

LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

| | | | |
|---|---|----|--------------|
| Candidate Name | STEPHEN ROBINSON BROWN | | |
| Residence Address | 3819 WEST GULF DR | | |
| City and Zip Code | SANIBEL 33957 | | |
| Mailing Address (if different) | <input checked="" type="checkbox"/> Check if same as above. | | |
| Telephone Number(s) (Daytime) | 239-472-8645 | OR | 239-691-4513 |
| Email Address | SRB on Sanibel @ AOL.com | | |
| Office Sought | LEE MEMORIAL HEALTH SYSTEMS | | |
| Area, District, Group Or Seat Number | DISTRICT 1 | | |
| Political Party (If Applicable) | | | |
| Date Of Birth Or Voter ID # | 10/3/42 | | |
| Date | 6/3/08 | | |
| Candidate Signature | X Stephen R Brown | | |

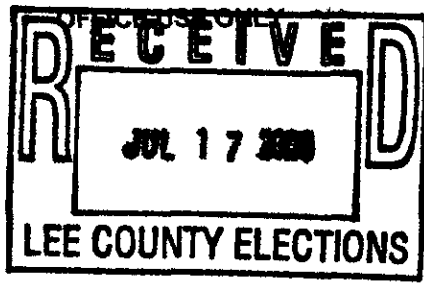
All information on this form, including your signature, becomes a public record upon receipt by the Supervisor of Elections.

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)

CHECK APPROPRIATE BOX:

- Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate: STEPHEN R. BROWN
 1. Address (include post office box or street, city, state, zip code):
3819 WEST GULF DR.
SANIBEL FL 33957

Telephone (optional): (239)472-8645
 2. Party (Partisan candidates only):
 3. Office (add district, circuit, group number):

I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer:
STEPHEN R BROWN

5. Mailing Address (If post office box or drawer add street address):
3819 WEST GULF DR SANIBEL FL 33957
 6. Telephone: 239 472 8645

7. City: SANIBEL 8. County: LEE 9. State: FL 10. Zip Code: 33957

I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank: BANK OF THE ISLANDS
 12. Street Address: 1699 PERIWINKLE WAY

13. City: SANIBEL 14. County: LEE 15. State: FL 16. Zip Code: 33957

17. Signature of Candidate: X Stephen R Brown
 Date: 7/14/08

Campaign Treasurer's Acceptance of Appointment

I, Stephen R Brown, do hereby accept the appointment as
 (Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of STEPHEN R BROWN

who is seeking nomination or election as a _____ candidate to the office of _____
 (Party)

DISTRICT 1 BOARD LEE MEMORIAL As a duly registered voter in LEE COUNTY

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

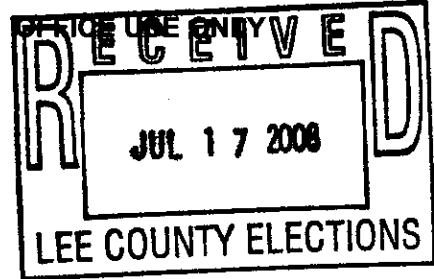
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
 ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

7/14/08 X Stephen R Brown
 Date Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)



I, STEPHEN R BROWN,
candidate for the office of DISTRICT 1 BOARD LEE MEMORIAL H ;
have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X Stephen R Brown
Signature of Candidate

7/14/08
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).

OFFICE USE ONLY

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

I, STEPHEN R BROWN,

candidate for the office of DIRECTOR LEE MEMORIAL HEALTH SYSTEMS
DISTRICT 1

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

X Stephen R Brown
Signature of Candidate

6/3/08
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

**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 1815
STATE OF FLORIDA - LEE COUNTY

PLEASE PRINT

| FIRST NAME | MIDDLE NAME/INITIAL | LAST NAME |
|------------|---------------------|-----------|
| STEPHEN | ROBINSON | BROWN |

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, STEPHEN R. 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 1, AND that;

My legal residence is 3819 WEST GULF DR 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, STEPHEN R. 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.

