

LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

| | | | |
|---|---|----|-----------|
| Candidate Name | BROWN, LINDA LEDERMANN | | 111589346 |
| Residence Address | 14890 SHRIKE WAY | | |
| City and Zip Code | FORT MYERS FL 33908 | | |
| Mailing Address (if different) | <input checked="" type="checkbox"/> Check if same as above. | | |
| Telephone Number(s) (Daytime) | 239-229-3363 | OR | |
| Email Address | lbarnp@comcast.net | | |
| Office Sought | Lee Memorial Health System | | |
| Area, District, Group Or Seat Number | District 3 | | |
| Political Party (If Applicable) | Non-partisan | | |
| Date Of Birth Or Voter ID # | 111589346 | | |
| Date | 4/2/08 | | |
| Candidate Signature | X <i>Linda Brown</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

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

I, LINDA L. BROWN,

candidate for the office of LEE MEMORIAL HEALTH SYSTEM DIST 3 ;

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

X

Linda L Brown

Signature of Candidate

04-02-08

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

111589346

State of Florida
County of Lee

BROWN, LINDA LEDERMANN
14890 SHRIKE WAY
FORT MYERS FL 33908

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

office of: Lee Memorial Health System District 3
(district name and district #, seat #, or area#)

in the 11/4/08 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.

Linda Brown
Signature of Candidate

4/2/08
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 |
|------------|---------------------|-----------|
| BROWN | LINDA | L. |

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, LINDA L. BROWN, 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 3, AND that;

My legal residence is 14890 SHRIKE WAY Fm FL 33908 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, LINDA L. BROWN 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.

X Linda L Brown (239) 229-3363
Signature of Candidate Daytime Telephone Number Email Address

14890 SHRIKE WAY Fm FL 33908
Address City State Zip Code

Sworn to (or affirmed) and subscribed before me this 2nd day of April, 2008

Personally Known

Produced Identification



Bernice Ramos Feliciano
Commission # DD589927
Expires October 19, 2010
Bonded by Florida Insurance, Inc. 800-385-7000

SCANNER

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

STATEMENT OF FINANCIAL INTERESTS

LAST NAME -- FIRST NAME -- MIDDLE NAME :

MAILING ADDRESS :
LINDA L. BROWN

14890 SHRIKE WAY

CITY : FORT MYERS FL 33908 ZIP : COUNTY :

NAME OF AGENCY :
LEE MEMORIAL HEALTH SYSTEM DISTRICT 3

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
DIRECTOR

FOR OFFICE USE ONLY:

ID Code

COPY

ID No.

Conf. Code

P. Req. Code

089PR02PM0542 S0EL ee Co F1

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

PDF 2007

****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 |
|----------------------------------|-------------------------------|---|
| BROWN MEISENHEIMER INC | 14890 SHRIKE WAY FM 33908 | MCDONALDS RESTAURANT |
| HOPE HOSPICE & COMMUNITY SERVICE | 9470 HEALTH PARK CIR FM 33908 | NURSE PRACTITIONER/PART TIME |

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 |
|-------------------------|---|-------------------|---------------------------------------|
| N/A | | | |

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

| |
|--------------------------------|
| 16890 VIA SOLERA #101 FM 33908 |
| 16205 VIA SOLERA #102 FM 33908 |
| |
| |

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 |
| CHICOS | STOCK |
| USAA PERFORMANCE FIRST INDEX | BANKING |
| MCDONALDS CORP | STOCK |
| NATIONWIDE | RETIREMENT MUTUAL FUNDS |
| MONY | RETIREMENT MUTUAL FUNDS |
| USAA | IRA'S |

COPY

| PART E — LIABILITIES [Major debts] | |
|------------------------------------|--|
| NAME OF CREDITOR | ADDRESS OF CREDITOR |
| WELLS FARGO MORTGAGE | P O BOX 650769, DALLAS TX 75265 |
| USAA FEDERAL SAVINGS BANK | 10750 MCDERMOTT FREEWAY SAN ANTONIO TX 78284 |
| | |
| | |

| 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 | | |
| ADDRESS OF BUSINESS ENTITY | | | |
| PRINCIPAL BUSINESS ACTIVITY | | | |
| POSITION HELD WITH ENTITY | | | |
| 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):

Hudal Brown

DATE SIGNED (required):

2 April 08

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.

