

2

FORM 1

STATEMENT OF

2006

FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :
Alness Bailey Cynthia Mae

MAILING ADDRESS :
12439 Arbor View Dr

CITY : FT. Myers ZIP : Ft. 33908 COUNTY : Lee

NAME OF AGENCY :
Lee Memorial Health System

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
VP Patient Care Southwest / Gulf Coast hospitals

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.
CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY:

DATE RECEIVED: 01 22 2007
ID Code
ID No. 211370
Conf. Code
P. Req. Code

PDF 2006

BOTH PARTS OF 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, 2006 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
HCA HealthCare Co.	ONE PARK PLAZA NASHVILLE, TN 37203	CNO of SW/GC Hospitals

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
N/A.			

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

1 Home - 12439 ARBOR VIEW DR, FT. MYERS. (Primary Residence) 33908
2 Rental Property - 400 SW 11th COURT. (house) FT. LAUDERDALE 33315

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.

OPUBLIC3PM0121 SDF Lee Co FL

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

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

Money market fund	Bank of America
CD	Country Wide Financial
Savings Acct	Country wide Financial
401K	Tenet Healthcare
403B	Lee HCSystems
Annuity	Prudential

PART E — LIABILITIES [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

Wells Fargo Home Mortgage	P.O. Box 1441 Des Moines, IA 50306-3411
Country wide mortg.	P.O. Box 660694 Dallas TX 75266-0694

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	N/A		
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			

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

SIGNATURE (required):

DATE SIGNED (required):

6/26/07

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.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

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; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

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.

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Albert P. Massey, III
Chair
Charles Lydecker
Vice Chair
Michael W. Brown
Cheryl Forchilli
Latour "LT" Lafferty
Christopher T. McRae
Thomas P. Scarritt, Jr.



State of Florida
COMMISSION ON ETHICS
P.O. Drawer 15709
Tallahassee, FL 32317-5709

3600 Maclay Blvd., South, Suite 201
Tallahassee, FL 32312

Philip Claypool
Executive Director

Virilindia Doss
Deputy Executive Director

(850) 488-7864 Phone
278-7864 Suncom
(850) 488-3077 (FAX)
www.ethics.state.fl.us

August 9, 2007

Cynthia Mae Alness Boily
12439 Arbor View Dr
Ft Myers, FL 33908

Dear Ms. Alness Boily:

Your Form 1, Statement of Financial Interests, has been misfiled with the Commission on Ethics. By copy of this letter, I am forwarding said form to the Lee County Supervisor of Elections for appropriate filing.

Sincerely,

A handwritten signature in cursive script, appearing to read "Connie A Evans".

Connie A Evans
Executive Secretary

cc: Sharon Harrington
Lee County Supervisor of Elections (w/enclosure)

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

FINANCIAL INTERESTS

LAST NAME -- FIRST NAME -- MIDDLE NAME: Ainess Boily Cynthia Mae

MAILING ADDRESS: 12439 Arbor View DR

CITY: Ft. Myers ZIP: Ft. 33908 COUNTY: Lee

NAME OF AGENCY: Lee Memorial Health System

NAME OF OFFICE OR POSITION HELD OR SOUGHT: VP Patient Care Southwest / Gulf Coast hospitals

Check only if Candidate OR New Employee or Appointee

FOR OFFICE USE ONLY: N/C ID Code ID No. Conf. Code P. Req. Code

PDF 2006

BOTH PARTS OF THIS SECTION MUST BE COMPLETED

DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR... DECEMBER 31, 2006

MANNER OF CALCULATING REPORTABLE INTERESTS: THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS... DOLLAR VALUE THRESHOLDS

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY. Row 1: HCA HealthCare Co., One Park Plaza, Nashville, TN 37203, CNO of SW/GC Hospitals

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE. Row 1: n/a

Table with 2 columns: PART C - REAL PROPERTY [Land, buildings owned by the reporting person]. Row 1: Home - 12439 Arbor View DR, Ft. Myers, FL 33908 (Primary Residence). Row 2: Rental Property - 400 SW 11th Court, Ft. Lauderdale, FL 33315 (house)

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403B	Lee HCSYSTEM (LMHS)
Annuity	Prudential

PART E — LIABILITIES [Major debts]

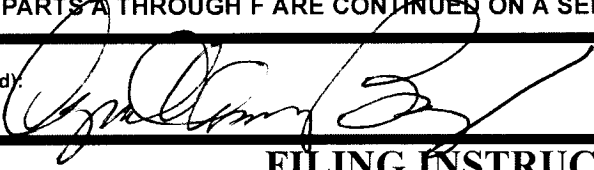
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DATE SIGNED (required):

6/26/07

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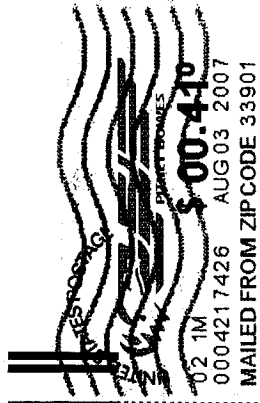
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James L. Harrington
Supervisor of Elections
LEE COUNTY
CONSTITUTIONAL COMPLEX
P.O. BOX 2545
FORT MYERS, FLORIDA 33902

FORT MYERS FL 33902
03 AUG 2007 P



SUPERVISOR OF ELECTIONS
P.O. BOX 2545
FORT MYERS FL 33902-2545

