(Revised 01/12/18) CANDIDATE OATH NONPARTISAN OFFICE LEE MEMORIAL HEALTH SYSTEM LEE COUNTY TRAUMA SERVICES BOARD OF DIRECTORS

(Do not use this form if a Judicial or School Board Candidate)

Check box *only* if you are seeking to qualify as a write-in candidate:

Write-in candidate

18JUNOEAMO910 SDE Lee Co F1

OFFICE USE ONLY

Lee Memorial Health System candidates must use this Candidate Oath to qualify for office.

CANDIDATE OATH (Sections 99.021, 105.031, 876.05-876.10, Florida Statutes; Laws of Florida 2000-439) Diane Champion (Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box . (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.) LEE MEMORIAL HEALTH SYSTEM BOARD OF DIRECTORS am a candidate for the nonpartisan office of (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. Candidate's Florida Voter Registration Number (located on your voter information card): 111492799 Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.] 770-2856 dia402@msn.com 239 Signature of Candidate Telephone Number **Email Address** 33971 403 Harry Ave N FI Lehigh Acres Address City ZIP Code State STATE OF FLORIDA COUNTY OF LEE Signature of Notary Fublic Print, Type, or Stamp Commissioned Name of Notary Public below: TAMARIS A. LIPA Sworn to (or affirmed) and subscribed before me this $\underline{6}^7$ **NOTARY PUBLIC** STATE OF FLORIDA Comm# FF131843 Expires 6/11/2018 Personally Known: _____or Produced Identification: Type of Identification Produced:

PART D — INTANGIBLE PERSONAL PROPERTY [Sto	ocks, bonds, certificates e" or "n/a")	of deposit, etc See ins	tructions]
TYPE OF INTANGIBLE		BUSINESS ENTITY TO W	HICH THE PROPERTY RELATES
N/A			
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non	s] e" or "n/a")		
NAME OF CREDITOR		ADDRES	S OF CREDITOR
Suncoast Federal Credit	Tampa, Florida		
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none"	" or "n/a")	s in certain types of bus	inesses - See instructions] BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY		Health System	
ADDRESS OF BUSINESS ENTITY	N/	Аср	
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 an I CERTIFY THAT I			
IF ANY OF PARTS A THROUGH G ARE	E CONTINUED ON	A SEPARATE SHE	ET, PLEASE CHECK HERE
SIGNATURE OF FILE	R:		ORNEY SIGNATURE ONLY
Signature: Alaine Mamping Date Signed:	l	in good standing with the she must complete the l, Form 1 in accordance	, prepared the CE with Section 112.3145, Florida Statutes, and the Upon my reasonable knowledge and belief, the
Date Signed:		CPA/Attorney Signature Date Signed:	э:
FILING INSTRUCTIONS:			

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. To determine what category your position falls 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 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 returned

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) and send it to CEForm1@leg.state.fl.us. <u>Do not file by both mail and email. Choose only one filing method</u>. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 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 appointment.

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, 2017.

2017 FORM 1 STATEMENT OF FINANCIAL INTERESTS FOR OFFICE USE ONLY: Please print or type your name, mailing address, agency name, and position below: LAST NAME - FIRST NAME - MIDDLE NAME : Champion Diane Loravne MAILING ADDRESS : 403 Harry Ave N COUNTY: CITY: ZIP: Lehigh Acres 33971 Lee NAME OF AGENCY: ee Memorial Health System NAME OF OFFICE OR POSITION HELD OR SOUGHT: Board of Director DISTIBLET 4 You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. ■ NEW EMPLOYEE OR APPOINTEE CHECK ONLY IF M CANDIDATE OR **** 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, 2017** 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): **DOLLAR VALUE THRESHOLDS COMPARATIVE (PERCENTAGE) THRESHOLDS** OR 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 SOURCE'S DESCRIPTION OF THE SOURCE'S **ADDRESS** PRINCIPAL BUSINESS ACTIVITY OF INCOME social security 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 MAJOR SOURCES **ADDRESS** PRINCIPAL BUSINESS NAME OF **BUSINESS ENTITY** OF BUSINESS' INCOME OF SOURCE **ACTIVITY OF SOURCE**

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

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

403 Harry Ave N

Lehigh Acres, FI 33971

Lee memorial Health System

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

Board of Directors

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.