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

(1) LINDA L BROWN

Name

(2) 14890 SHRIKE WAY, FORT MYERS, FL 33908

Address (number and street)

City, State, Zip Code

OFFICE USE ONLY

67

**FINAL
REPORT**

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): HEALTH SYSTEM 3

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 | \$ | 1,487.32 |
| Transfers to Office Account | \$ | 0.00 |
| Total Monetary | \$ | 1,487.32 |

(8) Other Distributions
\$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 3,936.00

(10) TOTAL Monetary Expenditures To Date

\$ 3,936.00 ~~3,668.75~~
LB

(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

X Linda Brown

Signature

(Type name)

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

X Linda Brown

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name LINDA L BROWN

(2) I.D. Number 67

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 |
|-------------------|--|--|----------------------------|-------------------|----------------|
| 11/4/2008 / / | Costco, Cypress lake Drive and US #41 Ft. Myers, FL 33907 | food and campaign drink for celebration | MO | | \$176.70 |
| 1 | | | | | |
| 11/4/2008 / / | Publix, Gladiolus Gateway Ft. Myers, FL 33908 | food and drink for campaign victory | MO | | \$95.46 |
| 2 | | | | | |
| 11/16/2008 / / | Brown, Linda L 14890 Shrike Way Ft. Myers, FL 33908 | loan repayment | RE | | \$600.00 |
| 3 | | | | | |
| 11/16/2008 / / | Mount Hermon Missions, 2856 Douglas St. Ft. Myers, FL 33916 | charity african medical mission | MO | | \$615.16 |
| 4 | | | | | |
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FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY

08N1101PM031851146 C F1

(1) LINDA L BROWN

Name

(2) 14890 SHRIKE WAY, FORT MYERS, FL 33908

Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

OFFICE USE ONLY 67
AMEND REPORT

(3) ID Number:

(4) Check appropriate box(es):

Candidate (office sought): HEALTH SYSTEM-3

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

(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 \$ 500.00

Loans \$ 0.00

Total Monetary \$ 500.00

In-Kind \$ 0.00

(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 \$ 3,936.00

(10) TOTAL Monetary Expenditures To Date \$ 2,548.68 ~~2,179.43~~

(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) Linda L. Brown

(Type name)

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

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

X Linda L. Brown
Signature

X Linda L. Brown
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name LINDA L BROWN

(2) I.D. Number 67

10/11/2008 through 10/30/2008

(3) Cover Period / / through / /

(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 |
|-------------|--|--|----------------------------|-------------------|----------------|
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DS-DE 14 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES



Re-Elect

Linda L. Brown, RN

Lee Memorial Hospital Board

District 3

14890 Shrike Way, Fort Myers, FL 33908

239.229.3363

lbarnp@comcast.net



FT MYERS FL 339

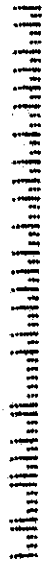
31 OCT 2008 PM 6:17

G4



Supervisor of Elections
P.O. Box 2545
Ft Myers, FL 33902-2545

339022545



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

(1) LINDA L BROWN
Name

OFFICE USE ONLY 67

(2) 14890 SHRIKE WAY, FORT MYERS, FL 33908
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-3

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 10/11/2008 To 10/30/2008 Report Type G4

