

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

(1) Linda L. Brown RN (2) 227-52-6043  
Candidate, Committee or Party Name I.D. Number

(3) 3731 Liberty Sq Fort Myers FL 33908  
Address (number and street) City State Zip Code

Check box if address has changed since last report

(4) Check appropriate box(es):

Candidate (office sought): Lee Memorial Hospital Board DISTRICT #3

Political Committee

Check if PC has DISBANDED

Committee of Continuous Existence

Check if CCE has DISBANDED

Party Executive Committee

**QUARTERLY**

(5) REPORT IDENTIFIER **REPORT**

Cover Period: From 1/10/00 To 3/31/00 Report Type QA

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 0

Loans \$ 0

Total Monetary \$ 0

In-kind \$ 0

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 40.95

Transfers to Office Account \$ 0

Total Monetary \$ 40.95

(8) Other Distributions \$ 0

(9) TOTAL Monetary Contributions to Date  
\$ 100.00

(10) TOTAL Monetary Expenditures to Date  
\$ 40.95 *Bank*

**(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

Robert C. Neisenheimer

Name of  Treasurer  Deputy Treasurer

X [Signature]  
Signature

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

Linda L. Brown

Name of  Candidate  Chairman (PC/PTY Only)

X [Signature]  
Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name LINDA L. BROWN

(2) PHONE # 481-9521

(3) Cover P 1 through 3131100

(4) Page 1 of 1

(5) Date (6) Sequence Number -	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type   Contribution Occupation		(9)	(10) In-kind Description	(11) Amendmen	(12) Amount
///	- NONE -						
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APR 13 12 33 PM '00  
RECEIVED  
SUPERVISOR OF

**QUARTERLY  
REPORT**

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name LINDA L. BROWN

(2) PHONE # 481-9521

(3) Cover Period 1 1 1 00 through 3 1 3 1 00

(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
1/15/00	FIRST UNION BANK 6360 WHISKEY CREEK DR FORT MYERS FL 33919	MONTHLY SERVICE CHARGE	MON		\$28.95
1					
2/15/00	FIRST UNION BANK 6360 WHISKEY CREEK DR FORT MYERS FL 33919	MONTHLY SERVICE CHARGE	MON		\$6.00
2					
3/15/00	FIRST UNION BANK 6360 WHISKEY CREEK DR FORT MYERS FL 33919	MONTHLY SERVICE CHARGE	MON		\$6.00
3					
1/1					SUPERVISOR OF APR 13 12 23 PM '00
1/1					
1/1					
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1/1					

**QUARTERLY  
REPORT**



Linda L. Brown  
3731 Liberty Sq.  
Fort Myers, F L 33908-4147



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APR 13 12 23 PM '00

Lee County Elections Office  
Constitutional Complex  
2480 Thompson St  
Fort Myers FL 33901

QUARTERLY  
REPORT

33901+3074