FORM 1 STATEMENT OF FINANCIAL INTERESTS 1997

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR ENDING:

CHECK EITHER DECEMBER 31, 1997 X OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

NAME OF YOUR AGENCY:

Lee Memorial Health System

LAST NAME - FIRST NAME - MIDDLE NAME:

Gomberg, Francine Gayle

MAILING ADDRESS:

3006 Surfside Blvd.

CITY: Cape Coral, FL ZIP: 33914 COUNTY: Lee

CHECK ONE OF THE FOLLOWING CATEGORIES:

☒ LOCAL OFFICER ☐ STATE OFFICER ☐ CANDIDATE

☐ SPECIFIED STATE EMPLOYEE

LIST OFFICE OR POSITION HELD OR SOUGHT:

V.P. Patient Care Svcs., HealthPark Medical Center

NOTICE: Under provisions of Sec. 112.317, Florida Statutes, a failure to make any required disclosure constitutes grounds for and may be punished by one or more of the following: disqualification from being on the ballot, impeachment, removal or suspension from office or employment, demotion, reduction in salary, reprimand, or a civil penalty not exceeding $10,000.

PART A — PRIMARY SOURCES OF INCOME [Sources exceeding 5% of gross income]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Lee Memorial Health System	2776 Cleveland Avenue Fort Myers, FL 33901	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		

RECEIVED
SUPERVISOR OF ELECTIONS
JUN 29 11 07 AM

PART C — REAL PROPERTY [Land, buildings]

1) 5 Acres @ Pine Island Rd. & Burnt Store Rd.; 2) 25% of 42 lots near Kismet & Chiquita in N. Cape Coral; 3) 50% of 5 Acres on U.S. 41 near Punta Gorda; 4) 5 Acres near El Jo Bean Section 4, twp 41, range 21; 5) Cape Coral home, BL 5954 Lot 24 unit 23; 6) Residential homesite on Santa Barbara Blvd., Cape Coral; 7) Homesite on Sanibel Island

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 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	

PART E — LIABILITIES IN EXCESS OF NET WORTH [Major debts]

NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A	

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			
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: Francine Dombeu DATE SIGNED: 6-15-98

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.

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