FORM 1	STATEMENT	OF _	2013	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTE	ERESTS	FOR OFFICE USE ONLY:	
MAILING ADDRESS:	Marie		, <u>, , , , , , , , , , , , , , , , , , </u>	
13305 Hilling	ton Hammock (MM 01	
NAME OF AGENCY:	33905 LOC		14JUL01990322 SUE LEEGE	
NAME OF OFFICE OR POSITION HELD O	y-trative Office	27	_e⊖a]	
CHECK ONLY IF CANDIDATE OF	n this form. Attach additional sheets, if fiecessary. NEW EMPLOYEE OR APPOINTEE	1AC		
**** 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 (must check one): DECEMBER 31, 2013 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:				
MANNER OF CALCULATING REPORTABLE INTERESTS: FILERS HAVE 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). CHECK THE ONE YOU ARE USING:				
☐ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☐ DOLLAR VALUE THRESHOLDS				
PART A PRIMARY SOURCES OF INCO	ME (Major sources of income to the reporting payinte "none" or "n/a")	erson - See instructions		
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS		ESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
Lec Memiral Hearth	System 2776 Clever	and the	HAS HACOVE	
	Fat Myers	_3390/	 	
				
PART B — SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")				
NAME OF BUSINESS ENTITY			PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
Not Am	Imple			
1.0, 1,40	7 (95)			
PART C REAL PROPERTY [Land, build (If you have nothing to report	ings owned by the reporting person - See instruwrite "none" or "n/a")	whe	NG INSTRUCTIONS for and where to file this are located at the bottom age 2.	
	······································	file	TRUCTIONS on who must this form and how to fill it begin on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY [Sto (If you have nothing to report, write "none	cks, bonds, certificates of deposit, etc See instructions] e" or "n/a")		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
1/1/			
NH			
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none	s] ə" or "n/a")	ITOR O	
NAME OF CREDITOR	ADDRESS OF CREDITOR		
N/IN		<u> </u>	
TV IT)		AHC 9223	
		S.	
PART F — INTERESTS IN SPECIFIED BUSINESSES [((If you have nothing to report, write "none" NAME OF BUSINESS ENTITY	Ownership or positions in certain types of businesses - Sec or "n/a") BUSINESS ENTITY # 1	BUSINESS E版]TY # 2	
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY	M/L		
POSITION HELD WITH ENTITY	10 // /		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			
IF ANY OF PARTS A THROUGH F AR	RE CONTINUED ON A SEPARATE SHEET, PLEA	ASE CHECK HERE	
SIGNATURE (required):	DATE SIGNED (required):		
Mustine M Fan	6/26/201	14	
she must complete the following statement:	er 473, or attorney in good standing with the Florida B , prepared the CE Form 1 in accordance with Secondary and belief, the disclosure herein is true and contents.	ction 112.3145, Florida Statutes, and	
	_	· · · · · · · · · · · · · · · · · · ·	
Signature		Date	
	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).

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: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

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.

Facsimiles will not be accepted.

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. However, filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2013.

Kris Fay, CAO, LPG Admin

TEE ME MOSTEM Leé Physician Group

9800 S. HealthPark Dr., Ste. 202, Fort Myers, FL 33908

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Supervisor of Elections PO Box 2545

Fort Myers, FL 33902-2545