FORM 1	STATEMENT O	F	2009	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTE	RESTS		
LAST NAME FIRST NAME MIDDLE N KEVENKO CHARLES MAILING ADDRESS :	ANDREN	FOR OFFICE USE ONLY:	0194103	
ISSO WINTON LAN SANIBEL A	ZIP: 33951 COUNTY: LEE		Code No.	
NAME OF AGENCY : LEE MENDUAL ITEM NAME OF OFFICE OR POSITION HELD (HEF MEDICAL OF You are not limited to the space on the lines CHECK ONLY IF CANDIDATE OF	on this form. Attach additional sheets, if necessary.		nf. Code Req. Code	
**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 (check one):  DECEMBER 31, 2009 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:  MANNER OF CALCULATING REPORTABLE INTERESTS:  THE LEGISLATURE ALLOWS FILERS 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). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):  COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS				
(If you have nothing to report NAME OF SOURCE	DME [Major sources of income to the reporting pers , you must write "none" or "n/a") SOURCE'S	ļ De	ESCRIPTION OF THE SOURCE'S	
OF INCOME LEE MEMORIAL BEATO SYCTOM	ADDRESS A HOX 2245 YOLF WYTHIS. Fr 3		RINCIPAL BUSINESS ACTIVITY	
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(if you have nothing to repor		es of income to busine DDRESS SOURCE	PRINCIPAL BUSINESS	
·				
PART C REAL PROPERTY [Land, buildings owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a") DECIDENCE , JOSO WLIDN LONG, SANIBEL PL.		when are lo INS file ti	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.	
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PART D — INTANGIBLE PERSONAL PROPERTY (If you have nothing to report, you mu	Stocks, bonds, certificates of deposit, etc.] st write "none" or "n/a")			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
lencenas Anos.	WINGUARD INVESTMENTS.			
4 4	ONDUIGED INVERNONTS.			
PART E LIABILITIES [Major debts]				
(If you have nothing to report, you mus	st write "none" or "n/a")			
NAME OF CREDITOR	ADDRESS OF CREDITOR			
NORSCARE AND HOWEDWHER LOPA	S NORTHON TOURT			
NOUSIGNE AND HOURDANDE LOON NOUTHERN TRUKT NOUSIGNEN TRUKT NOUSIGNEN TRUKT				
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PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]				
(If you have nothing to report, you must . BUSIN	write "none" or "n/a") ESS ENTITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3			
	₩ <b>₽</b>			
PRINCIPAL BUSINESS ACTIVITY				
POSITION HELD WITH ENTITY				
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):	DATE SIGNED (required):			
	FILING INSTRUCTIONS:			
WHAT TO FILE:	WHERE TO FILE: WHEN TO FILE:			
After completing all parts of this form, including signing and dating it, send back only the first	If you were mailed the form by the Commission <i>Initially</i> , each local officer/employee, state officer, and specified state employee must			
sheet (pages 1 and 2) for filing.	your annual disclosure filing, return the form to that location. file within 30 days of the date of his or			
If you have nothing to report in a particular section, you must write "none" or "n/a" in that	Local officers/employees file with the Supervisor of Elections of the example is which they access			
section, you must write none of n/a in that section(s).	if that is less than 30 days from the date of the			
Facsimiles will not be accepted.	in Florida, file with the Supervisor of the county where your agency has its headquarters.) <i>Candidates</i> for publicly-elected local office			
NOTE:	State officers or specified state employees must file at the same time they file the gualifying papers			

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.

file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

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.

qualitying papers.

Thereafter, local officers/employees, sta officers, and specified state employees a required to file by July 1st following ea calendar year in which they hold their po tions.

Finally, at the end of office or employment each local officer/employee, state officer, a specified state employee is required to file final disclosure form (Form 1F) within 60 da of leaving office or employment.



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SUPERVISOR OF ELECTIONS P.O. BOX 2545 FORT MYERS FL 33902-2545

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