FORM 1 STATEM	ENT OF FI	NANCIAL I	INTERESTS 1999				
THIS STATEMENT REPLECTS MY FINANCIAL INTO PRECEDING TAX YEAR ENDING:  CHECK EITHER OR SPECIFY TAX YEAR DECEMBER 31, 1999 X THAN THE CALENDAR	ERESTS FOR THE	NAME OF YOUR AGENCY: Lee Memorial Health System					
LAST NAME - FIRST NAME - MIDDLE NAME: English, James Jones MAILING ADDRESS: 1255 Florida Avenue		CHECK ONE OF THE FOLLOWING CATEGORIES:  **EXTLOCAL OFFICER					
CITY: ZIP: COUNTY: Ft. Myers 33901 Lee		LIST OFFICE OR POSITION HELD OR SOUGHT: Vice Chairman					
NOTICE: Under provisions of Sectionary constitutes grounds for fication from being on the ballowent, demotion, reduction in salar	c. 112.317, Flor and may be pur t, impeachment ary, reprimand,	rida Statutes, a f nished by one of , removal or su or a civil penalty	failure to make any required dis- r more of the following: disquali- spension from office or employ- r not exceeding \$10,000.				
PART A - PRIMARY SOURCES OF INCOME [Sou	urces exceeding 5% of g	ross income]					
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
Church Pension Fund	New York City		Pensions				
Social Security Admin.	Washington, D.C.		Pensions				
Lee Memorial Health System Ft. Myers, FL			Health Care				
PART B — SOURCES OF INCOME TO BUSINESSES OWNED BY THE REPORTING PERSON [Major customers, clients, etc.]							
NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
n/a							
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				
		<del> </del>	form and how to fill it out begin on page 3 of this packet.				
			OTHER FORMS you may need to file are described on page 6.				
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PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]								
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
- /-								
n/a								
		89.47						
PART E — LIABILITIES IN EXCESS OF NET WORTH [Major debts]								
NAME OF CREDITOR		ADDRESS OF CREDITOR						
NAME OF CREDITOR		ADDRESS OF CREDITOR						
n/a								
	1							
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]								
	BUSINESS ENTITY	Y#1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3				
NAME OF								
BUSINESS ENTITY	n/a							
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 PARTS OF A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE								

SIGNATURE: Janes & English

DATE SIGNED: (0-15-2000)

## FILING INSTRUCTIONS FOR FORM 1

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.

(Continued on p.3)