Primary Election on Tuesday, August 28, 2018

Canvassing Board Meetings and Logic and Accuracy Testing Schedule

Tommy Doyle, Supervisor of Elections (239) LEE-VOTE (533-8683) www.lee.vote

L Tomany Doyle, Supervisor of Elections for Lies County,
Florida himsby give official notion of the Canvassing Board Meetings, and Logic and Accuracy Testing Schedule

DATE	TIME	LOCATION		confirming dates, times and location(s) MEETING PURPOSE
DATE	TUNC	LUCATION		MEETING PORPUSE
	9 00 AM	. Lee County Electron Center		Test to a random method of selection, the voting machines to be us
	9 DO AM	13180 S Cleveland Ave . Fort M	vers	in the electron at Early Voting and at the precincts on Electron Day
06-15-18				l :
Wednesday		Lee Curry Electors Office		Ten: "In case by man ballat babulately manspriors to be used in t
	erates motors à de serve;	Constitutional Confessor		m· ·
-		LAST Incorporation Co., Furt Myore		Liter over it the output principle behave expensed by their in the provider.
05-20-18				
Monday	- 9:00 AM	Lee County Electronic Office		
05-24-18	. 900 AM	Constitutional Complex		Review of vote-by-mail ballots, if nacessary
Friday		2480 Thompson St. Fort Myers		
08-28-18	200 PM and 500 PM	Lee County Elections Office		Review of vote-by-met ballots if necessary
Tuesday	7 00 PM	Constitutional Complex		Reverse of your by mad ballots, if any and receive "unofficial" exect
Election Day	7 00 173	7400 Thompson St. Fart Wyers		not to the the proceeds
				Carriers of provincinal ballots, if any. Phopare and submit 1" unofit
				results to the Department of State by NOON Findey 08-31-
				Deserver if mechanic recount is required in any local contest(s).
				mw." *= "ecount is required, conduct the machine recount according
				the rectaint schedule below
		Lee County Electors Office		Secretary of State to determine if machine recount is required
08-31-18	WA OD F	Constitutional Complex		lensing code and musi-county contests) after 1° unofficial results a
ACCUS		(4H) Inomen W. Fort Bhairs		To 11 Julia Courties
				1
				If a machine recount its required, conduct the mechine reco
				according to the schedule below
				If it, recounts are required, certify the election and official result
	1	İ		Submit the Conduct of Election Report. Select the contest a
	i	1		prechats) for the post-election manual audit
	8:00 AM - 5:00 PM	<u> </u>		P
	sach day necessary	i .		
	,	Les Courty Electors Office		By- cost-dection manual audit. The results will be announce
CE 45 15	firmumente	! Constituted Constitute		· · · · · · · · · · · · · · · · · · ·
Wadnesday	conducted, a post-electron	2480 Thompson St., Fort Myers		post-exection manual audit is 11:50 PM the 7th day following contilions
	manual audit s not	2480 Indregable SE, For Myors		of 7 = median
	recurred	1		
				OLLOWING ADDITIONAL MEETING CATES APPLY
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				lation hased on whether the specific event must occur.
			nofces	confirming dates, times and location(s).
DATE	TIME	LOCATION	nofors	confirming dates, times and location(s). MEETING PURPOSE
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General Election on Tuesday, November 6, 2018

Canvassing Board Meetings and Logic and Accuracy Testing Schedule

Tommy Doyle, Supervisor of Elections (239) LEE-VOTE (533-8683) www.lee.vote

I, Tommy Doyle, Supensor of Elections for Lee County,
Florida hereby give official notice of the Convessing Board Meetings, and Logic and Accuracy Testing Schedule
From the board of the Convession and Schedule
		or visit our website for public natices	
DATE	TIME	LOCATION	MEETING PURPOSE
10 17 18	900 AM	Lee County Election Center 13180 S Cleveland Ave. Fort Myers	lest, by a random method of scientism, the voting tractimes to be used an election at Early Voting and at the precincts on Election Day
Wednesday		I	l
- County	immediates transacy	Lee County Elections Office Constitutional Company	Seed the underly-must hadre bibscatting expendence in the used in the swinters.
		248. Depresent Service Manne	
10.22-18	9:00 AM	Constitutional Commen	1
Ucrotey	930 AM	2400 Thompson St. Fort Myers	Convers of the vote by must ballots received to date for the exection.
10-26-18		Ì	
Enday		Lot Courty Elections Office Constitutional Commen	
**-2*-19	A70.MD	446 Prompton St. Fort Mees	Review of sole by-cust belots, if recessury
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Name !	NAME AND PROPERTY AND PARTY.	In last & Finders the	Review of wide in most instant. It communes
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Exiction Day	7 00 PM	2430 Thompson St., Fort Myers	HOLVER OF HOSE-DY MAN DANCES & Many and freceive landscame executor to
		-	Canuss of provisional ballots and sinte in votes, if any. Prepare and submal unofficial results to the Department of State by NOON, Seauday, 11-15. Defermine if machine recount is required in any local contestats. If a mach
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Freally		2870 Thompson St. Fort Myers	Secretary of Childre to determine if therefore recount is required by tedent in
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11 16 18		Line County Electrons Office	Carvass and court overseas vote by mail belots. If no recounts are requi
Fristay	NOON	Constitutional Complex 2630 Promoson St. Fort Men.	cartly the election and official results. Subset the Constact of Election Reco Select the consest and preconcits) for the post election manual audit
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By eigring below, I acknowledge that I have received a copy of these Carrvassing Board Meeting and Logic and Accuracy Testing Schedules. My attendance is not mandatory but welcome. SUNE Name: Signature: -