Stephen R Brown 239472-8643 SRBONSANIBEL@AOL.COM
Signature of Candidate Daytime Telephone Number Email Address

3819 WEST GULF DR SANIBEL FL 33957
Address City State Zip Code

Sworn to (or affirmed) and subscribed before me this 4th day of June, 2008

- Personally Known
- Produced Identification

Type of Identification Produced:

Bernice Ramos Feliciano
Signature of Notary Public - State of Florida
Print, Type or Stamp Commissioned Name of Notary Public



Bernice Ramos Feliciano
Commission # DD589927
Expires October 19, 2010
Bonded by FBR - Insurance, Inc. #10-888-7618

111630850

Lee County only 2/26/2008

BROWN, STEPHEN R
3819 W GULF DR
SANIBEL FL 33957

AFFIDAVIT OF INTENT LEE COUNTY SPECIAL DISTRICT CANDIDATE

State of Florida
County of Lee

I, STEPHEN ROBINSON BROWN, am a candidate for the Special District
(print name)

office of: DISTRICT 1 LEE MEMORIAL HEALTH SYSTEMS
(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.

Stephen R Brown
Signature of Candidate

6/3/08
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

FORM 1

STATEMENT OF

2007

FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

111630850

FOR OFFICE USE ONLY:

BROWN, STEPHEN R
3819 W GULF DR
SANIBEL FL 33957

ID Code

ID No.

Conf. Code

P. Req. Code

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Lee Memorial Health System

District 1

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

PDF 2007

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

| | | |
|-----------------|-----------------------|----------------------|
| Mass Mutual | Hartford Ct | Insurance |
| | 1295 State St | Springfield MA 01111 |
| Social Security | Social Security Admin | Benefit |

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

| | | | |
|--|--|--|--|
| | | | |
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| | | | |

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

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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

PART E — LIABILITIES [Major debts]
NAME OF CREDITOR ADDRESS OF CREDITOR

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 | | | |
| 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):

Stephen R Brown

DATE SIGNED (required):

6/4/2008

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**

OFFICE USE ONLY 119

**FINAL
REPORT**

(1) STEPHEN R BROWN
Name

(2) 3819 WEST GULF DR, SANIBEL, FL 33957
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 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 \$ 1,000.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 1,000.00

(8) Other Distributions

\$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 1,000.00

(10) TOTAL Monetary Expenditures To Date

\$ 1,000.00

(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

Stephen R 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)

Stephen R Brown
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name STEPHEN R. BROWN (2) I.D. Number 119

10/31/2008 through 2/2/2009

(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) Contributor | | (9) Contribution | (10) In-kind | (11) Amendment | (12) Amount |
|---------------------------|--|--------------------|------------|---------------------|-----------------|-------------------|----------------|
| (6) Sequence Number | | Type | Occupation | Type | Description | | Amount |
| / / | | | | | | | |
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name STEPHEN R BROWN

(2) I.D. Number 119

(3) Cover Period 10/31/2008 through 2/2/2009

(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 |
|-----------------------|--|--|----------------------------|-------------------|----------------|
| 1/28/2009 / / 1 | BROWN, STEPHEN R 3819 WEST GULF DR SANIBEL, FL 33957 | refund candidate loan | DI | | \$1,000.00 |
| / / | | | | | |
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| / / | | | | | |

WAIVER OF REPORT

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

(PLEASE TYPE)

STEPHEN R BROWN
3819 WEST GULF DR
SANIBEL, FL 33957

OFFICE USE ONLY

119

HEALTH SYSTEM-1

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

Identification Number (Assigned by Division
of Elections)

Address (Number and Street)

Office Sought (Include District, Circuit or
Group Number)

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.

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

10/11/2008 through 10/30/2008 (G4)

X


Signature

1 / 28 / 09
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.

WAIVER OF REPORT

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

(PLEASE TYPE)

OFFICE USE ONLY

OBJECT 31 AM 1046 SDE Lee

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

119
Identification Number (Assigned by Division
of Elections)

3819 WEST GULF DR
Address (Number and Street)

LEE MEMORIAL HOSPITAL RD DIST. 1
Office Sought (Include District, Circuit or
Group Number)

Sanibel FL 33957
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.

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

10-11-08 through 10-30-08

X Stephen R Brown
Signature

10/28/08
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.

SCANNED

WAIVER OF REPORT

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

119
Identification Number (Assigned by Division
of Elections)

3819 WEST GULF DR
Address (Number and Street)

LEE MEMORIAL HOSP Bd DIST 1
Office Sought (Include District, Circuit or
Group Number)

SANIBEL FL 33957
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.

