

LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

108JUN17PM0250 SOE Lee Co Fl

Candidate Name	MARILYN STOUT		
Residence Address	2907 SW 29 TH AVE		
City and Zip Code	CAPE CORAL, FL 33914		
Mailing Address (if different)	<input checked="" type="checkbox"/> Check if same as above.		
Telephone Number(s) (Daytime)	239-549-5629	OR	239-887-0029
Email Address	ASTOUT34@COMCAST.NET		
Office Sought	LMHS BOARD		
Area, District, Group Or Seat Number	1		
Political Party (If Applicable)	NIP		
Date Of Birth Or Voter ID #	OCT 26, 1936		
Date	JUN 17, 2008		
Candidate Signature	X <i>Marilyn Stout</i>		

All information on this form, including your signature, becomes a public record upon receipt by the Supervisor of Elections.

Candidates who provide an email address may be contacted by this office, via the email address provided by the candidate, for campaign related communications that pertain exclusively to the candidate's campaign.

All other mailings from this office, which pertain to every candidate, will be via United States Postal Service.

SCANNED

STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

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

(PLEASE TYPE)

OFFICE USE ONLY

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate

MARILYN STOUT

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

2907 SW 29th Avenue
Cape Coral, FL 33914

Telephone (optional)

(239) 549-5629

2. Party (Partisan candidates only)

3. Office (add district, circuit, group number)

Lee Memorial HS, District 1

I have appointed the following person to act as my

Campaign Treasurer

Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer

Self MARILYN STOUT

5. Mailing Address (If post office box or drawer add street address)

2907 SW 29th Ave, Cape Coral, FL 33914

6. Telephone

549-5629

7. City

Cape Coral

8. County

Lee

9. State

FL

10. Zip Code

33914

I have designated the following named bank as my

Primary Depository

Secondary Depository

11. Name of Bank

Riverside Bank of the Gulf Coast

12. Street Address

521 Del Prado Blvd

13. City

Cape Coral

14. County

Lee

15. State

FL

16. Zip Code

33991

17. Signature of Candidate

Marilyn Stout

Date

July 10, 2008

Campaign Treasurer's Acceptance of Appointment

I, MARILYN STOUT, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer

Deputy Treasurer

for the campaign of MARILYN STOUT

who is seeking nomination or election as a

NON-PARTISAN

candidate to the office of

(Party)

LEE MEMORIAL HS, DIST 1. As a duly registered voter in LEE COUNTY

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

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

July 10, 2008
Date

Marilyn Stout
Signature of Campaign Treasurer or Deputy Treasurer

OFFICE USE ONLY

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

I, MARILYN STOUT,

candidate for the office of Lee Memorial Health System, District 1;

have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X *Marilyn Stout*
Signature of Candidate

July 10, 2008
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).

SCANNED

DECLINING TO FILE

OFFICE USE ONLY

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please Type)

I, MARILYN STOUT,
candidate for the office of LEE MEMORIAL HEALTH SYSTEM, DIST 1;
have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X Marilyn Stout
Signature of Candidate

June 17, 2008
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).

SCANNED

AFFIDAVIT OF INTENT LEE COUNTY SPECIAL DISTRICT CANDIDATE

08JUN17PM0250 SDE Lee Co Fl

State of Florida
County of Lee

I, MARILYN STOOT, am a candidate for the Special District
(print name)

office of: LEE MEMORIAL HEALTH SYSTEM, DIST 1
(district name and district #, seat #, or area#)

in the NOV 4, 2008 election. I understand that my only campaign
(date of election)

expense, from personal funds, shall be the \$25 candidate-qualifying-fee or the signature verification fee for candidates who qualify by submitting 25 valid candidate petition signatures.

As long as these are my only campaign expenses, 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 and, therefore, during my campaign, 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 campaign expense, prior to doing so, I understand that I AM REQUIRED TO FIRST 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.

Marilyn Stoot
Signature of Candidate

Jun 17, 2008
Date

FS 106.021(1)(a) "No person shall accept any contribution or make any expenditure with a view to bringing about his or her nomination, election, or retention in public office, or authorize another to accept such contributions or make such expenditure on the person's behalf, unless such person has appointed a campaign treasurer and designated a primary campaign depository."

