FORM 1	STATE	MENT OF		2021
Please print or type your name, mailing address, agency name, and position belo	FINANCIA	L INTEREST	rs [	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIC	DLE NAME :			
MAILING ADDRESS :	2 -	8		
21515 Brixhe	m Kun Loop			
<u>Estero</u>	7/P: COUNTY	28		
NAME OF AGENCY:				
Lee Health				
NAME OF OFFICE OR POSITION	1 0 1 -1			
CHECK ONLY IF CANDIDAT		OR APPOINTEE		
	**** THIS SECTION M	attivities for an in-section of the section of the section of	FD ****	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS				-CEMBER 31 2021
MANNER OF CALCULATING	G REPORTABLE INTEREST	·s·		
FILERS HAVE THE OPTION OF FEWER CALCULATIONS, OR L	JOING COMPARATIVE THRESH	HOLDS WHICH ARE LIGH	INLLY DAC	R VALUES, WHICH REQUIRES
(eee mandedons for further detail	IS). CHECK THE ONE YOU AR	E USING (must check or	ne):	ED ON PERCENTAGE VALUES
A STATE OF THE PARTY OF THE PAR	(PERCENTAGE) THRESHOLDS			UE THRESHOLDS
and the second of the second	eport, write "none" or "n/a")	to the reporting person - See	instructions]	
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS	l Di	ESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Lee Health	12481 Creek	side Ln	0	orement Specialist
	fort Myers,	FL 33919		13-13(10)
	-			
PART B SECONDARY SOURCES	OF INCOME		DOMES VARIOUS PLANS	(1) · 数 · 数 · 3 · 3 · 3 · 3 · 3 · 3 · 3 · 3
Accompany street	and other sources of income to busin eport, write "none" or "n/a")	lesses owned by the reporting	person - See	e instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
1				THE STATE OF GOODING
W/A				
PART C REAL PROPERTY [Land,	buildings owned by the reporting pars	Con Con install		
(If you have nothing to re	port, write "none" or "n/a")	ion - See Instructions	lines of	e not limited to the space on the n this form. Attach additional if necessary.
- 1 N			and wh	INSTRUCTIONS for when here to file this form are
V / 12			INSTRI	d at the bottom of page 2.  JCTIONS on who must file
CE FORM 1 - Effective: January 1, 2022			this fo	rm and how to fill it out
Incorporated by reference in Rule 34-8.202(1), F.A.C.	(Continued	on reverse side)		PAGE 1

PAGE 1

TYPE OF INTANGIBLE	ne" or "n/a")  BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
10 / 10				
VO/A				
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a	1")			
NAME OF CREDITOR	ADDRESS OF CREDITOR			
W/A				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownershing for report, write "none" or "n/a")	ip or positions in certain types of businesses - See instructions]			
NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1 BUSINESS ENTITY # 2			
ADDRESS OF BUSINESS ENTITY				
PRINCIPAL BUSINESS ACTIVITY	AL / A			
POSITION HELD WITH ENTITY	N/F			
OWN MORE THAN A 5% INTEREST IN THE BUSINESS				
NATURE OF MY OWNERSHIP INTEREST				
PART G — TRAINING For elected municipal officers, appointed agency created under Part III, Chapter 163 required to complete a	d school superintendents, and commissioners of a community redevelopr	nent		
	COMPLETED THE REQUIRED TRAINING.			
IF ANY OF PARTS A THROUGH G ARE CONTI	NUED ON A SEPARATE SHEET, PLEASE CHECK HERE	5. c= 160e min		
SIGNATURE OF FILER:	CPA or ATTORNEY SIGNATURE ONL			
Signature:	If a certified public accountant licensed under Chapter 473, or			
0 110	in good standing with the Florida Bar prepared this form for you she must complete the following statement:	ı, he or		
Butt/X/	II	the C		
	Form 1 in accordance with Section 112.3145, Florida Statutes, instructions to the form. Upon my reasonable knowledge and be disclosure herein is true and correct.			
Date Signed:				
Date Signed:	CPA/Attorney Signature:			
Date Signed: 2/8/23				

under, see page 3 of instructions.

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.) Form 1 filers who file with the Supervisor of Elections may file by mail or ampli Contact your the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

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

Candidates must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2021.