

STATE OF FLORIDA
 APPOINTMENT OF CAMPAIGN TREASURER
 AND DESIGNATION OF CAMPAIGN DEPOSITORY
 FOR CANDIDATES
 (Section 106.021(1), F.S.)

CHECK APPROPRIATE BOX

- Original Appointment
 Deputy Treasurer
 Reappointment of Treasurer
 Secondary Depository

COPY

(PLEASE TYPE)

Name of Candidate Rosemary Conner	1. Address (include post office box or street, city, state, zip cods) 18061 Interlochen Lane, Alva, FL 33920	
Telephone (optional)	2. Party (Partisan candidates only) NIP	3. Office (add district, circuit or group number) Bd. of Dir. - Lee Mem. Health Sys. #

I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer Rosemary Conner			
5. Mailing Address (if post office box or drawer add street address) 18061 Interlochen Lane			6. Telephone
7. City Alva	6. County Lee	9. state FL	10. Zip Code 33920

I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank Nationsbank		12. Street Address 13099 US 41, Southeast	
13. city Fort Myers	14. county Lee	15. state FL	16. Zip Code 33907

I WILL NOTIFY YOU OF ANY ADDITIONS OR CHANGES TO THESE APPOINTMENTS.

17. Signature of Candidate X Rosemary Conner	Date 7/9/98
--	----------------

Campaign Treasurer's Acceptance of Appointment

I, Rosemary Conner, do hereby accept the appointment as:

Campaign Treasurer Deputy Treasurer for the campaign of Rosemary Conner & y-
 who is seeking nomination or election as a NIP candidate to the office of Bd. of Dir. - Lee Mem. Health Sys. #4 As a duly registered voter in Lee
 County, Florida, I am qualified to accept this appointment.

Date 7/9/98 Signature of Campaign Treasurer or Deputy Treasurer **X** Rosemary Conner

SUPERVISOR OF ELECTIONS
 Jul 10 2 11 98

COPY

STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN DEPOSITORY
FOR CANDIDATES
(Section 106.021(1), F.S.)

CHECK APPROPRIATE BOX

- Original Appointment
- Deputy Treasurer
- Reappointment of Treasurer
- Secondary Depository

(PLEASE TYPE)

Name of Candidate Rosemary Conner	1. Address (include post office box or street, city, state, zip code) 18061 Interlochen Lane, Alva, FL 33920		
Telephone (optional) (941) [REDACTED]	2. Party (Partisan candidates only)	3. Office (add district, circuit or group number) #4 Board of Directors-Lee Mem. Health Sys.	

I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer
Mrs. Kimberly Barselou

5. Mailing Address (if post office box or drawer add street address) 2474 King Arthur's Ct., [REDACTED]	6. Telephone (941) 267-0672
--	--------------------------------

7. City Fort Myers	8. County Lee	9. State Florida	10. Zip Code 33912
-----------------------	------------------	---------------------	-----------------------

I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank Nationsbank	12. Street Address 13099 US 41, Southeast
---------------------------------	--

13. City Fort Myers	14. County Lee	15. State Florida	16. Zip Code 33907
------------------------	-------------------	----------------------	-----------------------

I WILL NOTIFY YOU OF ANY ADDITIONS OR CHANGES TO THESE APPOINTMENT&

17. Signature of Candidate x + Rosemary Conner	Date 7/9/98
---	----------------

Campaign Treasurer's Acceptance of Appointment

I, Kimberly Barselou, do hereby accept the appointment
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of Rosemary Conner

who is seeking nomination or election as a _____ candidate to the office of
(Party)

Board of Directors-Lee Mem. Health Sys. As a duly registered voter in Lee

County, Florida, I am qualified to accept this appointment.

7/9/98
Date

x Kimberly Barselou
Signature of Campaign Treasurer or Deputy Treasurer

SUBMITTED FOR ELECTIONS

COPY

STATEMENT OF CANDIDATE

F.S. 106.023

Each candidate must file a statement with the qualifying officer within 10 days after he files his appointment of campaign treasurer and designation of campaign depository, stating that he has read and understands the requirements of this chapter.

STATEMENT OF CANDIDATE

I, Rosemary Conner, candidate for the office of Board of Directors - Lee Mem. Health Sys have received, read, and understand the requirements of Chapter 106, Florida Statutes. #4

Rosemary Conner
Signature of Candidate:

7/8/98
Date:

This document must be signed and returned to the office of the Supervisor of Elections within 10 days.