SCANNED

**LEE MEMORIAL HEALTH SYSTEM BOARD OF DIRECTORS
LEE COUNTY TRAUMA SERVICES DISTRICT BOARD OF DIRECTORS
NON-PARTISAN CANDIDATE LOYALTY OATH**

NON-PARTISAN OFFICE
Sections 876.05-876.10, Florida Statutes, 2000 Florida House Bill 1615
STATE OF FLORIDA - LEE COUNTY

PLEASE PRINT

FIRST NAME	MIDDLE NAME/INITIAL	LAST NAME
MARILYN	M.	STOUT

I am 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, MARILYN M. STOUT, am a candidate for the office of
(PLEASE PRINT NAME AS YOU WANT IT TO APPEAR ON BALLOT - NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

Lee Memorial Health System Board of Directors and the Lee County Trauma Services Board of Directors for District 1, AND that;

My legal residence is 2907 SW 29th AVE CAPE CORAL, FL Lee County, Florida. I am qualified under 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.

AND that;

I, MARILYN STOUT a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the Lee Memorial Health System Board of Directors and the Lee County Trauma Services District Board of Directors, and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida, AND that;

I have not violated any of the laws of the State of Florida relating to electors and to registration of electors, AND that;

I am seeking election as a director of the Lee Memorial Health System Board of Directors and the Lee County Trauma Services District Board of Directors from the county health system district which I reside in, AND that; I have taken the oath required by section 876.05, Florida Statutes.

Marilyn Stout (239) 549-5629 ASTOUT34@COMCAST
Signature of Candidate Daytime Telephone Number Email Address NET

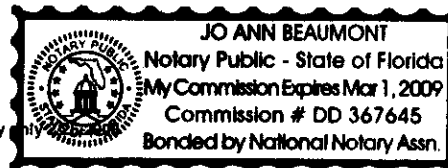
2907 SW 29th AVE, Cape Coral, FL 33914
Address City State Zip Code

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____.

- Personally Known
 Produced Identification

Type of Identification Produced:

Jo Ann Beaumont
Signature of Notary Public - State of Florida
Print, Type or Stamp Commissioned Name of Notary Public



This form has been modified for Lee County only

*08JUN17PM0250 SDE Lee Co FI

SCANNED

FINANCIAL INTERESTS

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

LAST NAME - FIRST NAME - MIDDLE NAME:
STOUT, MARILYN M.

MAILING ADDRESS:
2907 SW 29TH AVE

CAPE CORAL, FL 33914 LEE

CITY: **LEE MEMORIAL HEALTH SYSTEM BOARD** ZIP: COUNTY:

NAME OF AGENCY:
DIST 1, LMHS BOARD

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

FOR OFFICE USE ONLY:

COPY

ID Code

ID No.

Conf. Code

P. Req. Code

DBJUN17PM0250 SDEL

PDF 2002

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, 2007 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]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
US ARMY RETIREMENT		HUSBAND'S RETIREMENT

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

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
CAPE CHARTERS		414 CRESCENT ST FT MYERS BEACH, 33951	FISHING CHARTERS
RENTAL INCOME			RENTALS
LEE MEMORIAL HS			HEALTH CARE

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

2907 SW 29TH AVE, CAPE CORAL, FL 33914
 4925 SW 10TH AVE, CAPE CORAL, FL 33914
 2520 SW 17TH PL, CAPE CORAL, FL 33914
 6806 AUTUMN CT, N. FT MYERS, FL 33903
 2 LOTS IN PALM BAY, FL

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.]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
VARIOUS STOCKS & BONDS	RIVERSIDE BANK — UVEST

PART E — LIABILITIES [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
NONE	

081 MI 7M 0250 STE 1 Lee Co F

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			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
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): Maileys Hunt DATE SIGNED (required): June 17, 2007

FILING INSTRUCTIONS:

WHAT TO FILE:
After completing all parts of this form, including signing and dating it, send back only the first set (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 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.

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

OFFICE USE ONLY 113

**FINAL
REPORT**

(3) ID Number: _____

(1) MARILYN STOUT

Name

(2) 2907 S W 29TH AVE, CAPE CORAL, FL 33914

Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):

Candidate (office sought): HEALTH SYSTEM-1

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 10/31/2008 To 2/2/2009 / Report Type TR-4

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0.00

Loans \$ 0.00

Total Monetary \$ 0.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 533.74

Transfers to Office Account \$ 0.00

Total Monetary \$ 533.74

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 1,138.00

(10) TOTAL Monetary Expenditures To Date

\$ 1,138.00

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

(Type name)

