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FORM 1 STATEM	ENT OF FI	NANCIAL	INTERESTS 1998
THIS STATEMENT REFLECTS MY FINANCIAL INT PRECEDING TAX YEAR ENDING:	ERESTS FOR THE	NAME OF YOUR AGEN	ICY:
CHECK EITHER OR SPECIFY TAX YEAR DECEMBER 31, 1998 <u>X</u> THAN THE CALENDAR		Lee Memor	ial Health System
LAST NAME - FIRST NAME - MIDDLE NAME:		CHECK ONE OF THE F	OLLOWING CATEGORIES:
Crockett, Davy Franklin MAILING ADDRESS:		- 🖄 LOCAL OFFICER 🗆	STATE OFFICER 🗖 CANDIDATE
8837 Banyan Cove Circle			
		SPECIFIED STATE	Lee Memorial
CITY: ZIP:	COUNTY:		TON HELD OR SOUGHT: Hospital
Fort Myers, FL 33919	Lee	vice Preside	ent,Patient Care Services
NOTICE: Under provisions of Se closure constitutes grounds for fication from being on the ballo ment, demotion, reduction in sala	c. 112.317, Flor and may be pur t, impeachment ary, reprimand,	ida Statutes, a n nished by one o , removal or su or a civil penalty	failure to make any required dis- r more of the following: disquali- spension from office or employ- y not exceeding \$10,000.
PART A - PRIMARY SOURCES OF INCOME [Sou	arces exceeding 5% of gr	oss income]	
NAME OF SOURCE OF INCOME		JRCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Lee Memorial Health System	2776 Clevel	and Avenue	Health Care
	Fort Myers,		
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PART B - SOURCES OF INCOME TO BUSINESS	I		
NAME OF SOURCE OF BUSINESS ENTITY'S INCOME		URCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
N/A			
19/11			
PART C — REAL PROPERTY [Land, buildings]			FILING INSTRUCTIONS for when and where to file this form are located at the bot-
N/A			tom of page 2.
			INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet.

OTHER	FORMS	you may	need to file
are describe			

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TYPE OF INTANGIBLE	E	ks, bonds, certificates of deposit, etc.] BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
N/A				
PART E LIABILITIES IN EXCE	SS OF NET WORTH [Major debts]			
NAME OF CREDIT	OR	ADDRESS OF CREDITOR		
N/A				
······				
PART F — INTERESTS IN SPECIF	IED BUSINESSES [Ownership or p	positions in certain types of businesses]		
PART F — INTERESTS IN SPECIF	BUSINESSES [Ownership or p	Dositions in certain types of businesses] BUSINESS ENTITY # 2	BUSINESS ENTITY # 3	
JAME OF			BUSINESS ENTITY # 3	
IAME OF SUSINESS ENTITY DDRESS OF			BUSINESS ENTITY # 3	
IAME OF IUSINESS ENTITY DDRESS OF USINESS ENTITY RINCIPAL BUSINESS			BUSINESS ENTITY # 3	
IAME OF BUSINESS ENTITY DDRESS OF USINESS ENTITY RINCIPAL BUSINESS CTIVITY POSITION HELD			BUSINESS ENTITY # 3	
VAME OF BUSINESS ENTITY ADDRESS OF PRINCIPAL BUSINESS ACTIVITY POSITION HELD VITH ENTITY OWN MORE THAN A 5%			BUSINESS ENTITY # 3	
IAME OF BUSINESS ENTITY NDDRESS OF JUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD VITH ENTITY			BUSINESS ENTITY # 3	
JAME OF BUSINESS ENTITY DDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS CTIVITY POSITION HELD VITH ENTITY OWN MORE THAN A 5% NTEREST IN THE BUSINESS IATURE OF MY DWNERSHIP INTEREST	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3	
IAME OF JUSINESS ENTITY IDDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ICTIVITY POSITION HELD VITH ENTITY OWN MORE THAN A 5% NTEREST IN THE BUSINESS IATURE OF MY OWNERSHIP INTEREST	BUSINESS ENTITY # 1		BUSINESS ENTITY # 3	

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: You also may be required to file Form 10, which is the last page of this packet. Please see that form for detailed instructions.

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: Local officers file with the Supervisor of Elections of the county in which you 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 Department of State, Room 1802, The Capitol, Tallahassee, Florida 32399-0250. Candidates file this form together with your qualifying papers. To determine what category your position falls under, see the "Who Must File" Instructions on page 3. If you were mailed the form by the Secretary of State or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

WHEN TO FILE: Initially, each local officer, 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.

Thereafter, local officers, state officers, and *specified state employees* are required to file by July 1st following each calendar year they hold their positions. Candidates for publicly-elected state or local office must file at the same time they file their qualifying papers.

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