

(Revised 04/19/16)

**CANDIDATE OATH
LEE MEMORIAL HEALTH SYSTEM
LEE COUNTY TRAUMA SERVICES
BOARD OF DIRECTORS
NONPARTISAN OFFICE**

OFFICE USE ONLY

Lee Memorial Health System candidates must use this Candidate Oath for candidate-qualifying purposes.

OATH OF CANDIDATE

(Sections 99.021, 105.031, 876.05-876.10, Florida Statutes; Laws of Florida 2000-439)

I, Therese Everly
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of LEE MEMORIAL HEALTH SYSTEM BOARD OF DIRECTORS, 1
(office) (district #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

I am a qualified elector of Lee County, Florida and I seek election to the Lee Memorial Health System and Lee County Trauma Services Board of Directors. I am a legal resident of Lee County, Florida and of the county health system district in Lee County to which I seek election. I am a citizen of the United States of America; I have not violated any of the laws of the state relating to electors and to the registration of electors.

Section 876.05, Florida Statutes, oath (only applicable if elected and when term of office begins): I, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

X Therese Everly (239) 9451648 ThereseEverly4hospitalboard@gmail.com
Signature of Candidate Telephone Number Email Address

PO Box 100082 Cape Coral FL 33910
Address City State ZIP Code

*16JUN15AM 1020 SDE LEE CO FL

Candidate's Florida Voter Registration Number (located on your voter information card): _____

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):
Therese Everly

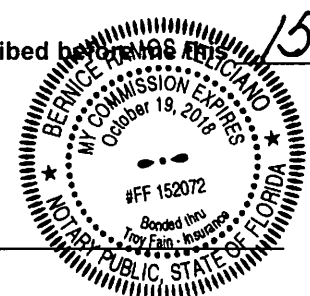
STATE OF FLORIDA
COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me on this 15th day of June, 20 16.

Personally Known: or

Produced Identification: _____

Type of Identification Produced: _____



Bernice Ramos Tubiano
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public

FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Everly Therele

MAILING ADDRESS :

PO Box 100082

Cape Coral FL 33910 Lee

CITY : ZIP : COUNTY :

NAME OF AGENCY :

Lee Memorial Health System

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Board of Directors - District I

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

01-06-16 AM 09:51

16 JUN 20 PM 2:32 SOE LEE CO FI

ACV
PM 5/28

**** BOTH PARTS OF 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 (must check one):

DECEMBER 31, 2015 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Lee Memorial Health System	PO Box 2018 Cape Coral Ft Myers FL 33902	Board Director

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
none			

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

(If you have nothing to report, write "none" or "n/a")

1162/1163 Glaspell Rd 33908 land 3217 Tenhuesen St. land
 1169/1161 Glaspell Rd 33908 land
 276/387 Angelica Rd 33908 land

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.

16 JUN 20 PM 2 32 50 E LEE CO FL

PART D — INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. - See instructions)
(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
CD, money market, savings	Bank of America Provident trust, Suncoast Credit
Qualified Retirement Acc.	Union TIAA CREF Trust America

PART E — LIABILITIES (Major debts - See instructions)
(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
Bank of America	PO Box 660807 Dallas TX 75266

PART F — INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses - See instructions)
(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
		ASAE
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		

PART G — TRAINING
For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE OF FILER:

Signature: _____
[Handwritten Signature]

Date Signed: _____
6/29/16

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

<p>WHAT TO FILE:</p> <p>After completing all parts of this form, <u>including signing and dating it</u>, send back only the first sheet (pages 1 and 2) for filing.</p> <p>If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).</p> <p>NOTE: MULTIPLE FILING UNNECESSARY: A candidate who previously filed Form 1 because of another public position must file a copy of his or her Form 1 when qualifying. A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.</p> <p><u>Facsimiles will not be accepted.</u></p>	<p>WHERE TO FILE:</p> <p>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.</p> <p>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.)</p> <p>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.</p> <p>Candidates file this form together with their qualifying papers.</p> <p>To determine what category your position falls under, see page 3 of instructions.</p>	<p>WHEN TO FILE:</p> <p>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 must file at the same time they file their qualifying papers.</p> <p>Thereafter, file by July 1 following each calendar year in which they hold their positions.</p> <p>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, 2015.</p>
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*16 JUN 07 PM 12:22 SOE LEE CO FL

*16 JUN 20 PM 2:32 SOE LEE CO FL



Canvassing Board Meetings and Logic and Accuracy Testing Schedule

Sharon L. Harrington, Supervisor of Elections 04/25/16

(239) LEE-VOTE (533-8683) www.lee.vote

Primary Election August 30, 2016

Table with 2 columns listing early voting locations and times for the Primary Election from August 27 to August 30, 2016.

I, Sharon L. Harrington, Supervisor of Elections for Lee County, Florida do hereby give official notice of the Canvassing Board Meetings and Logic and Accuracy Testing Schedule as follows.

Table with 5 columns: DATE, TIME, EVENT, LOCATION, PURPOSE. Details the schedule for canvassing, testing, and certification from 08-17-16 to 09-07-16.

The public testing, canvassing and certification are open to the public. Florida Statute 101.5612



Canvassing Board Meetings and Logic and Accuracy Testing Schedule

Sharon L. Harrington, Supervisor of Elections 04/25/16

(239) LEE-VOTE (533-8683) www.lee.vote

General Election November 8, 2016

Table with 2 columns listing early voting locations and times for the General Election from October 24 to November 5, 2016.

I, Sharon L. Harrington, Supervisor of Elections for Lee County, Florida do hereby give official notice of the Canvassing Board Meetings and Logic and Accuracy Testing Schedule as follows:

Table with 5 columns: DATE, TIME, EVENT, LOCATION, PURPOSE. Details the schedule for canvassing, testing, and certification from 10-19-16 to 11-21-16.

The public testing, canvassing and certification are open to the public. Florida Statute 101.5612

I have received a copy of the Canvassing Board Meetings and Logic and Accuracy Testing Schedules for the August 30, 2016 Primary Election and the November 8, 2016 General Election. I understand that I can access OR receive a copy of these schedules at the Lee County Supervisor of Elections website www.lee.vote or by calling (239) LEE-VOTE (533-8683).

Candidate Signature: [Handwritten Signature]

Print Name: Therese Every

Date Signed: 6/7/16