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X Marilyn Stout
Signature

X Marilyn Stout
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name MARILYN STOUT (2) I.D. Number 113

(3) Cover Period 10/31/2008 through 2/2/2009 (4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
/ /							
/ /							
/ /							
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/ /							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name MARILYN STOUT

(2) I.D. Number 113

10/31/2008 through 2/2/2009

(3) Cover Period / / through / /

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
1/22/2009 / /	Stout, Marilyn M. 2907 SW 29th Avenue Cape Coral, FL 33914	close account	DI		\$533.74
1					
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**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) MARILYN STOUT
Name

(2) 2907 S W 29TH AVE, CAPE CORAL, FL 33914
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

OFFICE USE ONLY 113

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): HEALTH SYSTEM-1

Political Committee

Committee of Continuous Existence

Party Executive Committee

Electioneering Communication

CHECK IF PC HAS DISBANDED

CHECK IF CCE HAS DISBANDED

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

7080CT3DPH0108SDELeaCoFl

(5) REPORT IDENTIFIERS

Cover Period: From 10/11/2008 To 10/30/2008 Report Type G4

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	<u>0.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>0.00</u>
In-Kind	\$	<u>200.00</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$	<u>76.41</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>76.41</u>

(8) Other Distributions
\$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 1,138.00

(10) TOTAL Monetary Expenditures To Date

\$ 604.26

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Marilyn Stout
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X Marilyn Stout
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name MARILYN STOUT (2) I.D. Number 113

(3) Cover Period 10/11/2008 through 10/30/2008 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
10/12/2008 / /	Stout, Marilyn M. 2907 SW 29th Ave Cape Coral, FL 33914	I	candidate	IK	signs & stands		\$200.00
1							
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*08/01/2008/10/10/08/SEE LEE Co FI

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name MARILYN STOUT

(2) I.D. Number 113

(3) Cover Period 10/11/2008 through 10/30/2008

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
10/11/2008 //	Office Depot, 7091 College Parkway Ft. Myers, FL 33907	flyers	MO		\$8.48
1					
10/11/2008 //	Office Max, 1502 Del Prado Blvd Cape Coral, FL 33990	flyers	MO		\$25.44
2					
10/14/2008 //	Office Max, 1502 Del Prado Blvd Cape Coral, FL 33990	flyers	MO		\$23.41
3					
10/16/2008 //	Office Max, 1502 Del Prado Blvd Ft Myers, FL 33990	flyers	MO		\$19.08
4					
//					
//					
//					
//					
//					

*OBJECTOR #0108 SDEL Co F1

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

OFFICE USE ONLY 113

(1) MARILYN STOUT

Name

(2) 2907 S W 29TH AVE, CAPE CORAL, FL 33914

Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): HEALTH SYSTEM-1

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 9/27/2008 To 10/10/2008 Report Type G3

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	<u>150.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>150.00</u>
In-Kind	\$	<u>0.00</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$	<u>493.96</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>493.96</u>

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 1,138.00

(10) TOTAL Monetary Expenditures To Date

\$ 527.85

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 838.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

(Type name)

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X Marilyn Stout
Signature

X Marilyn Stout
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name MARILYN STOUT (2) I.D. Number 113

(3) Cover Period 9/27/2008 through 10/10/2008 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
10/2/2008 / /	McGovern, Nancy M. 785 S. Entrada Dr. Cape Coral, FL 33919	I		CH			\$50.00
1							
10/3/2008 / /	Simpson, Linda E. 8916 Cypress Preserve Place Ft. Myers, FL 33912	I		CH			\$100.00
2							
/ /							
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name MARILYN STOUT

(2) I.D. Number 113

(3) Cover Period 9/27/2008 through 10/10/2008

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
10/9/2008 / /	Artype, Inc., 3530 Work Drive Ft. Myers, FL 33916	signs	MO		\$493.96
1					
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**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

OFFICE USE ONLY 113

(1) MARILYN STOUT

Name

(2) 2907 S W 29TH AVE, CAPE CORAL, FL 33914

Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) **ID Number:** _____

(4) **Check appropriate box(es):**

Candidate (office sought): HEALTH SYSTEM-1

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

**CHECK IF NO OTHER ELECTIONEERING
COMMUNICATION REPORTS WILL BE FILED**

(5) REPORT IDENTIFIERS

Cover Period: From 9/13/2008 To 9/26/2008 / Report Type G2

Original **Amendment** **Special Election Report** **Independent Expenditure Report**

