

LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

ORIGINAL REVISED
(PLEASE CHECK ONE)

Candidate Name	MARILYN STOUT		
Residence Address	2907 SW 29TH AVE		
City and Zip Code	CAPE CORAL 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	DIST 1, LEE MEMORIAL HEALTH SYSTEM		
Area, District, Group Or Seat Number	DIST ONE		
Political Party (if applicable for office sought)	NP		
Date Of Birth Or Voter ID #	111503617		
Date	MAY 26, 2012		
Candidate Signature	<input checked="" type="checkbox"/> Marilyn Stout		

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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.

STOUT, MARILYN M
2907 SW 29TH AVE
CAPE CORAL FL 33914

111503617

LEE COUNTY—FLORIDA
AFFIDAVIT OF INTENT
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

STOUT, MARILYN M
2907 SW 29TH AVE
CAPE CORAL FL 33914

111503617

I, MARILYN STOUT, am a candidate for the independent special district office of:
(print name)

LEE MEMORIAL HEALTH SYSTEM BOARD, DISTRICT 1

(include district name AND .district, seat, area or group #)

in the November 6, 2012 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 Marilyn Stout
Signature of Candidate

June 4, 2012
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.

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(Revised 05/01/12)

CANDIDATE OATH
LEE MEMORIAL HEALTH SYSTEM
LEE COUNTY TRAUMA SERVICES
BOARD OF DIRECTORS
NONPARTISAN OFFICE

Lee Memorial Health System candidates must use this Candidate Oath for candidate-qualifying purposes.

OFFICE USE ONLY

OATH OF CANDIDATE

(Sections 99.021, 105.031, 876.05-876.10, Florida Statutes; Laws of Florida 2000-439)

I, MARILYN STOUT
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of LEE MEMORIAL HEALTH SYSTEM BOARD OF DIRECTORS, 1,
(office) (district #)

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 I will support the Constitution of the United States and the Constitution of the State of Florida.

I am a qualified elector of Lee County, Florida and I seek election to the Lee Memorial Health System and Lee County Trauma Services Board of Directors. I am a legal resident of Lee County, Florida and of the county health system district in Lee County to which I seek election. I am a citizen of the United States of America; I have not violated any of the laws of the state relating to electors and to the registration of electors.

Section 876.05, Florida Statutes, oath (only applicable if elected and when term of office begins): I, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of 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.

X Marilyn Stout 239 549-5629 ASTOUT34@COMCAST.NET
Signature of Candidate Telephone Number Email Address

2907 SW 29TH AVE, CAPE CORAL, FL 33914
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 111503617

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

MARILYN STOUT

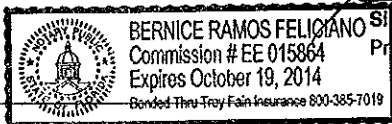
STATE OF FLORIDA
COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me this 5th day of June, 2012.

Personally Known: [initials] or

Produced Identification: _____

Type of Identification Produced: _____



Bernice R Feliciano
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public

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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: ZIP: COUNTY:

NAME OF AGENCY :

LEE MEMORIAL HEALTH SYSTEM BOARD

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

DISTRICT 1, LMHS BOARD

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

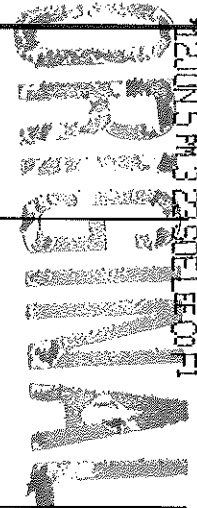
FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code



**** 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 (must check one):

DECEMBER 31, 2011 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 (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions p. 4] (If you have nothing to report, you must write "none" or "n/a")

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 - See instructions p. 4] (If you have nothing to report, you must write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
CAPE CHARTERS		49 CRESANT ST, FMB	FISHING CHARTERS
LEE MEMORIAL HS			HEALTH CARE
RENTAL INCOME			RENTALS

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] (If you have nothing to report, you must write "none" or "n/a")

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. - See instructions p. 5]
 (If you have nothing to report, you must write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
VARIOUS STOCKS & BONDS	RAYMOND JAMES

PART E — LIABILITIES [Major debts - See instructions p. 5]
 (If you have nothing to report, you must write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
NONE	

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions p. 5]
 (If you have nothing to report, you must write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
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):

DATE SIGNED (required):

Marilyn Stout

May 26, 2012

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).

**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.

Facsimiles will not be accepted.

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. However, filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2011.