — INTERESTS IN SPECIFIED BUSINESSES [[Ownership or positions in certain types of businesses]		
BUSINESS EN	NTITY#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): Jan J. W. Wilson DATE SIGNED (required): 7/26/03			
FILING INSTRUCTIONS:			

WHAT TO FILE:

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NOTE:

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BOARD OF COUNTY COMMISSIONERS

Writer's Direct Dial Number: Facsimile (239) 335-2236

(239) 335-2118

Bob Janes District One

Douglas R. St. Cerny District Two

Ray Judah District Three

Andrew W. Coy District Four

John E. Albion District Five

Donald D. Stilwell County Manager

James G. Yaeger County Attorney

Diana M. Parker County Hearing Examiner

July 29, 2003

State of Florida

Commission on Ethics Attn: Bonnie J. Williams, Executive Director

2822 Reminaton Green Circle, Suite 101 P. O. Drawer 15709

Tallahassee, Florida 32317-5709

Form 6, Full and Public Disclosure of Financial Interests -

2002 for Hans Wilson (Disaster Advisory Council)

Dear Ms. Williams:

The Financial Disclosure Form 6, which was mailed on May 30, 2003 to Mr. Hans Wilson from the Commission on Ethics was sent to me for legal review and comment.

Based on the information given to me from Mr. Wilson, he is a member of the Lee County Disaster Advisory Council and Coastal Advisory Council. As a local officer appointed to an advisory board, Mr. Wilson files Form 1, Limited Financial Disclosure. Mr. Wilson is considered a local filer and required to submit his form to the County Supervisor of Elections and not the Ethics Commission. According to Mr. Wilson, he is neither an elected constitutional officer nor a candidate for such office. As such, the Form 6 was sent to him in error.

Please remove Mr. Wilson's name from the list of those required to file Form 6.

Should you have any questions, please do not hesitate to contact me.

Sincerely

Kristie L. Kroslack

Assistant County Attorney

S:\GS\Kroslack\letter\Williams - Financial Disclosure Hans Wilson.wpd