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

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 100.00

Loans \$ 0.00

Total Monetary \$ 100.00

In-Kind \$ 283.36

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 1,188.70

Transfers to Office Account \$ 0.00

Total Monetary \$ 1,188.70

(8) Other Distributions \$ 0.00

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

\$ 3,436.00

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

\$ 2,548.68 ~~2,199.43~~

(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) Linda L. Brown

(Type name) Linda L. Brown

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

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

X Linda L. Brown

X Linda L. Brown

Signature

Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name LINDA L BROWN

(2) I.D. Number 67

10/11/2008 10/30/2008

(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) Purpose (add office sought if contribution to a candidate) | (9) Expenditure Type | (10) Amendment | (11) Amount |
|-------------------|--|--|----------------------------|-------------------|----------------|
| 10/11/2008 / / | Artype, 3530 Work Drive Ft. Myers, FL 33916 | signs | MO | | \$630.70 |
| 1 | | | | | |
| 10/21/2008 / / | Hooker Sign Installation, 230 SE 20th Ct. Cape Coral, FL 33990 | installat sign ions and removal | MO | | \$558.00 |
| 2 | | | | | |
| / / | | | | | |
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**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) LINDA L BROWN

OFFICE USE ONLY 67

Name

(2) 14890 SHRIKE WAY, FORT MYERS, FL 33908

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-3

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 \$ 1,600.00

Loans \$ 0.00

Total Monetary \$ 1,600.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 340.73

Transfers to Office Account \$ 0.00

Total Monetary \$ 340.73

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 3,336.00

(10) TOTAL Monetary Expenditures To Date

\$ 1359.98 ~~999.75~~
LB

(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) Linda L. Brown
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

(Type name) Linda L. Brown
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X Linda L Brown
Signature

X Linda L Brown
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name LINDA L BROWN (2) I.D. Number 67

(3) Cover Period 9/27/2008 through 10/10/2008 (4) Page 1 of 2

| (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 |
|---------------------------|--|---------------------------------------|------------------------------|-----------------------------|--------------------------------|-------------------|----------------|
| (6) Sequence Number | | | | | | | |
| 10/3/2008 / / | Simpson, Linda 8916 Cypress Preserve PL Ft. Myers, FL 33912 | I | | CH | | | \$100.00 |
| 1 | | | | | | | |
| 10/3/2008 / / | McGovern, Nancy 785 Entrada Dr. Ft. Myers, FL 33919 | I | | CH | | | \$50.00 |
| 2 | | | | | | | |
| 10/3/2008 / / | Seliger, Shawn J. P.O. Box 9342 Ft. Myers, FL 33902 | I | attorney | CH | | | \$250.00 |
| 3 | | | | | | | |
| 10/9/2008 / / | Shiering, David 4809 Griffin Blvd Ft. Myers, FL 33908 | I | | CH | | | \$100.00 |
| 4 | | | | | | | |
| 10/9/2008 / / | Randall, Carey & Don 14740 Eden St. Ft. Myers, FL 33908 | I | retired | CH | | | \$200.00 |
| 5 | | | | | | | |
| 10/9/2008 / / | Friday, Richard 8837 Banyan Cove Cir. Ft. Myers, FL 33919 | I | | CH | | | \$100.00 |
| 6 | | | | | | | |
| 10/9/2008 / / | Ellis, Sue & Mike 2348 Sycamore St. St. James City, FL 33956 | I | nurse/hea lth care mgm | CH | | | \$250.00 |
| 7 | | | | | | | |
| 10/9/2008 / / | Helms, Mary Lou & Richard 5865 Tallowood Cir. Ft. Myers, FL 33919 | I | | CH | | | \$100.00 |
| 8 | | | | | | | |

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name LINDA L. BROWN (2) I.D. Number _____

9/27/2008 10/10/2008

(3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (4) Page 2 of 2

| (5) Date | (7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | (8) Contributor | | (9) Contribution | (10) In-kind | (11) Amendment | (12) Amount |
|---------------------------|--|--------------------|------------|---------------------|-----------------|-------------------|----------------|
| (6) Sequence Number | | Type | Occupation | Type | Description | | |
| 10/9/2008 / / | Workman Collins, Luann 430 Smythe Dr. Williams Bay, WI 53191 | I | | CH | | | \$50.00 |
| 9 | | | | | | | |
| 10/9/2008 / / | Starnes, Majorie P.O. Box 1505 Fort Myers, FL 33902-1505 | I | | CH | | | \$100.00 |
| 10 | | | | | | | |
| 10/9/2008 / / | Bottorff, Fran & Don 1516 Sautern Dr. SW Fort Myers, FL 33919 | I | | CH | | | \$100.00 |
| 11 | | | | | | | |
| 10/9/2008 / / | Ritrosky, Michele 1324 Barcelona Ave Ft. Myers, FL 33901 | I | | CH | | | \$100.00 |
| 12 | | | | | | | |
| 10/9/2008 / / | Gezzar, Rena 1820 Whitecap N. Ft. Myers, FL 33903 | I | | CH | | | \$100.00 |
| 13 | | | | | | | |
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name LINDA L BROWN