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 347.00

Loans \$ 0.00

Total Monetary \$ 347.00

In-Kind \$ 50.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 0.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 0.00

(8) **Other Distributions**
\$ 0.00

(9) **TOTAL Monetary Contributions To Date**

\$ 988.00

(10) **TOTAL Monetary Expenditures To Date**

\$ 33.89

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

Individual (only for electioneering commun.) **Treasurer** Deputy Treasurer

X Marilyn Stout
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X Marilyn Stout
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name MARILYN STOUT (2) I.D. Number 113

9/13/2008 9/26/2008

(3) Cover Period 9/13/2008 / 9/26/2008 through 9/26/2008 / 9/26/2008 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
9/16/2008 / /	Welsh, Bobbie 612 SW 6th Avenue Cape Coral, FL 33991	I		IK	car sign		\$50.00
1							
9/16/2008 / /	Elizabeth, Nicholson 9971 Cypress Lake Drive Ft Myers, FL 33919	I		CH			\$25.00
2							
9/16/2008 / /	O'Donnell, Shirley 602 SW 56th Street Cape Coral, FL 33914	I		CH			\$16.00
3							
9/16/2008 / /	Laurie, Tina 5260 S. Landings Dr #407 Ft Myers, FL 33919	I		CH			\$20.00
4							
9/16/2008 / /	Seaman, Norma 1311 Medinah Drive Ft Myers, FL 33919	I		CH			\$20.00
5							
9/16/2008 / /	Van Cooney, Jody 14221 Patty Berg Dr Ft Myers, FL 33919	I		CH			\$16.00
6							
9/16/2008 / /	Deile, Janet 2544 SW 13th Avenue Cape Coral, FL 33914	I	retired	CH			\$250.00
7							
/ /							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name MARILYN STOUT

(2) LD. Number 113

(3) Cover Period 9/13/2008 through 9/26/2008

(4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
/ /					
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/ /					

WAIVER OF REPORT

(Section 106.07(7), F.S.)

(PLEASE TYPE)

MARILYN STOUT
2907 S W 29TH AVE
CAPE CORAL, FL 33914

Candidate's Name (Last, Suffix, First, Middle)
OR Political Committee, CCE or Party Name

Address (Number and Street)

City State Zip Code

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Candidate | <input type="checkbox"/> Committee of Continuous Existence | <input type="checkbox"/> Check box if address has changed since last report. |
| <input type="checkbox"/> Political Committee | <input type="checkbox"/> Party Executive Committee | <input type="checkbox"/> Check here if PC or CCE has DISBANDED and will no longer file reports. |

TYPE OF REPORT (Check Appropriate Box)

QUARTERLY REPORTS

- January
 April
 July
 October

PRIMARY ELECTION

- 32nd day prior
 18th day prior
 4th day prior

GENERAL ELECTION

- 46th day prior
 32nd day prior
 18th day prior
 4th day prior

TERMINATION REPORT

SPECIAL ELECTION

NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF

8/22/2008 through 9/12/2008 (G1)

X

Marilyn Stout
Signature

Sept 15, 2008
Date

SIGNATURES REQUIRED FOR: Candidates
Candidate, Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)
Political Committees
Chairman, Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)
Committees of Continuous Existence
Treasurer (s. 106.04(4)(c), F.S.)
Party Executive Committees
Treasurer or Chairman (s. 106.29(2), F.S.)

In any reporting period when there has been no activity in the account (no funds expended or received) the filing of the required report is waived. However, the filing officer must be notified in writing on the prescribed reporting date that no report is being filed.

OFFICE USE ONLY

✓ 113

HEALTH SYSTEM-1

Identification Number (Assigned by Division
of Elections)

Office Sought (Include District, Circuit or
Group Number)

08SEP16PM0201
Lee Co HI

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) MARILYN STOUT
Name

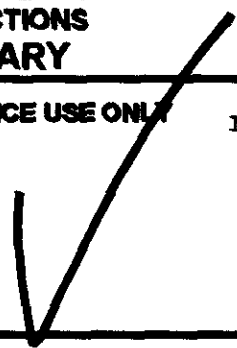
(2) 2907 S W 29TH AVE, CAPE CORAL, FL 33914
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

OFFICE USE ONLY 113



(4) Check appropriate box(es):

Candidate (office sought): HEALTH SYSTEM-1

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 8/2/2008 To 8/21/2008 / Report Type F3

