FORM 1	STATEM	MENT OF		2011	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAI	L INTEREST	s [
LAST NAME - FIRST NAME - MIDDLE N McG: Licuddy, Mar MAILING ADDRESS: 1 2820 SE 192 Place	-у А.	FOR COUSE O	DFFICE DNLY:	12 HA 31 HA	
	on this form. Attach additional sheet		$\backslash / $	Code TOTAL TOT	
CHAIR STATEMENT REFLECTS YOUR FINANT REFLECTS YOUR FINANT REFLECTS YOUR FINANT REPORTABLE THE LEGISLATURE ALLOWS FILERS THE REQUIRES FEWER CALCULATIONS, OR	WHETHER THIS STATEMENT IS OR SPECIFY LE INTERESTS: HE OPTION OF USING REPOR USING COMPARATIVE THRES	RECEDING TAX YEAR, WHETI S FOR THE PRECEDING TAX TAX YEAR IF OTHER THAN T RTING THRESHOLDS THAT A SHOLDS, WHICH ARE USUAL	HER BASE YEAR END THE CALE ARE ABSO LY BASED	ED ON A CALENDAR YEAR OR ON DING EITHER (must check one): INDAR YEAR: DLUTE DOLLAR VALUES, WHICH D ON PERCENTAGE VALUES (see	
nstructions for further details). PLEASE STA COMPARATIVE (PERCENTAGE) TH	RESHOLDS OR	DOLLAR V	VALUE TH	RESHOLDS	
PART A PRIMARY SOURCES OF INCO (If you have nothing to report,	ME [Major sources of income to t you must write "none" or "n/a"	the reporting person - See instr ')	uctions p.	4]	
NAME OF SOURCE OF INCOME	I	JRCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
Lee Memorial Health Sysk	Fort Myers, FL		Health care services		
PART B SECONDARY SOURCES OF IN [Major customers, clients, and o (If you have nothing to report	NCOME ther sources of income to busines , you must write "none" or "n/a	sses owned by the reporting pe	rson - See	instructions p. 4]	
NAME OF NA BUSINESS ENTITY	AME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
nla					
PART C REAL PROPERTY [Land, building (If you have nothing to report, you have nothing to report not have nothing to report not have not	ngs owned by the reporting perso you must write "none" or "n/a")	n - See instructions p. 4]	when a are local instruction in the state of	G INSTRUCTIONS for and where to file this form cated at the bottom of page 2. RUCTIONS on who must s form and how to fill it out	
			OTHE	on page 3. ER FORMS you may need are described on page 6.	

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions p. 5] (If you have nothing to report, you must write "none" or "n/a")									
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES							
T54	Lee Memorial Health System								

PART E — LIABILITIES [Major de (If you have nothing to			n/a")						
NAME OF CREDIT	ADDRESS OF CREDITOR								
BAC Home Loan Ser	PO BOX	6500	70	Dallas, T	x 75265-	0070			
	0	-		,					
11 - 11 - 11 - 11 - 11 - 11 - 11 - 11									
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions p. 5] (If you have nothing to report, you must write "none" or "n/a") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3									
NAME OF BUSINESS ENTITY	n/A								
ADDRESS OF BUSINESS ENTITY									
PRINCIPAL BUSINESS ACTIVITY									
POSITION HELD WITH ENTITY						•	3		
I OWN MORE THAN A 5%							MAY319M1017		
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 口當									
SIGNATURE (require			<u>C</u>	DATE	SIGNED (r	required):	8		
Many a. Mcgle			5/2	11/2012		2011			
MAR TRIO REIOMBERIOMEORIO									

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.

FILING INSTRUCTIONS:

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: 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.

Facsimiles will not be accepted.

WHEN TO FILE:

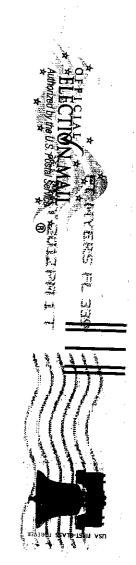
Initially, each local officer/employee, state officer, and specified state employee must file within 30 days of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from 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 <u>not</u> relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2011.

SUPERVISOR OF ELECTIONS PO BOX 2545 FORT MYERS FL 33902-2545



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