

# NON-PARTISAN CANDIDATE LOYALTY OATH

Sections 876.05-876.10, Florida Statutes  
CANDIDATES WITH NO PARTY AFFILIATION  
STATE OF FLORIDA  
LEE COUNTY

## PLEASE PRINT

FIRST NAME	MIDDLENAME/INITIAL	LAST NAME
Linda	L.	Brown RN

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

### IMPORTANT NOTICE TO ALL CANDIDATES

READ CAREFULLY. YOU CANNOT CHANGE THE WAY YOU WANT YOUR NAME TO APPEAR ON THE BALLOT AFTER THE END OF QUALIFYING

### PRINT NAME BELOW AS YOU WANT IT TO APPEAR ON THE BALLOT

I, Linda L. Brown RN., am a candidate for the

PLEASE PRINT NAME AS YOU WANT IT TO APPEAR ON BALLOT

office of Lee Memorial Hosp. Board 3 \_\_\_\_\_  
OFFICE DISTRICT CIRCUIT

GROUP

I am a qualified elector of Lee County, Florida. I am

qualified under the Constitution and 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 which I am required to resign pursuant to Section 99.012, Florida Statutes.

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING LOYALTY OATH AND OATH OF CANDIDATE AND THAT THE FACTS STATED IN EACH ARE TRUE.**

**SIGN HERE:**

Linda L. Brown  
Signature of Candidate

17 July 2000  
Date Signed

3731 Liberty Square  
Mailing Address

(941) 481-9521  
Daytime Telephone #

(941) 481-7425  
Fax Telephone Number

Fort Myers FL 33908  
City/ZIPCODE

# FORM 1 STATEMENT OF FINANCIAL INTERESTS 1999

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR ENDING:  CHECK EITHER <input checked="" type="checkbox"/> DECEMBER 31, 1999 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____	NAME OF YOUR AGENCY:  <p style="text-align: center; font-size: 1.2em;"><b>LEE MEMORIAL HOSP BOARD</b></p>
LAST NAME - FIRST NAME - MIDDLE NAME: <p style="font-size: 1.2em;">Brown Linda L. RN</p>	CHECK ONE OF THE FOLLOWING CATEGORIES:  <input type="checkbox"/> LOCAL OFFICER <input type="checkbox"/> STATE OFFICER <input checked="" type="checkbox"/> CANDIDATE  <input type="checkbox"/> SPECIFIED STATE EMPLOYEE
MAILING ADDRESS: <p style="font-size: 1.2em;">3731 Liberty Square</p>	LIST OFFICE OR POSITION HELD OR SOUGHT: <u>Lee Mem Hosp Board (DIST 3)</u>
CITY: <u>Fort Myers</u> ZIP: <u>33908</u> COUNTY: <u>Lee</u>	

**NOTICE: Under provisions of Sec. 112.317, Florida Statutes, a failure to make any required disclosure constitutes grounds for and may be punished by one or more of the following: disqualification from being on the ballot, impeachment, removal or suspension from office or employment, demotion, reduction in salary, reprimand, or a civil penalty not exceeding \$10,000.**

**PART A — PRIMARY SOURCES OF INCOME** [Sources exceeding 5% of gross income]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
① McDonalds Restaurants (Brown/Meisenheimer Inc)	3731 Liberty Sq Fort Myers FL 33908	2 Restaurants
② Cleveland Clinic Naples	6101 Pine Ridge Rd Naples FL 34119	employee / nurse practitioner
③ US Navy (Reserve)	Personnel Offices New Orleans LA	2 wks active duty annually

**PART B - SOURCES OF INCOME TO BUSINESSES OWNED BY THE REPORTING PERSON** [Major customers, clients, etc.]

NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY

**PART C — REAL PROPERTY** [Land, buildings]

Residence: 3731 Liberty Sq. Ft Myers 33908

**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 of this packet.

**OTHER FORMS** you may need to file are described on page 6.

(Continued on p.2)

**CANVASSING BOARD MEETINGS**  
*For*  
**FALL 2000 ELECTIONS**

**FIRST PRIMARY**

Friday September 1 @ 8:00 am	Canvass absentee ballots
Friday September 1 @ 1:00 pm	Test the tabulating equipment
Tuesday September 5 @ 8:00 am	Canvass absentee ballots
Wednesday September 6 @ 8:00	Certify the Election

**SECOND PRIMARY**

Friday September 29 @ 8:00 am	Canvass absentee ballots
Monday October 2 @ 1:00 pm	Test the tabulating equipment
Tuesday October 3 @ 8:00 am	Canvass absentee ballots
Wednesday October 4 @ 8:00 am	Certify the Election

**GENERAL ELECTION**

Friday November 3 @ 8:00 am	Canvass absentee ballots
Monday November 6 @ 1:00 pm	Test the tabulating equipment
Tuesday November 7 @ 8:00 am	Canvass absentee ballots
Wednesday November 8 @ 8:00 am	Certify the Election

I acknowledge that I am in receipt of this notice.

1 ndal Brown  
Signature of Candidate

7/17/00  
Date