


LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

 ORIGINAL

 REVISED

Candidate Name	STEPHEN R BROWN		
Residence Address	3819 WEST GULF DR		
City and Zip Code	SANIBEL 33957		
Mailing Address	<input checked="" type="checkbox"/> Check if same as above.		<input type="checkbox"/> Check if different from residence.
Telephone Number(s)	<input checked="" type="checkbox"/> Daytime (list below)	OR	<input type="checkbox"/> Alternate (list below)
	239-472-8645		
Email Address	SRB on Sanibel@aol.com		
Office Sought	BOARD OF TRUSTEES LEE MEMORIAL HEALTH CARE		
Area, District, Group or Seat #	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>			
➤ Political Party For Office Sought	NON PARTISAN		
Date Of Birth or Voter Registration ID #	10/3/42		
Date	3/3/16		
Candidate Signature			

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All candidate-qualifying documents and campaign finance reports will be posted at the Lee County Supervisor of Elections website www.leeelections.com or use the following link: 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.

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