TYPE OF REPORT
(Check Appropriate Box)

- | | | | |
|----------------------------------|---|---|-----------|
| QUARTERLY REPORTS | PRIMARY ELECTION | GENERAL ELECTION | G3 |
| <input type="checkbox"/> January | <input type="checkbox"/> 32nd day prior | <input type="checkbox"/> 48th day prior | |
| <input type="checkbox"/> April | <input type="checkbox"/> 18th day prior | <input type="checkbox"/> 32nd day prior | |
| <input type="checkbox"/> July | <input type="checkbox"/> 4th day prior | <input type="checkbox"/> 18th day prior | |
| <input type="checkbox"/> October | <input type="checkbox"/> 4th day prior | <input type="checkbox"/> 4th day prior | |
- TERMINATION REPORT
 SPECIAL ELECTION

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

9/27/08 through 10/10/08
X Stephen R Brown 10/16/08
Signature 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.)
Committee 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.

SCANNED

(PLEASE TYPE)

BROWN STEPHEN R

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

119
Identification Number (Assigned by Division
of Elections)

3819 WEST GULF DR
Address (Number and Street)

LEE MEMORIAL HOSPITAL BOARD DIST 2
Office Sought (Include District, Circuit or
Group Number)

SANIBEL FL 33957
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.

TYPE OF REPORT
(Check Appropriate Box)

- | | | | |
|----------------------------------|---|---|---|
| QUARTERLY REPORTS | PRIMARY ELECTION | GENERAL ELECTION | G2 |
| <input type="checkbox"/> January | <input type="checkbox"/> 32nd day prior | <input type="checkbox"/> 46th day prior | |
| <input type="checkbox"/> April | <input type="checkbox"/> 18th day prior | <input type="checkbox"/> 32nd day prior | |
| <input type="checkbox"/> July | <input type="checkbox"/> 4th day prior | <input type="checkbox"/> 18th day prior | <input type="checkbox"/> TERMINATION REPORT |
| <input type="checkbox"/> October | | <input type="checkbox"/> 4th day prior | <input type="checkbox"/> SPECIAL ELECTION |

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

9/13/08 through 9/26/08
X Stephen R Brown 9/23/08
Signature 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.

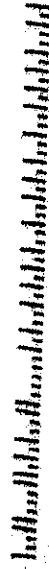
Dr. & Mrs. Stephen Brown
3819 West Gulf Dr.
Sanibel Island, FL 33957

FT MYERS FL 339

23 SEP 2003 PM 11 T

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

3390232545



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

(1) Stephen R Brown
Name

(2) 3819 West Gulf Dr
Address (number and street)

Sanibel Fl 33957
City, State, Zip Code

OFFICE USE ONLY

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: 119

(4) Check appropriate box(es):

Candidate (office sought): HOSPITAL BOARD DISTRICT 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 8/22/08 To 9/12/08 Report Type GL

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 0

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions \$ 0

(9) TOTAL Monetary Contributions To Date
\$ 0

(10) TOTAL Monetary Expenditures To Date
\$ 0

(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

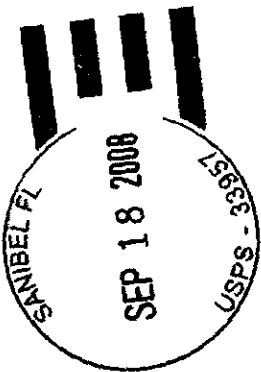
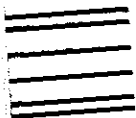
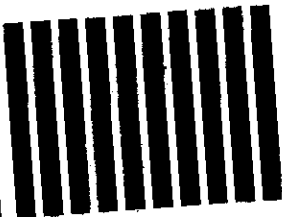
(Type name)

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

X Stephen R Brown
Signature

X Stephen R Brown
Signature

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST CLASS MAIL PERMIT No. 1021 FORT MYERS, FL
POSTAGE WILL BE PAID BY ADDRESSEE

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



08SEP22PM 1254 SDE Lee Co FL

SCANNEL

WAIVER OF REPORT

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

(PLEASE TYPE)

OFFICE USE ONLY



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

119
Identification Number (Assigned by Division
of Elections)

3819 West Gulf Dr
Address (Number and Street)

HOSPITAL BOARD District 1
Office Sought (Include District, Circuit or
Group Number)

Sanibel FL 33957
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.