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	<u>100.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>100.00</u>
In-Kind	\$	<u>0.00</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$	<u>0.00</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>0.00</u>

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date
\$ 641.00

(10) TOTAL Monetary Expenditures To Date
\$ 33.89

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Marilyn Stout
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X Marilyn Stout
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name MARILYN STOUT (2) I.D. Number 113

8/2/2008 through 8/21/2008

(3) Cover Period / / through / / (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11)	(12)
		Type	Occupation	Type	Description	Amendment	Amount
8/7/2008 / /	Cronin, Tom PO Box 6966 Ft Myers, FL 33911	I		CA			\$50.00
1							
8/19/2008 / /	Laurie, Tina 5260 S. Landings Dr #407 Ft Myers, FL 33919	I		CA			\$50.00
2							
/ /							
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name MARILYN STOUT

(2) I.D. Number 113

(3) Cover Period 8/2/2008 through 8/21/2008

(4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

WAIVER OF REPORT

(Section 106.07(7), F.S.)

(PLEASE TYPE)

MARILYN STOUT
2907 S W 29TH AVE
CAPE CORAL, FL 33914

Candidate's Name (Last, Suffix, First, Middle)
OR Political Committee, CCE or Party Name

Address (Number and Street)

City State Zip Code

Candidate

Committee of Continuous Existence

Check box if address has changed since last report.

Political Committee

Party Executive Committee

Check here if PC or CCE has DISBANDED and will no longer file reports.

OFFICE USE ONLY

113

HEALTH SYSTEM-1

Identification Number (Assigned by Division of Elections)

Office Sought (Include District, Circuit or Group Number)

TYPE OF REPORT (Check Appropriate Box)

QUARTERLY REPORTS

January

April

July

October

PRIMARY ELECTION

32nd day prior

18th day prior

4th day prior

GENERAL ELECTION

46th day prior

32nd day prior

18th day prior

4th day prior

TERMINATION REPORT

SPECIAL ELECTION

NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF

7/19/2008 through 8/1/2008 (F2)

Marilyn Stout
Signature

Aug 5, 2008
Date

SIGNATURES REQUIRED FOR: Candidates
Candidate, Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)
Political Committees
Chairman, Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)
Committees of Continuous Existence
Treasurer (s. 106.04(4)(c), F.S.)
Party Executive Committees
Treasurer or Chairman (s. 106.29(2), F.S.)

In any reporting period when there has been no activity in the account (no funds expended or received) the filing of the required report is waived. However, the filing officer must be notified in writing on the prescribed reporting date that no report is being filed.

08911007PM0234 SDE Lee Co FL

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

OFFICE USE ONLY 113

(1) MARILYN STOUT

Name

(2) 2907 S W 29TH AVE, CAPE CORAL, FL 33914

Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): HEALTH SYSTEM-1

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 4/1/2008 To 7/18/2008 Report Type F1

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 541.00

Loans \$ 0.00

Total Monetary \$ 541.00

In-Kind \$ 15.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 33.89

Transfers to Office Account \$ 0.00

Total Monetary \$ 33.89

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 541.00

(10) TOTAL Monetary Expenditures To Date

\$ 33.89

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 838.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

(Type name) MARILYN STOUT

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

Marilyn Stout
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) MARILYN STOUT

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

Marilyn Stout
Signature

08JUL22PM1204 SDE Lee Co FI

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name MARILYN STOUT (2) I.D. Number 113

(3) Cover Period 4/1/2008 through 7/18/2008 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
7/11/2008 / /	Stout, Marilyn 2907 SW 29th Ave Cape Coral, FL 33914	I	candidate	CA			\$500.00
1							
7/15/2008 / /	Stout, Marilyn 2907 SW 29th Ave Cape Coral, FL 33914	I		CH			\$25.00
2							
7/15/2008 / /	Van Cooney, Alice Jo 14221 Patty Berg Dr Ft Myers, FL 33919	I		CH			\$16.00
3							
7/15/2008 / /	Stout, Marilyn 2907 SW 29th Ave Cape Coral, FL 33914	I		IK	name badge		\$15.00
4							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name MARILYN STOUT

(2) LD. Number 113

(3) Cover Period 4/1/2008 through 7/18/2008

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
7/11/2008 / / 1	Wal-Mart, Del Prado Cape Coral, FL 33904	paper	MO		\$5.28
7/11/2008 / / 2	Office Max, Del Prado Cape Coral, FL 33904	printer ink	MO		\$28.61
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