

IF YOU ARE A LEE MEMORIAL HEALTH SYSTEM CANDIDATE—YOU MUST COMPLETE AND SUBMIT THIS LOYALTY OATH WITH YOUR FINAL CANDIDATE QUALIFYING FORMS.

LEE MEMORIAL HEALTH SYSTEM BOARD OF DIRECTORS
LEE COUNTY TRAUMA SERVICES BOARD OF DIRECTORS

LOYALTY OATH

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

NON-PARTISAN OFFICE


I swear or affirm that:

I, Diane Champion, am a candidate for the office of Lee Memorial Health System Board of Directors and the Lee County Trauma Services Board of Directors for District 4; that I am a legal

resident of the Lee County health system district to which I seek election, and that; my legal residence is:

403 Harry Ave N Lehigh Acres FL 33971 Lee County, Florida
(Residence Address) (City) (Zip Code)

LEE MEMORIAL HEALTH SYSTEM CANDIDATE MUST ALSO COMPLETE LOYALTY OATH BELOW

<p>LOYALTY OATH (Sections 876.05-876.10, Florida Statutes) NON-PARTISAN OFFICE</p> <p>STATE OF FLORIDA COUNTY OF <u>Lee</u></p>	<p>OFFICE USE ONLY</p>
<p>I, <u>Diane</u> <u>Champion</u> First Name Middle Name/Initial Last Name</p> <p>a citizen of the State of Florida and of the United States of America, and being [a candidate for public office] do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.</p> <p>Important: If elected, a candidate must retake the loyalty oath as specified in s. 876.05, Florida Statutes, and that oath shall be filed with the records of the governing official or employing governmental agency prior to the approval of payment of salary, expenses, or other compensation.</p>	
<p>OATH OF CANDIDATE (Section 99.021, Florida Statutes)</p> <p>I, <u>Diane Champion</u> (PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT — NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)</p> <p>am a candidate for the non-partisan office of <u>Lee Memorial Health System 4</u> (office) (district)</p> <p><u>Lee</u> County, Florida; (circuit) (group)</p> <p>I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; by executing this form, I have taken the oath required by ss. 876.05-876.10, Florida Statutes; 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.</p> <p><u>Diane Champion</u> <u>239-3689468</u> <u>dia402@msn.com</u> Signature of Candidate Telephone Number Email Address</p> <p><u>403 Harry Ave N Lehigh Acres FL 33971</u> Address City State ZIP Code</p>	
<p>Sworn to (or affirmed) and subscribed before me this <u>1st</u> day of <u>June</u>, 20<u>10</u>.</p> <p>Personally Known: _____ or Produced Identification: <input checked="" type="checkbox"/></p> <p>Type of Identification Produced: <u>FLDL</u></p> <p><u>Bernice R. Feliciano</u> Signature of Notary Public - State of Florida Print, Type, or Stamp Commissioned Name of Notary Public</p> <p> Bernice Ramos Feliciano Commission # DD589927 Expires October 19, 2010 Bonded Troy Fan - Insurance, Inc. 800-385-7018</p>	

10JUN10PM1057 SDE Lee Co Fl

10JUN14PM0222 SDE Lee Co Fl

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

FINANCIAL INTERESTS

LAST NAME -- FIRST NAME -- MIDDLE NAME:

Deane Champion

MAILING ADDRESS:

403 Harry Ave N
Reliance Acres FL 33971

CITY: ZIP: COUNTY:

NAME OF AGENCY:

Lee Memorial Health System

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Board of Directors District 4

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

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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

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 (check one):

DECEMBER 31, 2009 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS 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). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

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

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

NAME OF SOURCE OF INCOME

SOURCE'S ADDRESS

DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY

Social Security
AWF - Florida

P.O. Box 3600 Wilkes-Barre PA 18767 Retirement
107 East Madison St MSC 110 Unemp. Comp.
Caldwell Bldg. Tallahassee FL 32399

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

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

NAME OF BUSINESS ENTITY

NAME OF MAJOR SOURCES OF BUSINESS' INCOME

ADDRESS OF SOURCE

PRINCIPAL BUSINESS ACTIVITY OF SOURCE

N
A

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

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

N
A

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

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

OTHER FORMS you may need to file are described on page 6.

10JUN14PM0222 SDE Lee Co FI

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

10 JUN 2010 AM 10:58:50 E L ee Co

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

NA

PART E — LIABILITIES [Major debts]
(If you have nothing to report, you must write "none" or "n/a")

NAME OF CREDITOR

ADDRESS OF CREDITOR

Suncoast FCU

P.O. Box 11904 Tampa FL 33680

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

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

NA

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

SIGNATURE (required):

DATE SIGNED (required):

Jane Champion

6/1/10

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).

Facsimiles will not be accepted.

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: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

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.