THIS STATEMENT REFLECTS MY FINANCIAL INT					
receding tax year ending	THIS STATEMENT REFLECTS MY FINANCLE INTERESTS FOR THE PRECEDING TAX YEAR ENDING:		NAME OF YOUR AGENCY:		
CHECK EITHER OR SPECIFY TAX YEAR IF OTHER DECEMBER 31, 1998 X THAN THE CALENDAR YEAR:		Lee Memorial Health System			
LAST NAME - FIRST NAME - MIDDLE NAME:		CHECK ONE OF THE FOLLOWING CATEGORIES:			
Shreffler, Elizabeth A.		LOCAL OFFICER D STATE OFFICER CANDIDATE			
AILING ADDRESS: 1421 S.E. 34th Street		SPECIFIED STATE EMPLOYEE			
	· · · · · · · · · · · · · · · · · · ·				
CITY: ZIP:	COUNTY:	LIST OFFICE OR POSITION HELD OR SOUGHT: Pharmacy Bu			
Cape Coral, FL 33904	Lee				
NOTICE: Under provisions of Se closure constitutes grounds for fication from being on the ballo ment, demotion, reduction in sala	c. 112.317, Flo and may be pu t, impeachmen ary, reprimand,	rida Statutes, a inished by one it, removal or s or a civil penal	failure to make any required dis or more of the following: disqual uspension from office or employ ty not exceeding \$10,000.		
PART A PRIMARY SOURCES OF INCOME [Sou	irces exceeding 5% of g	gross income]			
NAME OF SOURCE OF INCOME			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
ee Memorial Health System	2776 Cleveland Avenue		Health Care		
	Fort Myers	FL 33901			
	TOLC Hyclo	, 12 00/02			
	<u> </u>				
PART B - SOURCES OF INCOME TO BUSINESS	ES OWNED BY THE B		Azion customers clients atc.]		
PART B — SOURCES OF INCOME TO BUSINESS NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	S	EPORTING PERSON [A OURCE'S DDRESS	Major customers, clients, etc.] DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
NAME OF SOURCE OF	S	OURCE'S	DESCRIPTION OF THE SOURCE'S		
NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	S	OURCE'S	DESCRIPTION OF THE SOURCE'S		
NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	S	OURCE'S	DESCRIPTION OF THE SOURCE'S		
NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	S	OURCE'S	DESCRIPTION OF THE SOURCE'S		
NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	S	OURCE'S	DESCRIPTION OF THE SOURCE'S		
NAME OF SOURCE OF BUSINESS ENTITY'S INCOME N / A	S	OURCE'S	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
NAME OF SOURCE OF BUSINESS ENTITY'S INCOME N/A PART C — REAL PROPERTY [Land, buildings]	S	OURCE'S	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	S	OURCE'S	FILING INSTRUCTIONS for when and where to file this form are located at the bot tom of page 2. INSTRUCTIONS on who must file this		
NAME OF SOURCE OF BUSINESS ENTITY'S INCOME N / A PART C — REAL PROPERTY [Land, buildings]	S	OURCE'S DDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY   FILING INSTRUCTIONS for when and where to file this form are located at the bot tom of page 2.   INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this		
NAME OF SOURCE OF BUSINESS ENTITY'S INCOME N/A PART C — REAL PROPERTY [Land, buildings]	65, 11 4	OURCE'S	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY   FILING INSTRUCTIONS for when and where to file this form are located at the bot tom of page 2.   INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet.   OTHER FORMS you may need to file		

•

ſ

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]						
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
N/A						
PART E — LIABILITIES IN EXCESS OF NET WORTH [Major debts]						
NAME OF CREDITOR		ADDRESS OF CREDITOR				
		<u> </u>				
N/A						
· · · · · · · · · · · · · · · · · · ·						
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						
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 PARTS OF A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE:	aslyn	DATE SIGNED: 6 - 12 - 9	>			

**FILING INSTRUCTIONS FOR FORM 1** 

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: You also may be required to file Form 10, which is the last page of this packet. Please see that form for detailed instructions.

**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: Local officers file with the Supervisor of Elections of the county in which you 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 Department of State, Room 1802, The Capitol, Tallahassee, Florida 32399-0250. Candidates file this form together with your qualifying papers. To determine what category your position falls under, see the "Who Must File" Instructions on page 3. If you were mailed the form by the Secretary of State or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

WHEN TO FILE: Initially, each *local officer, 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.

Thereafter, *local officers, state officers,* and *specified state employees* are required to file by July 1st following each calendar year they hold their positions.. *Candidates* for publicly-elected state or local office must file at the same time they file their qualifying papers.

(Continued on p.3)