

FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

KISTEL DAVID EDWARD

MAILING ADDRESS :

8928 Wellington Lakes Court

Ft. Myers FLA 33908 Lee

CITY : ZIP : COUNTY :

Lee MEMORIAL Health System

NAME OF AGENCY :

VICE PRESIDENT

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

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CHECK IF [ ] CANDIDATE OR [ ] NEW EMPLOYEE OR APPOINTEE

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 (check one):

[ ] DECEMBER 31, 2001 OR [ ] SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:

MANNER OF CALCULATING REPORTABLE INTERESTS:

PRIOR TO 2001, THE THRESHOLDS FOR REPORTING FINANCIAL INTERESTS WERE COMPARATIVE, USUALLY BASED ON PERCENTAGE VALUES. BEGINNING IN 2001, THE LEGISLATURE HAS ALLOWED FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):

[ ] COMPARATIVE (PERCENTAGE) THRESHOLDS (old method) OR [ ] DOLLAR VALUE THRESHOLDS (new method)

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY. Row 1: Lee Memorial Health System, P.O. Box 2218 Ft. Myers, FLA. 33902, Hospital.

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE.

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]

Table with 1 column: REAL PROPERTY. Row 1: LOTS 50 & 51 (3289) unit 66, 3616 S.W. 15th Ave., Cape Coral, FLA.

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.

OTHER FORMS you may need to file are described on page 6.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
401-K Plan	Diversified Investments, Lincoln Life, National Western
MUTUAL FUNDS	IDS AMERICAN EXPRESS, JANUS FUNDS, VANGUARD
IRA'S	IDS AMERICAN EXPRESS, VANGUARD

**PART E — LIABILITIES** [Major debts]  
NAME OF CREDITOR

ADDRESS OF CREDITOR

Regions Mortgage BANK OF AMERICA	605 S. PERRY ST. MONTGOMERY, AL 36104 P.O. Box 23500 GREENSBORO NC 27420-3500

**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 OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE (required):

*[Handwritten Signature]*

DATE SIGNED (required):

6-17-00

**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.

**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.

**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.

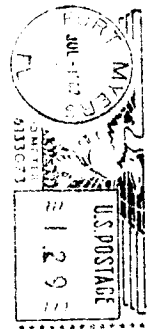
**WHEN TO FILE:**

**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.



**FIRST CLASS**

<b>LEE MEMORIAL HEALTH SYSTEM</b>	
<small>FROM</small>	
2776 Cleveland Ave. Ft. Myers, FL 33901	9981 HealthPark Cir. Ft. Myers, FL 33908
Cape Coral, FL 33990	
<b>Philinda A. Young</b> <b>Supervisor of Elections</b> <b>P.O. Box 2545</b> <b>Fort Myers, FL 33902-2545</b>	
<small>POSTMASTER: This parcel may be opened for postal inspection if necessary.</small>	

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