TYPE OF REPORT (Check Appropriate Box)

F3

- | | | | |
|----------------------------------|---|---|---|
| QUARTERLY REPORTS | PRIMARY ELECTION | GENERAL ELECTION | |
| <input type="checkbox"/> January | <input type="checkbox"/> 32nd day prior | <input type="checkbox"/> 46th day prior | |
| <input type="checkbox"/> April | <input type="checkbox"/> 18th day prior | <input type="checkbox"/> 32nd day prior | <input type="checkbox"/> TERMINATION REPORT |
| <input type="checkbox"/> July | <input type="checkbox"/> 4th day prior | <input type="checkbox"/> 18th day prior | <input type="checkbox"/> SPECIAL ELECTION |
| <input type="checkbox"/> October | | <input type="checkbox"/> 4th day prior | |

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

8/02/08 through 8/21/08
X Stephen R Brown 8/22/08
Signature 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.

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

FD-1000 (Rev. 02/24/04) SDE/Lee Co F

(1) Stephen R Brown
Name

(2) 3819 West Gulf Dr.
Address (number and street)

Sevibel FL 33957
City, State, Zip Code

OFFICE USE ONLY

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: 119

(4) Check appropriate box(es):

Candidate (office sought): Hospital Board District 1

Political Committee CHECK IF PC HAS DISBANDED

Committee of Continuous Existence CHECK IF CCE HAS DISBANDED

Party Executive Committee CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

Electioneering Communication

(5) REPORT IDENTIFIERS

Cover Period: From 07/19/08 To 08/31/08 Report Type F2 200872

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 1000.00

Loans \$ 1000.00

Total Monetary \$ _____

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ - 0 -

Transfers to Office Account \$ - 0 -

Total Monetary \$ - 0 -

(8) Other Distributions

\$ - 0 -

(9) TOTAL Monetary Contributions To Date

\$ 1000.00

(10) TOTAL Monetary Expenditures To Date

\$ - 0 -

(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) Stephen R. Brown

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

Stephen R Brown
Signature

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

(Type name) S

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

Stephen R Brown
Signature



CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name STEPHEN R BROWN (2) I.D. Number 119

(3) Cover Period 7/19/2008 through 8/1/2008 (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 |
|-----------------|--|---------------------------------------|---------|-----------------------------|--------------------------------|-------------------|----------------|
| 8/1/2008 / / | Brown, Stephen R 3819 West Gulf Dr Sanibel, FL 33957 | I | retired | LO | | | \$1,000.00 |
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DUPLICATE

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Stephen R Brown

(2) I.D. Number 119

(3) Cover Period 7 1 19 08 through 08 1 01 08

(4) Page _____ of _____

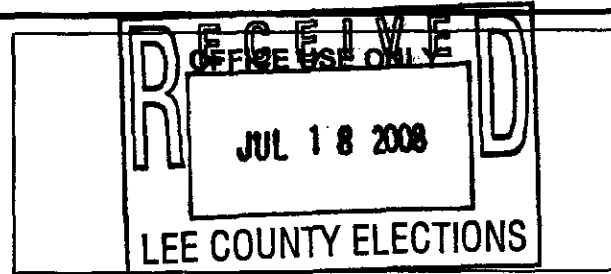
| (5) Date | (7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | (8) Contributor Type Occupation | | (9) Contribution Type | (10) In-kind Description | (11) Amendment | (12) Amount |
|-------------|--|---|-----------|-----------------------------|--------------------------------|-------------------|----------------|
| 7 1 30 08 | BROWN STEPHEN R 3819 W Gulf Dr Sanibel Fl 33957 | I | Candidate | LOA | | | \$1,000.00 |
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WAIVER OF REPORT

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

(PLEASE TYPE)



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

Identification Number (Assigned by Division
of Elections)

3819 W. Gulf Dr.
Address (Number and Street)

Hospital Board - Dist. 1
Office Sought (Include District, Circuit or
Group Number)

Saraland FL 33957
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.

TYPE OF REPORT (Check Appropriate Box)

QUARTERLY REPORTS

PRIMARY ELECTION

GENERAL ELECTION

FI

- January
 April
 July
 October

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

- 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

April 01, 2008 through July 18, 2008

X
Stephen R Brown
Signature

July 18, 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.)

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108 JUL 18 2008 04:41:50 PM Lee Co, FL