

**FORM 1****STATEMENT OF  
FINANCIAL INTERESTS****2013**Please print or type your name, mailing  
address, agency name, and position below:**FOR OFFICE USE ONLY:**

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Lozano Yanela

MAILING ADDRESS :

1564 Beechwood Trail

CITY :

FORT MYERS

ZIP :

FL

COUNTY :

33919

NAME OF AGENCY :

Lee Memorial Health System

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Pharmacy Director

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF ☐ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

'14 JUN 9 AM 1030 SOE LEE CO FI

PM 6/6

**\*\*\*\* 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 INCOME** [Major sources of income to the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE  
OF INCOMESOURCE'S  
ADDRESSDESCRIPTION OF THE SOURCE'S  
PRINCIPAL BUSINESS ACTIVITY

HealthPark Medical Center

9981 S. HealthPark Drive

Healthcare.

**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 ENTITYNAME OF MAJOR SOURCES  
OF BUSINESS' INCOMEADDRESS  
OF SOURCEPRINCIPAL BUSINESS  
ACTIVITY OF SOURCE


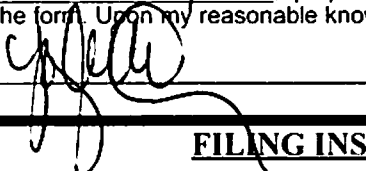
NONE

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

(If you have nothing to report, write "none" or "n/a")

NONE

**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.

<b>PART D — INTANGIBLE PERSONAL PROPERTY</b> [Stocks, bonds, certificates of deposit, etc. - See instructions] (If you have nothing to report, write "none" or "n/a")		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES	
Stocks	Transamerica Mutual Fund	
<b>PART E — LIABILITIES</b> [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")		
NAME OF CREDITOR	ADDRESS OF CREDITOR	
Discover Card	PO Box 6103 Carol Stream, IL 60197-6103	
Sallie Mae	PO Box 9635 Wicks - Berne, PA 18793-9635	
<b>PART F — INTERESTS IN SPECIFIED BUSINESSES</b> [Ownership or positions in certain types of businesses - See instructions] (If you have nothing to report, write "none" or "n/a")		
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
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 <input type="checkbox"/>		
SIGNATURE (required):		DATE SIGNED (required):
		5-27-14
If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement: I, <u>Vanessa Lozano</u> , prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.		
Signature 		Date <u>5-27-14</u>
<b>FILING INSTRUCTIONS:</b>		
<b>WHAT TO FILE:</b> After completing all parts of this form, <u>including signing and dating it</u> , 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).  <b>NOTE:</b> <b>MULTIPLE FILING UNNECESSARY:</b> 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.	<b>WHERE TO FILE:</b> 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.  <b>Local officers/employees</b> 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.)  <b>State officers or specified state employees</b> 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.  <b>Candidates</b> 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.  <b>Facsimiles will not be accepted.</b>	<b>WHEN TO FILE:</b> <b>Initially</b> , each local officer/employee, state officer, and specified state employee must file <b>within 30 days</b> 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.  <b>Candidates</b> for publicly-elected local office must file at the same time they file their qualifying papers.  <b>Thereafter</b> , 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.  <b>Finally</b> , 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 <u>not</u> relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2013.

June 19 / 02 AM  
1564 Beechwood Tr  
Fort Myers FL 33919

FT MYERS FL 33902  
05 JUN 2014 PM 5:1



Supervisor of Elections  
**Sharon L. Harrington**  
P.O. Box 2545  
Fort Myers, FL 33902

33902254545