(2) I.D. Number 67

9/27/2008 through 10/10/2008

(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) Purpose (add office sought if contribution to a candidate) | (9) Expenditure Type | (10) Amendment | (11) Amount |
|---------------------------|--|--|----------------------------|-------------------|----------------|
| (6) Sequence Number | | | | | |
| 10/9/2008 / / | Neuman, Deb Ronald McDonald House Roserush Ct Ft. Myers, FL 33908 | reimburse ment for beverage expenses | MO | | \$32.00 |
| 1 | | | | | |
| 10/9/2008 / / | Artype, 3530 Work Dr. Ft. Myers, FL 33916 | purchase of signs | MO | | \$308.73 |
| 2 | | | | | |
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**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) LINDA L BROWN
Name

(2) 14890 SHRIKE WAY, FORT MYERS, FL 33908
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

OFFICE USE ONLY 67

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): HEALTH SYSTEM-3

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

(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 \$ 661.00

Loans \$ 0.00

Total Monetary \$ 661.00

In-Kind \$ 0.00

(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
\$ 1,736.00

(10) TOTAL Monetary Expenditures To Date
\$ 1,019.25 ~~650.00~~
LB

(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) Linda L. Brown

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Linda L. Brown
Signature

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

(Type name) Linda L. Brown

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

X Linda L. Brown
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name LINDA L. BROWN (2) I.D. Number 67

9/13/2008 through 9/26/2008

(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 Type Occupation | | (9) Contribution Type | (10) In-kind Description | (11) Amendment | (12) Amount |
|------------------|--|---|----------------------|-----------------------------|--------------------------------|-------------------|----------------|
| 9/16/2008 / / | Alderman, Betsy 8116 Bibiana Way Ft. Myers, FL 33912 | I | | CH | | | \$100.00 |
| 1 | | | | | | | |
| 9/16/2008 / / | Leclair, Neil 5820 Sunnyside Lane Ft. Myers, FL 33919 | I | financial planner | CH | | | \$250.00 |
| 2 | | | | | | | |
| 9/22/2008 / / | Ringsmuth, Deborah/Peter 8909 Dartmoor Way Ft. Myers, FL 33908 | I | attorney | CH | | | \$250.00 |
| 3 | | | | | | | |
| 9/22/2008 / / | Nicholson, Elizabeth 9971 Cypress Lake Dr. Ft. Myers, FL 33919 | I | | CH | | | \$25.00 |
| 4 | | | | | | | |
| 9/22/2008 / / | Laurie, Tina 5260 Landings Drive #407 Ft. Myers, FL 33919 | I | | CH | | | \$20.00 |
| 5 | | | | | | | |
| 9/22/2008 / / | Scricca, Elinor 1371 Magnolia Lake Ct. Ft. Myers, FL 33907 | I | | CH | | | \$16.00 |
| 6 | | | | | | | |
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name LINDA L BROWN

(2) I.D. Number 67

9/13/2008 through 9/26/2008

(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) Purpose (add office sought if contribution to a candidate) | (9) Expenditure Type | (10) Amendment | (11) Amount |
|---------------------------|--|--|----------------------------|-------------------|----------------|
| (6) Sequence Number | | | | | |
| 9/25/2008 / / | none, | expenditu no res | MO | | \$0.00 |
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**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

OFFICE USE ONLY 67

(1) LINDA L BROWN

Name

(2) 14890 SHRIKE WAY, FORT MYERS, FL 33908

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-3

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 8/22/2008 To 9/12/2008 Report Type G1

