


LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

 ORIGINAL

 REVISED

(PLEASE CHECK ONE)

Candidate Name	DONALD A BROWN		
Residence Address	8521 SEDONIA CIRCLE		
City and Zip Code	FT. MYERS 33967		
Mailing Address (if different)	<input checked="" type="checkbox"/> Check if same as above.		
Telephone Number(s) (Daytime)	239-989-9727	OR	239-415-9971
Email Address	tropic@embargoMAIL.COM		
Office Sought	BOARD OF DIRECTORS		
Area, District, Group Or Seat Number	DISTRICTS, LEE MEM. HEALTH Sys.		
Political Party (if applicable for office sought)	N/A		
Date Of Birth Or Voter ID #	Oct. 14, 1945		
Date	Feb. 26, 2010		
Candidate Signature			

All information on this form becomes a
public record upon receipt by the Lee County Supervisor of Elections.

Under Florida Law, email addresses are public records; if you do not want your personal email address released, you may wish to create a "campaign-specific" email address. An email address will allow the Lee County Supervisor of Elections Office to provide a candidate with expedited written-communications and notices in addition to mailed written-communications and notifications.

AFFIDAVIT OF INTENT LEE COUNTY SPECIAL DISTRICT CANDIDATE

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, DONALD AARON BROWN, am a candidate for the Special District
(print name)

office of: BOARD MEMBER, DISTRICT 5, LEE MET HEALTH SYS.
(include district name and district, seat, area or group#)

in the November 2010 General Election. I understand that my campaign expense, from
(date of election)
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.

Provided that 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.


Signature of Candidate

FEB 26th 2010
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."

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

(PLEASE PRINT OR TYPE)

10 MAR 01 AM 09:54 SHEL Co FL
OFFICE USE ONLY

1. CHECK APPROPRIATE BOX:

Original Appointment Change in: Treasurer/Deputy Depository Office Party

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

DONALD AARON BROWN

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

8521 SEDONIA CIRCLE
FT MYERS, FL 33967

4. Telephone (optional)

(239) 989-9727

5. E-mail address (optional)

tropic@embarr
MAIL.COM

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

BOARD OF DIRECTORS DISTRICTS
LEE MEM. HEALTH SYSTEM

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

DONALD A BROWN

11. Mailing Address (If post office box or drawer, also include street address)

8521 SEDONIA CIRCLE

12. Telephone

(239) 989-4727

13. City

FT. MYERS

14. County

LEE

15. State

FL

16. Zip Code

33967

17. E-mail address (optional)

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

19. Name of Bank

BRANCH BANKING & TRUST CO.

20. Street Address

20280 GRAND OAKS SHOPPES BLVD.

21. City

ESTERO

22. County

LEE

23. State

FL

24. Zip Code

33928

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

FEB 26th 2010

26. Signature of Candidate



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

I, DONALD A BROWN, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

FEB 26th 2010

Date



Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)


(Please Type)

I, Donald Aaron Brown,

candidate for the office of District 5 Board Member, Lee Mem. Health Sys.

have received, read and understand the requirements of Chapter 106,

Florida Statutes.



Signature of Candidate

FEB 26th 2010

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).