


# LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

 ORIGINAL

 REVISED

<b>Candidate Name</b>	STEPHEN R BROWN		
<b>Residence Address</b>	3819 WEST GULF DR		
<b>City and Zip Code</b>	SANIBEL 33957		
<b>Mailing Address</b>	<input checked="" type="checkbox"/> Check if same as above.		<input type="checkbox"/> Check if different from residence.
<b>Telephone Number(s)</b>	<input checked="" type="checkbox"/> Daytime (list below)	OR	<input type="checkbox"/> Alternate (list below)
	239-472-8645		
<b>Email Address</b>	SRB on Sanibel@aol.com		
<b>Office Sought</b>	BOARD OF TRUSTEES LEE MEMORIAL HEALTH CARE		
<b>Area, District, Group or Seat #</b>	DISTRICT 1		
<p>➤ Judicial, School Board, Supervisor of Elections, and Special District Offices such as Community Development, Fire, Health System, Library and Mosquito Control are non-partisan offices. A candidate for any of these offices, must indicate "non-partisan" on the line below.</p> <p>➤ A candidate for a Constitutional Office or County Commission may file partisan or "No Party Affiliation" (NPA) and shall indicate a political party affiliation or "No Party Affiliation" on the line below.</p>			
➤ <b>Political Party For Office Sought</b>	NON PARTISAN		
<b>Date Of Birth or Voter Registration ID #</b>	10/3/42		
<b>Date</b>	3/3/16		
<b>Candidate Signature</b>			

16440381004 SEE LEE OF 1

All candidate-qualifying documents and campaign finance reports will be posted at the Lee County Supervisor of Elections website [www.leeelections.com](http://www.leeelections.com) or use the following link: [http://www.precinctfind.com/cand\\_lee2.html](http://www.precinctfind.com/cand_lee2.html) . Under Florida Law, a candidate's campaign-contact information, such as address, telephone number, and email address are available to the public. Do not hesitate to contact this office at (239) LEE-VOTE (239-533-8683) for more information about becoming a candidate for public office.

**APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

**1. CHECK APPROPRIATE BOX(ES):**

Initial Filing of Form      Re-filing to Change:  Treasurer/Deputy     Depository     Office     Party

**2. Name of Candidate** (in this order: First, Middle, Last)

STEPHEN ROBINSON BROWN

**3. Address** (include post office box or street, city, state, zip code)

3819 WEST GULF DR  
SANIBEL FL 33957

**4. Telephone**

(239) 472-8645

**5. E-mail address**

SRB@Sanibel@aol.com

**6. Office sought** (include district, circuit, group number)

BOARD OF TRUSTEES LEE MEMORIAL HEALTH CARE SYSTEM DISTRICT 1

**7. If a candidate for a nonpartisan office, check if applicable:**

My intent is to run as a Write-In candidate.

**8. If a candidate for a partisan office, check block and fill in name of party as applicable:** My intent is to run as a

Write-In     No Party Affiliation     \_\_\_\_\_ Party candidate.

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

**10. Name of Treasurer or Deputy Treasurer**

STEPHEN R BROWN

**11. Mailing Address**

3819 WEST GULF DR

**12. Telephone**

(239) 472 8645

**13. City**

SANIBEL

**14. County**

LEE

**15. State**

FL

**16. Zip Code**

33957

**17. E-mail address**

SRB@Sanibel@aol.com

**18. I have designated the following bank as my**  Primary Depository     Secondary Depository

**19. Name of Bank**

BANK OF THE ISLAND

**20. Address**

1699 Periwinkle Way

**21. City**

Sanibel

**22. County**

LEE

**23. State**

FL

**24. Zip Code**

33957

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

**25. Date**

3/3/16

**26. Signature of Candidate**

X Stephen R Brown

**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

I, Stephen R Brown, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

3/3/16

Date

X

Stephen R Brown  
Signature of Campaign Treasurer or Deputy Treasurer

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

I, STEPHEN R BROWN,

candidate for the office of LEE MEMORIAL HEALTH SYSTEM BOARD;

have been provided access to read and understand the requirements of Chapter 106, Florida Statutes.

X Stephen R Brown  
Signature of Candidate

3/3/16  
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).

# LEE COUNTY—FLORIDA AFFIDAVIT OF INTENT SPECIAL DISTRICT CANDIDATE

LEECOMM1004 SUE LEE CDF-1

A special district candidate is prohibited from financing ANY PORTION OF his/her campaign with personal funds except as provided in this affidavit.

State of Florida  
County of Lee

I, STEPHEN R BROWN, am a candidate for the independent special  
(print name)

district office of:

LEE MEMORIAL HEALTH CARE BOARD DISTRICT 1  
(include district name AND .district, seat, area or group #)

in the November 4, 2014 General Election. I declare that my only campaign expense, from personal funds, shall be the \$25 candidate-qualifying fee OR the signature verification fee for candidates who qualify by the candidate-petition method by submitting the valid signatures of 25 registered voters residing within the District boundaries.

Provided that this is my only campaign expense, I will not be required to: appoint a campaign treasurer, designate a campaign depository or file periodic campaign treasurer's reports as required by Florida Statutes §99.061 or §106.07. I understand that I am prohibited from expending, collecting, soliciting, or accepting any money or contribution(s) in-kind, in connection with my campaign.

In the event I later decide to, collect, solicit, or accept any money or contribution(s) in-kind, or make any additional campaign expense, I understand that prior to doing so, I am required to file Form DS-DE 9 (Appointment of Campaign Treasurer/Designation of Campaign Depository Form) with the Lee County Supervisor of Elections. My campaign shall then be subject to campaign finance regulations in accordance with Florida Statutes, Chapter 106 and I will be required to file periodic campaign treasurer's reports, as required by Florida Statute §106.07, with the Lee County Supervisor of Elections.

**X** Stephen R Brown  
Signature of Candidate

3/3/16  
Date