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| MAILOR ADDRESS STEINBERS DEANNA SHARON | Please print or type your name, mailing address, agency name, and position below: FINAN | CIAL INTERESTS | |
| MAING ADDRESS: S | LAST NAME FIRST NAME MIDDLE NAME : | FOR OF | |
| FT. MYERS FL. 339/12 LEE CITY: LEE MEMORIAL HEALTH SYSTEM NAME OF AGENCY: DIRECTOR OF GIFT SHOPS NAME OF OFFICE OR POSITION HELD OR SOUGHT: CHECK IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE "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 (check one): MANNER OF CALCULATING REPORTABLE INTERESTS: THE LEGISLATURE ALLOWS FLERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES. WHICH RECLIMES FLEWER CALCULATINGS, OR USING COMPARATIVE THRESHOLDS. WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further delails). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one): DOLLAR VALUE THRESHOLDS PART A - PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] NAME OF SOURCE OF INCOME PART B - SECONDARY SOURCES OF INCOME [Major sources of income to the reporting person] NAME OF MAJOR OF MAJOR SOURCES OF INCOME PART B - SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person] NAME OF MAJOR OF MAJOR SOURCES OF SOURCE OF SOURCE PRINCIPAL BUSINESS ACTIVITY OF SOURCE PART C - REAL PROPERTY [Land, buildings owned by the reporting person] FILLING INSTRUCTIONS for when and where to file this form are locat- | MAILING ADDRESS: DEANNA S | HARON | ILY: |
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| this form and how to fill it out begin on page 3. | | 1 | INSTRUCTIONS on who must file |
| OTHER FORMS you may need to file are described on page 6. | | | this form and how to fill it out begin |

| PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE J BUSINESS ENTITY TO WHICH THE PROPERTY RELATES | | | | |
|--|----------------------|--|---------------------|--|
| THE OF INTANOISEE | | BOOMEOU ENTITY TO WITHOUT TO | TE THOSE ENTITIES | |
| NONE | | | | |
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| PART E — LIABILITIES [Major debts] NAME OF CREDITOR | 1 | ADDRESS OF C | REDITOR | |
| | | | | |
| NONE | | | | |
| | | | _ | |
| | | | | |
| | | | | |
| PART F — INTERESTS IN SPECIFIED BUSINESSES [C | wnership or position | ns in certain types of businesses] | | |
| BUSINESS ENT | TITY # 1 | BUSINESS ENTITY # 2 | BUSINESS ENTITY # 3 | |
| NAME OF BUSINESS ENTITY NONE | | | | |
| 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): Deanna Steinberg DATE SIGNED (required): 8/20/03 | | | | |

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.

FILING 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.)

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.