

FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

HAMILTON, Rebecca A., M. D.

MAILING ADDRESS :

DISTRICT MEDICAL EXAMINER'S OFFICE

70 Danley Drive

CITY: ZIP: COUNTY:

Fort Myers, FL 33907 Lee

NAME OF AGENCY :

DISTRICT MEDICAL EXAMINER, District 21

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

DISTRICT MEDICAL EXAMINER, District 21,

CHECK IF CANDIDATE OR ~~CANDIDATE~~ EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY:

NO

ID Code

ID No.

Conf. Code

P. Req. Code

RECEIVED
2003 AUG -5 11:12 AM
SUPERVISOR OF REGISTRATION

****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):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

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
Rebecca A. Hamilton, M.D.PA	17651 Frank Road, Alva, FL 33920	Forensic Pathology

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
Medical Examiner	Lee County, Florida	P. O. Box 398, Ft. Myers	Fee for profession-
"	Hendry County, Florida	P. O. Box 1760, LaBelle	al services as Medical Examiner
"	Glades County, Florida	P. O. Box 10, Moorehaven	

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

None

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
VanGuard 500 Index Fund	The VanGuard Group, P.O. Box 13750, Philadelphia, PA 19101-9897
Financial advisor Nick Maurillo	Morgan Stanley Dean Witter (239) 945-9300

PART E — LIABILITIES [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
Waterfield Mortgage Co., Inc.	P. O. Box 7007, Indianapolis, IN 46207-7007
Suncoast Schools Fed. Credit Un.	P. O. Box 11904, Tampa, FL 33680
Direct Loan Servicing Center	U.S. Dept. of Education, P.O. Box 4609, Utica, NY 13504-4609

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	Rebecca A. Hamilton, M.D. P. A.		
ADDRESS OF BUSINESS ENTITY	17651 Frank Road Alva, FL 33920		
PRINCIPAL BUSINESS ACTIVITY	Forensic Pathology		
POSITION HELD WITH ENTITY	President		
DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes		
NATURE OF MY OWNERSHIP INTEREST	Provide Medical Examiner function District 21		

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

SIGNATURE (required):
Rebecca A. Hamilton

DATE SIGNED (required):
July 31, 2003

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.

7002 0860 0004 7174 4602

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement)	

7-16-03
 Postmark
 B. F.

Total Po: REBECCA HAMILTON
Sent To: MEDICAL EXAMINER
 OFFICE OF THE MEDICAL EXAMINER
Street, Ap or PO Bo: 70 DANLEY DR
City, State: FORT MYERS FL 33907

PS Form 3800, April 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

REBECCA HAMILTON
 MEDICAL EXAMINER
 OFFICE OF THE MEDICAL EXAMINER
 70 DANLEY DR
 FORT MYERS FL 33907

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery: 7/17/03

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from service label)

7002 0860 0004 7174 4602

IMPORTANT NOTICE

TO: Local Officer
FROM: Philinda A. Young
 Supervisor of Elections, Lee County
DATE: July 16, 2003
SUBJECT: Form 1 Statement of Financial Interests for 2002

REBECCA HAMILTON
 MEDICAL EXAMINER
 OFFICE OF THE MEDICAL EXAMINER
 70 DANLEY DR
 FORT MYERS FL 33907

Enclosed is a Form 1, Statement of Financial Interests, to complete and return in order to satisfy your obligation to file financial disclosure for last year. The mailing label on the envelope lists the public position that requires you to file. The Florida Commission on Ethics erroneously omitted your name from the list of required filers the Commission provides to our office.

Persons serving as of December 31, 2002 (along with those officials elected in 2002 whose terms began in 2003) are required to file this year. **Even if you left the position noted on the mailing label during 2003**, you are required to file disclosure for 2002 on this form. (Note: that if you left your position during 2003, you are also required to file a **(Form 1-F FINAL Statement of Financial Interests)** covering a portion of the year 2003. See the instructions on Form 1, page 6.)

WHEN TO FILE: On or before **July 31, 2003**

WHERE TO FILE: Please return the completed form, **including signature** and date (on page 2 of the form), to:

LEE COUNTY ELECTIONS OFFICE
P O BOX 2545, FORT MYERS FL 33902-2545

**THE ROLE OF THE SUPERVISOR OF ELECTIONS IS TO RECEIVE AND MAINTAIN THE
 FINANCIAL DISCLOSURE FORM AS PUBLIC RECORD**

Please do not file the form with the Florida Commission on Ethics in Tallahassee

QUESTIONS?:

HOW DO I COMPLETE THE FORM? Instructions for completing this form are attached at pages 3-6 of Form 1. Any **questions regarding the instructions** on the form **should be directed to the office of the Florida Commission on Ethics at 1-850-488-7864.**

WHY DID I RECEIVE THIS FORM? If you think you have received this form in error, please contact the **financial disclosure coordinator for your agency**, who has provided your name based on your official position and responsibilities. If appropriate, the local agency's coordinator will contact the Commission on Ethics to remove your name from the list. To find your agency's coordinator and how to contact that person, either contact our office or see the list that is posted on the Ethics Commission's **web-site at:** www.ethics.state.fl.us.

IMPORTANT NOTE:

Persons who fail to file the annual disclosure form by September 1st are subject to **automatic fines of \$25.00 for each late day.**

The Florida Commission on Ethics prepares the list of persons required to file financial disclosure. The Commission obtains the names and addresses from coordinators for each local government agency.

Your cooperation is appreciated.

Enclosure

Bernie Feliciano

From: "Bernie Feliciano" <bfeliciano@leeelections.com>
To: "KATHY GEREN" <gerenpk@leegov.com>
Sent: Tuesday, July 15, 2003 4:35 PM
Subject: RE: MEDICAL EXAMINER

Kathy,

Rebecca Anne Hamilton, Lee County Medical Examiner, is not on our list of Form 1 filers. In the past Carol Huber, the former Medical Examiner was.

Ms. Hamilton's name should be on our list I'm just not sure if it needs to be reported to the Ethics Commission by your office or by another agency. I did contact the Commission and they had no record of her. She did file in 2001 and 2002, so obviously she is aware of her obligation to file, but was never officially placed on any list.

Please advise.

Bernie Feliciano
Qualifying Officer
Lee County Elections Office
239-339-6304 direct
239-339-6300 main
239-339-6310 facsimile
bfeliciano@leeelections.com