FORM 1	STATEMENT	OF	2001	
Please print or type your name, mailing address, agency name, and position below:		RESTS		
DORALH, PETER	NAME: DAMIAN	FOR OFFIC		
MAILING ADDRESS:	DRIVE /		ID Code	
CITY: FORT MYECS	ZIP: COUNTY: 33913 LÉE		ID No.	
NAME OF AGENCY: LEE MEMORIAL HOSPIT NAME OF OFFICE OR POSITION HELD	A L BOAYD / CATEWAY SERVICE	5	Conf. Code	
BOALD MEMBER, 7	1 —		P. Req. Code	
CHECK IF CANDIDATE OR	NEW EMPLOYEE OR APPOINTEE			
A FISCAL YEAR. PLEASE STATE BEL	INANCIAL INTERESTS FOR THE PRECEDING T DW WHETHER THIS STATEMENT IS FOR THE F			
DECEMBER 31, 2001 MANNER OF CALCULATING REPORT	OR SPECIFY TAX YEAR	F OTHER THAN TH	E CALENDAR YEAR:	
PRIOR TO 2001, THE THRESHOLDS F VALUES. BEGINNING IN 2001, THE LE	OR REPORTING FINANCIAL INTERESTS WERE GISLATURE HAS ALLOWED FILERS THE OPTI REQUIRES FEWER CALCULATIONS (see instru	ON OF USING REPO	ORTING THRESHOLDS THAT ARE	
☐ COMPARATIVE (PERCENTAGE) THRESHOLDS (old method) OR	DOLLAR VA	LUE THRESHOLDS (new method)	
PART A PRIMARY SOURCES OF INC NAME OF SOURCE OF INCOME	COME [Major sources of income to the reporting page 500 SOURCE'S ADDRESS	person]	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
SMOOT ADAMS LAWFI	2M 4415 METRO PICWY SULT	£ 325	LAW FIRM	
	FORT MYERS, FL 3	3916		
PART B SECONDARY SOURCES OF	FINCOME [Major customers, clients, and other so	urces of income to bu	usinesses 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				
•				
DADT C. DEAL DOORSTY Send S	illdings owned by the reserving		FILING INSTRUCTIONS for when	
PART C REAL PROPERTY [Land, b	andings owned by the reporting persons		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 PERSO TYPE OF INTANG		cks, bonds, certific	ates of deposit, etc.] BUSINESS ENTITY TO WHICH TI	HE PROPERTY RELATES
N/A				
				S 13 10 10 10 10 10 10 10 10 10 10 10 10 10
			 	
				C. C. C.
PART E — LIABILITIES [Major of NAME OF CRED		<u> </u>	ADDRESS OF C	REDITOR
BANK OF AMERICA		13099 (15 HWY 41 SE, 197.	MYERS, FZ 433-6262
		1		
PART F — INTERESTS IN SPECI	IFIED BUSINESSES [G	Ownership or position	ons in certain types of businesses]	
PART F — INTERESTS IN SPEC	IFIED BUSINESSES [C	•	ons in certain types of businesses] BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF	_	•		BUSINESS ENTITY # 3
	_	•		BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY ADDRESS OF	_	•		BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS	_	•		BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY	_	•		BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY	_	•		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	BUSINESS EN	TITY # 1		
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	BUSINESS EN	TITY # 1	BUSINESS ENTITY # 2	PLEASE CHECK HERE
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	A THROUGH F AF	RE CONTINUE	BUSINESS ENTITY # 2 D ON A SEPARATE SHEET, F	PLEASE CHECK HERE

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.

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.

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.