

CANDIDATE OATH -
SCHOOL BOARD
NONPARTISAN OFFICE

14 JUN 12 AM 11:59:50 EEE LEE CO FL

SCANNED

OFFICE USE ONLY

OATH OF CANDIDATE
(Sections 99.021 and 105.031, Florida Statutes)

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 COUNTY SCHOOL BOARD 1
(office) (district #)

; I am a qualified elector of LEE County, Florida;
(circuit #) (group or seat #)

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.

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 the school board 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
Signature of Candidate

239 549-5629
Telephone Number

ASTOUT340
Email Address COMCAST.NET

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

111503617

Candidate's Florida Voter Registration Number (located on your vo

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

* Please print name phonetically on the line below as you wish it with disabilities (see instructions on page 2 of this form):

STATE OF FLORIDA

COUNTY OF Lee

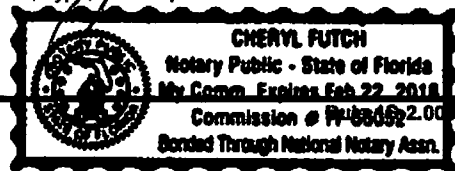
Sworn to (or affirmed) and subscribed before me this 12 day of June, 2014.

Personally Known: X or

Produced Identification: _____

Type of Identification Produced: _____

Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public



OF FINANCIAL INTEREST

FOR OFFICE USE ONLY:

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

LAST NAME — FIRST NAME — MIDDLE NAME:

STOUT, HARILYN H.

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MAILING ADDRESS:

2907 SW 29TH AVE

CAPE CORAL, FL 33914 LEE

CITY: ZIP: COUNTY:

NAME OF AGENCY:

LEE COUNTY SCHOOL BOARD

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

DISTRICT 1

CHECK IF THIS IS A FILING BY A CANDIDATE

SCANNED

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2013, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of DECEMBER 31, 2013 was \$ 2,049,703.

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 84,500

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
<i>SEE ATTACHMENT</i>	<i>1,965,203</i>

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<i>NONE</i>	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<i>NONE</i>	

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2013 federal income tax return, including all W2's, schedules, and attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2013 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2013 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
LEEMEMORIAL HEALTH SYSTEM	2776 CLEVELAND AVE, FT MYERS, FL	15,699
SOCIAL SECURITY ADMIN	600 W. MADISON ST, CHICAGO, IL	6,754
SEE ATTACHMENT		

SECONDARY SOURCES OF INCOME (Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5):

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NONE			

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	NONE		
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 E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

OATH

STATE OF FLORIDA
 COUNTY OF Lee

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

Sworn to (or affirmed) and subscribed before me this 12 day of MARILYN
June, 20 14 by Cheeryl Futch, Stout



[Signature]

[Signature: Marilyn Stout]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known OR Produced Identification _____
 Type of Identification Produced _____

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

ATTACHMENT TO FORM 6

Section B - Assets

SCANNED

Raymond James Bank Deposit Program	36,545
Berkshire Hathaway Inc.	35,568
CLECO Corp	16,037
Ennis Inc.	69,915
Exelon Corp	1,972
General Mtrs Co	10,060
Great Plains Energy	27,973
NY Community Bancorp	16,850
Sempra Energy	26,928
Invesco Tech Fund	32,960
Oppenheimer Global Strat Income Fund	3,488
Van Eck Int Inves Gold Fund	2,000
Ing Global Eqty Div	4,475
Invesco Mun Tr	11,590
Birmingham Baptist Med	56,288
Lee Memorial HS Bond	29,432
Orlando & Orange Cnty Expwy	6,003
Bank of America	162,001
FHLMC	49,517
FNMA	21,339
GNMA	14,579
Nuveen Insured Corp	34,065
Tax Exempt Securities	3,582
Van Kampen Insured Income Trust	14,386
Western Reserve Life Assurance Co	179,371
Sun America Polaris Annuity	114,683
ING ReliaStar Life Insurance Co	29,979
Fifth Third Bank	19,810
Capital Bank	59,298
Brucks 10th Ave Lot Loan	39,800
Windjammer Time Share, Lauderdale-By-Sea, FL (3)	10,000
Lots 18 & 19, Palm Bay, FL	6,000

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ChrisCraft 31 Ft 1988 40,000
Marine Trader 44 Ft 1976 60,000

SCANNED

House, 4925 SW 10th Ave, Cape Coral, FL 33914 222,204
House, 2520 SW 17th Place, Cape Coral, FL 33914 111,506
House, 6806 Autumn Court, N. Ft Myers, FL 33903 69707
House, 2907 SW 29th Ave, Cape Coral, FL 33914 315293

Section D – Income

Rental – 4925 SW 10th Ave, Cape Coral, FL 33914 12,000
Rental – 2520 SW 17th Pl, Cape Coral, FL 33914 10,800
Rental – 6806 Autumn Ct, N. Ft Myers, FL 33914 9,000

Ennis Inc 1,383
Great Plains Energy 1,018
NY Community Bancorp 1,750

Birmingham Baptist Med 1,500
Lee Memorial Health System 1,500

Bank of America 2,847
Goldman Sachs 1,283
Goodrich Pete Corp 1,567
Nuveen Insured Corp 2,036

FHLMC 4,151
FNMA 1,496
GNMA 6,869

Bruck's 10th Ave Lot Loan 1,104

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