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 325.00

Loans \$ 100.00

Total Monetary \$ 425.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 604.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 604.00

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 1,075.00

(10) TOTAL Monetary Expenditures To Date

\$ 1,019.25 ~~650.00~~

(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) Linda L. Brown
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

(Type name) Linda L. Brown
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X Linda L. Brown
Signature

X Linda L. Brown
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name LINDA L. BROWN (2) I.D. Number 67

8/22/2008 through 9/12/2008

(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 Type | (10) In-kind Description | (11) Amendment | (12) Amount |
|---------------------------|--|--------------------|------------|-----------------------------|--------------------------------|-------------------|----------------|
| (6) Sequence Number | | Type | Occupation | | | | |
| 9/10/2008 / / | McVety, Donna 13341 Ponderosa Way Ft. Myers, FL 33907 | I | rn | CH | | | \$100.00 |
| 1 | | | | | | | |
| 9/10/2008 / / | Criscione, Maryellyn and Wm 14880 Shrike Way Ft. Myers, FL 33908 | I | retired | CH | | | \$200.00 |
| 2 | | | | | | | |
| 9/11/2008 / / | Dozier, Jeanne 1818 Llewellyn Dr. Ft. Myers, FL 33901 | I | | CH | | | \$25.00 |
| 3 | | | | | | | |
| 9/11/2008 / / | Brown, Linda 14890 Shrike Way Ft. Myers, FL 33908 | O | | LO | | | \$100.00 |
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name LINDA L BROWN

(2) I.D. Number 67

8/22/2008 through 9/12/2008

(3) Cover Period / / through / /

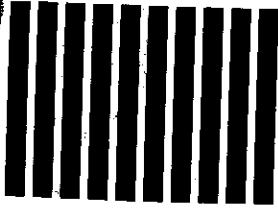
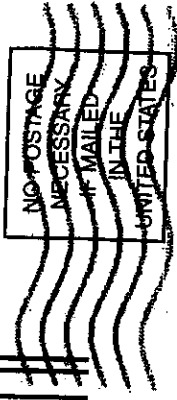
(4) Page 1 of 1

| (5) Date | (7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | (8) Purpose (add office sought if contribution to a candidate) | (9) Expenditure Type | (10) Amendment | (11) Amount |
|---------------------------|--|--|----------------------------|-------------------|----------------|
| (6) Sequence Number | | | | | |
| 9/11/2008 // | Artype, Inc, 3530 Work Dr. Ft. Myers, FL 33916 | signs | MO | | \$604.00 |
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BUSINESS REPLY MAIL

FIRST CLASS MAIL PERMIT No. 1021 FORT MYERS, FL

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SUPERVISOR OF ELECTIONS

PO BOX 2545

FORT MYERS, FL 33902-9888

08SEP23PM0559 SDE Lee Co FL



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

(1) LINDA L BROWN
Name

(2) 14890 SHRIKE WAY, FORT MYERS, FL 33908
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-3

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 \$ 150.00

Loans \$ 0.00

Total Monetary \$ 150.00

In-Kind \$ 0.00

(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

\$ 150.00

(10) TOTAL Monetary Expenditures To Date

\$ 415.25 ~~46.00~~

(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.

(Type name)

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Linda Brown

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 Linda Brown

Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name LINDA L BROWN

(2) I.D. Number 67

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) Purpose (add office sought if contribution to a candidate) | (9) Expenditure Type | (10) Amendment | (11) Amount |
|---------------------------|--|--|----------------------------|-------------------|----------------|
| (6) Sequence Number | | | | | |
| 8/21/2008 / / | none, | expenditu no res | MO | | \$0.00 |
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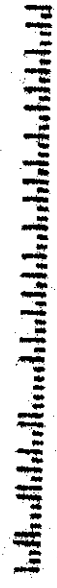


