

FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

McGovern, Nancy M.

MAILING ADDRESS :

785 South Entrada Drive

Fort Myers, FL 33909 Lee

CITY: ZIP: COUNTY:

NAME OF AGENCY :

Lee Memorial Health System Board

NAME OF OFFICE OR POSITION HELD OR SOUGHT : OF Directors

FOR OFFICE USE ONLY:

ORIGINAL

Code

ID No.

Conf. Code

P. Req. Code

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]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Modern Home Health	12261 World Plaza FWY, FL 33507	Nursing - R.N.
Portamedic	7680 Cambridge Manor Pl. Ste 204 FWY, FL 33507	Insurance / Physiologicals
Lee Memorial	PO Box 2218 FWY, FL 33902	Board of Directors, member

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

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			
AP			

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

Home - 785 South Entrada Drive
FWY, FL 33909
Single Family Dwelling.

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
① AG Edwards IRA	Money Market Fund (FNU) Mutual Funds X.3
Money market funds	AG Edwards (FNU)
Mutual Funds	Vanguard (NY) (6,000+)
Stewart Home Fund	AG Edwards (Money Market) See above
	(Sorry for the mess)

PART E — LIABILITIES [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
2001-3 year trust for Toyota Camry	World Plaza Fwy, FL
House - Wells Fargo	Pymts 600/mth. World Plaza Fwy, FL
AMEX - AOL acct.	PO Box 297813 Ft Lauderdale, FL
	(currently owe on hotel bills for upcoming trip charge \$200. (x3 stays))

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	N/A		
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): *[Signature]* DATE SIGNED (required): 6/27/02

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.

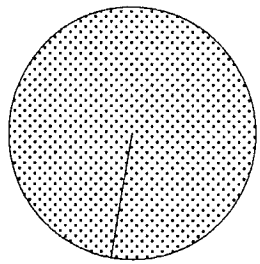
WHEN TO FILE:
Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less 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.

ACCOUNT #: **1001 | NANCY M MCGOVERN IRA ACCOUNT**
 FINANCIAL CONSULTANT: **JOSEPH STEWART | (941) 275-4466 (800) 247-2168**

FOR THE PERIOD: **October 27, 2001 - December 31, 2001**

Primary Investment Objective - Growth Aggressive

PORTFOLIO AT-A-GLANCE



YOUR ALLOCATION ON 12/31/2001
TOTAL ACCOUNT VALUE \$26,695.50

	Value on 10/26/2001	%	Value on 12/31/2001	%	Net Change
Cash & Money Fund	7.84	0.03	7.84	0.03	0.00
Mutual Funds	25,448.70	99.97	26,687.66	99.97	1,238.96
Total Account Value	\$25,456.54	100.00%	\$26,695.50	100.00%	\$1,238.96

The pie chart may not display a representative slice for assets that are less than .5% of your portfolio.

CASH FLOW SUMMARY

	This Period	Year to Date
Beginning Balance	\$7.84	
Income	645.46	807.40
Deposits/Transfers In		30.00
Dividends Reinvested	-645.46	-807.37
Other		-30.00
Ending Balance	\$7.84	
Net Change	\$0.00	

INCOME SUMMARY

	This Period	Year to Date
Dividends	645.46	807.37
Money Fund		0.03
Total Income	\$645.46	\$807.40

ACCOUNT #: [REDACTED] | NANCY M MCGOVERN IRA ACCOUNT
 FINANCIAL CONSULTANT: JOSEPH STEWART | (941) 275-4466 (800) 247-2168

FOR THE PERIOD: October 27, 2001 - December 31, 2001

RETIREMENT ACCOUNT SUMMARY

Taxpayer ID # [REDACTED]

PRIMARY BENEFICIARY(IES): MARCELLE MCGOVERN

Contributions for Tax Year
 2001 Tax Year Contribution

This Period Year to Date
 0.00 0.00

Confused about your IRA options? Are you eligible for a Roth IRA? Ask your financial consultant which IRA option is best for you.

PORTFOLIO HOLDINGS

Quantity	Description	Symbol	% of Account	Current Price	Current Value	Estimated Annual % Yield	Type
7.84	CENTENNIAL MONEY MKT TR		0.03	1	7.84		C
TOTAL CASH & MONEY FUND			0.03		\$7.84		
MUTUAL FUNDS							
277.519	CAPITAL WORLD GROWTH & INCM FD	CWGIX	25.47	24.50	6,799.22	139	C
338.816	NEW ECONOMY FUND SBI	ANEFX	23.23	18.30	6,200.33		C
883.674	PUTNAM VOYAGER FUND INC CLASS B	PVOBX	51.27	15.49	13,688.11		C
TOTAL MUTUAL FUNDS			99.97		\$26,687.66	\$139	0.52 ±
TOTAL ACCOUNT VALUE					\$26,695.50	\$139	0.52

± Estimated Annual % Yield does not include capital gain payments or changes in market valuation.