FORM 1	STATEMENT OF			2013	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL			FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDLE N 705CANO Jr. RA	name: Noolph Denni		143010648	0838 SUE LEE CO F1	
MAILING ADDRESS: 13405 LI++1E G	em Circle				
Fort Myers 3	3913 LEE COUNTY:				
Southwest FloriDA	Was Kfosce Bo.	ard			
NAME OF AGENCY: Board of Dire					
NAME OF OFFICE OR POSITION HELD	OR SOUGHT :				
You are not limited to the space on the lines CHECK ONLY IF CANDIDATE O		if necessary. PPOINTEE	OL		
**** BOTH DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR F YEAR OR ON A FISCAL YEAR. PLEAS EITHER (must check one):	PARTS OF THIS SECTI INANCIAL INTERESTS FOR THE E STATE BELOW WHETHER THI	PRECEDING TAX YEA	R, WHETHER	R BASED ON A CALENDAR	
DECEMBER 31, 2013	QR SPECIFY	TAX YEAR IF OTHER T	HAN THE CA	LENDAR YEAR:	
MANNER OF CALCULATING REPORT. FILERS HAVE THE OPTION OF USING CALCULATIONS, OR USING COMPARA further details). CHECK THE ONE YOU	S REPORTING THRESHOLDS THATIVE THRESHOLDS, WHICH AF	HAT ARE ABSOLUTE DE RE USUALLY BASED OF	OLLAR VALU N PERCENTA	IES, WHICH REQUIRES FEWER AGE VALUES (see instructions for	
COMPARATIVE (PER	CENTAGE) THRESHOLDS	DR DOLL	AR VALUE	THRESHOLDS	
PART A PRIMARY SOURCES OF INC (If you have nothing to report		e reporting person - See i	nstructions)		
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
Lee Memorial Heal	h System 634 Del PAAda. Blus		ID THE	Healthcare system	
PART B — SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to report	other sources of income to business	ses owned by the reporting) person - See	instructions)	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES ADDRES OF BUSINESS' INCOME OF SOUR			PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
u/A					
		_	<u>_</u>		
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")			FILING INSTRUCTIONS for when and where to file this		
NA				form are located at the bottom of page 2.	
				RUCTIONS on who must	
				egin on page 3.	

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PART D — INTANGIBLE PERSONAL PROPERTY [Sto (if you have nothing to report, write "none		ctions]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
NA			
	· ·		
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none	i) " or "n/a")		
NAME OF CREDITOR	ADDRESS OF CREDITOR		
SON COAST Westit Union	1533 Matthew Pr. Fort Myers, FL		
PART F — INTERESTS IN SPECIFIED BUSINESSES [((If you have nothing to report, write "none") NAME OF BUSINESS ENTITY		BUSINESS ENTITY # 2	
ADDRESS OF BUSINESS ENTITY		14	
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			
	E CONTINUED ON A SEPARATE SHEE	T, PLEASE CHECK HERE	
SIGNATURE (required):	DATE SIGNED (red		
Tandaph Toron	J. 7.	2 - 2014.	
If a certified public accountant licensed under Chapt she must complete the following statement: I, the instructions to the form. Upon my reasonable kn	prepared the CE Form 1 in accordance	with Section 112.3145, Florida Statutes, and	
Signature		Date	
	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.

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.

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: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

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 not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2013.