Send to:

Qualifying Officer
Elections Office
Post Office Box 2545
Fort Myers, FL 33902

or

Return to:

Lee County Constitutional Complex
Elections Office-Third Floor
2480 Thompson Street
Fort Myers, FL 33901

RECEIVED
SUPERVISOR OF
ELECTIONS
JUL 13 2 22 PM '98

IF THERE ARE ANY QUESTIONS CONCERNING THIS FORM, PLEASE CALL 339-6300.

PHILINDA A. YOUNG
SUPERVISOR OF ELECTIONS

LOYALTY OATH
CANDIDATES WITH NO PARTY AFFILIATION
 (Sections 876.05-876.10, Florida Statutes)

COPY

STATE OF FLORIDA

Lee COUNTY

(PLEASE PRINT)

I, Rosemary -- Conner
 First Name Middle Name/Initial LastName

a citizen of the State of Florida and of the United States of America, and 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.

OATH OF CANDIDATE
 (Section 99.021, Florida Statutes)

I, ~~Rosemary Rose Conner~~ Rose Conner
 (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 office of Board of Directors Lee Mem. Health Sys. IV,
 (office) (district) (circuit)

I am a qualified elector of Lee County, Florida. I am qualified under
 (group)

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.

RECEIVED
 SUPERVISOR OF
 ELECTIONS
 Jul 13 2 34 PM '98

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING LOYALTY OATH AND OATH OF CANDIDATE AND THAT THE FACTS STATED IN EACH ARE TRUE.

SIGN HERE → Rosemary Conner
 Signature of Candidate

18061 Interlochen Lane
 Mailing Address

(941) [REDACTED] ([REDACTED]) [REDACTED]
 Day Phone Far Number

Alva FL 33920
 City State zip Code

7/9/98
 Date Signed

FORM 1 STATEMENT OF FINANCIAL INTERESTS 1997

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR ENDING
 CHECK EITHER OR SPECIFY TAX YEAR IF OTHER
 DECEMBER 31, 1997 THAN THE CALENDAR YEAR _____

NAME OF YOUR AGENCY **COPY**
 Lee County

LAST NAME - FIRST NAME - MIDDLE NAME
Conner, Rosemary
 MAILING ADDRESS
18061 Interlochen Lane
Alve, FL 33920 Lee
 CITY: ZIP COUNTY:

CHECK ONE OF THE FOLLOWING CATEGORIES
 LOCAL OFFICER STATE OFFICER CANDIDATE
 SPECIFIED STATE EMPLOYEE
 LIST OFFICE OR POSITION HELD OR SOUGHT: **#4**
Board of Directors - Lee Mem. Health S

NOTICE: Under provisions of Sec. 112.317, Florida Statutes, a failure to make any required disclosure constitutes grounds for and may be punished by one or more of the following: disqualification from being on the ballot, impeachment, removal or suspension from office or employment, demotion, reduction in salary, reprimand, or a civil penalty not exceeding \$10,000.

PART A — PRIMARY SOURCES OF INCOME [Sources exceeding 5% of gross income]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
spouse	above	Golf Course Construction

PART B — SOURCES OF INCOME TO BUSINESSES OWNED BY THE REPORTING PERSON [Major customers, clients, etc.]

NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
n/a		

PART C — REAL PROPERTY [Land, buildings]

1/4 inheritance on a few vacant lots

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 of this packet.

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

(Continued on p.2)

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
n/a	

PART E — LIABILITIES IN EXCESS OF NET WORTH [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
n/a	

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]			
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	n/a	n/a	n/a
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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

SIGNATURE Kedrona Lewis DATE SIGNED 7/10/98

FILING INSTRUCTIONS FOR FORM 1

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. Note: You also may be required to file Form 10, which is the last page of this packet. Please see that form for detailed instructions.

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: Local officers file with the Supervisor of Elections of the county in which you permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where you, agency has its headquarters.) State officers or specified state employees file with the Department of State, Room 1802, The Capitol, Tallahassee, Florida 32399.0250. Candidates file this form together with you, qualifying papers. To determine what category you, position falls under, see the "Who Must File" Instructions on page 3. If you were mailed the form by the Secretary Of State or, a County Supervisor of Elections for you, annual disclosure filing, return the form to that location.

WHEN TO FILE: Initially, each local officer, 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. Thereafter, local officers, state officers, and specified state employees are required to file by July 15, following each calendar year, they hold their positions. Candidates for publicly-elected state or local office must file at the same time they file their qualifying papers.

(Continued on p 3)