FT MYERS FL 339

27 AUG 2008PM 1 L

Lee County Supervisor of Elections
P.O. Box 2545
Fort Myers, FL 33902-2545

Att: Bernie Feliciano





SHARON L. HARRINGTON
 SUPERVISOR OF
 ELECTIONS
 P O DRAWER 2545
 FORT MYERS FL 33902



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| Cash | |
| Check | 3750 |
| Check No. | 3788 |

DUVAL COUNTY
 SUPERVISOR OF ELECTIONS
 RECEIPT

AMOUNT:

37.50

DATE:

08/29/2008

FROM:

Yvonne Brown

FOR:

Time on E3 - Campaign Treasurer's report

RECEIVED BY:

R. Williams

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

(1) Linda L. Brown
Name

(2) 14890 Shrike Way
Address (number and street)

Fort Myers, FL 33908
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: 67

OFFICE USE ONLY

(4) Check appropriate box(es):

Candidate (office sought): Lee Memorial Hospital Board Dist. 3

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 7 / 19 / 08 To 8 / 01 / 08 Report Type F2

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 \$ 369.25

Transfers to Office Account \$ _____

Total Monetary \$ 369.25

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 500.00

(10) TOTAL Monetary Expenditures To Date

\$ 415.25

(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) Linda L. Brown
 Individual (only for electioneering commun) Treasurer Deputy Treasurer

(Type name) Linda L. Brown
 Candidate Chairperson (only for PC, PTY & electioneering commun organization)

X Linda L. Brown
Signature

X Linda L. Brown
Signature

SCANNED

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Linda L. Brown

(2) I.D. Number 67

(3) Cover Period 7 / 19 / 08 through 8 / 01 / 08

(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 / 28 / 08 | Jaguar Data 6371-2 Arc Way Fort Myers, FL 33966 | Printing of cards + envelopes | (DIS) printing of cards and envelope s | | \$369.25 |
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**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) LINDA L BROWN
Name

(2) 14890 SHRIKE WAY, FORT MYERS, FL 33908
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: 67

(4) Check appropriate box(es):

Candidate (office sought): HEALTH SYSTEM-3

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 | \$ | <u>0.00</u> |
| Loans | \$ | <u>500.00</u> |
| Total Monetary | \$ | <u>500.00</u> |
| In-Kind | \$ | <u>0.00</u> |

(7) EXPENDITURES THIS REPORT

| | | |
|-----------------------------|----|--------------|
| Monetary Expenditures | \$ | <u>46.00</u> |
| Transfers to Office Account | \$ | <u>0.00</u> |
| Total Monetary | \$ | <u>46.00</u> |

(8) Other Distributions
\$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 500.00

(10) TOTAL Monetary Expenditures To Date

\$ 46.00

(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.

(Type name) Linda L. Brown

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

XX Linda L. Brown
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 Linda L. Brown
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name LINDA L BROWN (2) I.D. Number 67

4/1/2008 through 7/18/2008

(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 Type Occupation | | (9) Contribution Type | (10) In-kind Description | (11) Amendment | (12) Amount |
|-----------------|--|--|-------------------------|-----------------------------|--------------------------------|-------------------|----------------|
| 4/2/2008 / / | Brown, Linda L 14890 Shrike Way Fort Myers, FL 33908 | I | candidate 's loan | LOAN | | | \$500.00 |
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name LINDA L BROWN

(2) I.D. Number 67

4/1/2008 through 7/18/2008

(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) Purpose (add office sought if contribution to a candidate) | (9) Expenditure Type | (10) Amendment | (11) Amount |
|---------------------------|--|--|----------------------------|-------------------|----------------|
| (6) Sequence Number | | | | | |
| 6/2/2008 / / | Lee County Elections Office, | filing fee | MO | | \$25.00 |
| 1 | | | | | |
| 5/28/2008 / / | Wachovia Bank, | bank service charge | MO | | \$21.00 |
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Linda Brown
14890 Shrike Way
Fort Myers, FL 33908

Fl Linda Brown

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25 JUL 2008 PM 4 T

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL

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SUPERVISOR OF ELECTIONS
PO BOX 2545
FORT MYERS, FL 33902-9888

08 JUL 29 PM 02:55 SDE Lee Co FL