

# LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET



ORIGINAL
  REVISED  
 (PLEASE CHECK ONE)

<b>Candidate Name</b>	MCGOVERN, NANCY MARIE		111511767
<b>Residence Address</b>	785 S ENTRADA DR FORT MYERS FL 33919		
<b>City and Zip Code</b>			
<b>Mailing Address (if different)</b>	<input checked="" type="checkbox"/> Check if same as above.		
<b>Telephone Number(s) (Daytime)</b>	850-1539	OR	
<b>Email Address</b>	NMEMCG@AOL.COM		
<b>Office Sought</b>	Lee Memorial Health System		
<b>Area, District, Group Or Seat Number</b>	Dist 2		
<b>Political Party (if applicable for office sought)</b>	N/A		
<b>Date Of Birth Or Voter ID #</b>	111511767		
<b>Date</b>	6/15/10		
<b>Candidate Signature</b>	<input checked="" type="checkbox"/>		

All information on this form becomes a public record upon receipt by the Lee County Supervisor of Elections.

Under Florida Law, email addresses are public records; if you do not want your personal email address released, you may wish to create a "campaign-specific" email address. An email address will allow the Lee County Supervisor of Elections Office to provide a candidate with expedited written-communications and notices in addition to mailed written-communications and notifications.

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

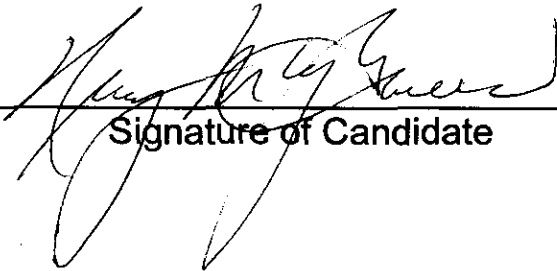
**OFFICE USE ONLY**

111511767

MCGOVERN, NANCY MARIE  
785 S ENTRADA DR  
FORT MYERS FL 33919

I, Nancy M. McGovern,  
candidate for the office of Lee Memorial Health System Dist 2;  
have received, read and understand the requirements of Chapter 106,  
Florida Statutes.

X

  
Signature of Candidate

06/15/10  
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

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, Nancy M. McGovern, am a candidate for the office of Lee Memorial Health System Board  
(Print Name)

of Directors and the Lee County Trauma Services Board of Directors for District 2; that I am a legal  
(District Number)

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

785 Entrada Drive South FMY, FL. 33919 Lee County, Florida  
(Residence Address City Zip Code)

LEE MEMORIAL HEALTH SYSTEM CANDIDATE MUST ALSO COMPLETE LOYALTY OATH BELOW

<b>LOYALTY OATH</b> (Sections 876.05-876.10, Florida Statutes) <b>NON-PARTISAN OFFICE</b>		<b>OFFICE USE ONLY</b>  MCGOVERN, NANCY MARIE 785 S ENTRADA DR FORT MYERS FL 33919	
STATE OF FLORIDA COUNTY OF <u>LEE</u>		111511767	
I. <u>Nancy</u>	<u>M.</u>	<u>McGovern</u>	
First Name	Middle Name/Initial	Last Name	
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. <b>Important:</b> 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.			
<b>OATH OF CANDIDATE</b> (Section 99.021, Florida Statutes)			
I. <u>Nancy M. McGovern</u> (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 non-partisan office of <u>LMHS, Board of Directors</u> , <u>2</u> (office) (district)			
I am a qualified elector of <u>Lee</u> County, Florida; (circuit) (group)			
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.			
<u>X</u> <u>Nancy McGovern</u> Signature of Candidate	( ) Telephone N	MCGOVERN, NANCY MARIE 785 S ENTRADA DR FORT MYERS FL 33919	
Address		City	
Sworn to (or affirmed) and subscribed before me this <u>15</u> day of <u>June</u> , 20 <u>10</u> .			
Personally Known: _____ or		<u>Cheryl Patrick</u> Signature of Notary Public - State of Florida	
Produced Identification: <u>X</u>		Print, Type, or Stamp Commissioned Name of Notary Public	
Type of Identification Produced: <u>FLDL</u>			

DS-DE 25 (Rev. 11/09)

FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

McGovern, Nancy M.

MAILING ADDRESS :

785 Entrada Drive South

CITY: ZIP: COUNTY:

Fort Myers FL Lee

NAME OF AGENCY :

Lee Memorial Health System

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Board of Directors, Trustee

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

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

\*10JUN101015NE Lee Co FI

**\*\*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
Family Home Health	1509 Poinsettia Circle Ely, FL	Home Care
ART Home Care	238 Presidential Ct.	
SWF Home Care	4575 W. Royal Palm Way	
Comprehensive Home Care	2381 W. S. Ct.	
L.M.H.S.	2776 Cleveland Ave. Ely, FL	Home/Health Care

**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

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a")

Own - one home 785 Entrada Drive South

**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.

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

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

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Wells Fargo Advisors Vanguard	Financial Firm 5246 Red Cedar Dr FMY New York, New York

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Sallie Mae	P.O. Box 9533 Wilkes-Barre, PA 18773-9533

**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	N/A		
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY	AP		
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):



DATE SIGNED (required):

05/28/2010

**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.