


LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

08MRR13PM0133 SOE Lee Co FI

Candidate Name	111469553		
Residence Address	MURPHY, LAWRENCE J JR 17770 CYPRESS CREEK RD ALVA FL 33920		
City and Zip Code			
Mailing Address (if different)	<input checked="" type="checkbox"/> Check if same as above.		
Telephone Number(s) (Daytime)	728-2783	OR	
Email Address	mlaw5@embargo@mail.com		
Office Sought	Lee Co. Mosquito Control		
Area, District, Group Or Seat Number	Area 1		
Political Party (If Applicable)	Non-Partisan		
Date Of Birth Or Voter ID #	01/27/53		
Date	03/13/2008		
Candidate Signature	<input checked="" type="checkbox"/> 		

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

**AFFIDAVIT OF INTENT
LEE COUNTY
SPECIAL DISTRICT CANDIDATE**

111469553

State of Florida
County of Lee

MURPHY, LAWRENCE J JR
17770 CYPRESS CREEK RD
ALVA FL 33920

I, _____, am a candidate for the Special District
(print name)

office of: Lee Co. Mosquito Control Area 1
(district name and district #, seat #, or area#)

In the 11/4/2008 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.

X 
Signature of Candidate

3/13/2008
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."

*08MARR13PM0133 SIDE Lee Co FI

SCANNED

<p>STATE OF FLORIDA APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.)</p> <p>(PLEASE TYPE)</p>	<p>OFFICE USE ONLY</p>
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CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate Lawrence Murphy	1. Address (include post office box or street, city, state, zip code) 17770 Cypress Creek Rd. Alva, FL 33920
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Telephone (optional) (239) 728-2783	2. Party (Partisan candidates only) NPA	3. Office (add district, circuit, group number) Lee County Mosquito Area 1
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I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer
Lawrence Murphy (candidate)

5. Mailing Address (If post office box or drawer add street address) PO Box 578	6. Telephone 239-728-2783
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7. City Alva	8. County Lee	9. State FL	10. Zip Code 33920
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I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank Bank of America	12. Street Address 1360 Homestead Rd N
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13. City Lehigh Acres	14. County Lee	15. State FL	16. Zip Code 33936
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17. Signature of Candidate 	Date 10-20-08
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Campaign Treasurer's Acceptance of Appointment

I, Lawrence Murphy (candidate), do hereby accept the appointment as
 (Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of Lawrence Murphy

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

Lee County Mosquito Area 1 . As a duly registered voter in Lee

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.

<u>October 20, 2008</u> Date	 Signature of Campaign Treasurer or Deputy Treasurer
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**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

I, LAWRENCE J. MURPHY,

candidate for the office of Lee County Mosquito Area 1;

have received, read and understand the requirements of Chapter 106,

Florida Statutes.

X 
Signature of Candidate

10-20-08
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).

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

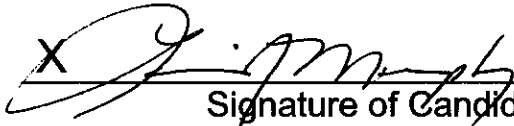
(Please Type)

MURPHY, LAWRENCE J JR
17770 CYPRESS CREEK RD
ALVA FL 33920

OFFICE USE ONLY

111469553

I, _____,
candidate for the office of Lee Co. Massg. Ctrle Area 1;
have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X 
Signature of Candidate

6-11-08
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).

**LOYALTY OATH FOR
NON-PARTISAN OFFICE**

(Sections 876.05-876.10, Florida Statutes)

OFFICE USE ONLY

111469553

STATE OF FLORIDA

Lee COUNTY

MURPHY, LAWRENCE J JR
17770 CYPRESS CREEK RD
ALVA FL 33920

I,

Lawrence

J

Murphy

First Name

Middle Name/Initial

Last Name

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,

Lawrence Murphy

(PLEASE PRINT NAME AS YOU WISH IT TO BE WRITTEN IN ON THE BALLOT — NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the office of Lee County Mosquito Control Area 1

(office)

(district)

(group)

My legal residence is 17770 Cypress Creek Rd, Alva 33920, 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.

X

Lawrence Murphy
Signature of Candidate

(239)

728-2783

mlaw5@embarqmail.com

Daytime Telephone Number

Email Address

17770 Cypress Creek Rd.

Alva

FL 33920

Address

City

State

ZIP Code

Sworn to (or affirmed) and subscribed before me this 11th day of June, 2008.

Personally Known: X or

Produced Identification: _____

Type of Identification Produced: _____

Linda L. Parks
Signature of Notary Public - State of Florida

Print, Type or Stamp Commissioned Name of Notary Public



FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Murphy, Lawrence Joseph

MAILING ADDRESS :

17770 Cypress Creek Road

CITY : **Alva** ZIP : **33920** COUNTY : **Lee**

NAME OF AGENCY : **Lee County Mosquito Control District**

NAME OF OFFICE OR POSITION HELD OR SOUGHT : **Commissioner Area 1**

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

COPY

ID

Conf. Code

P. Req. Code

PDF 2007

****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
<i>Bank of America</i>	<i>13099 US 41 SE St. 510 Fm 33907</i>	<i>Mutual funds, securities</i>
<i>Vanguard Investments</i>	<i>PO Box 1110 Valley Forge, PA 19402</i>	<i>Mutual funds</i>

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
<i>N/A</i>			

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

<i>N/A</i>

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
n/a	

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

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	n/a		
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):

6-11-08

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 129

**FINAL
REPORT**

(1) LAWRENCE MURPHY
Name

(2) 17770 CYPRESS CREEK RD, ALVA, FL 33920
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number

(4) Check appropriate box(es):

Candidate (office sought): LEE COUNTY MOSQUITO-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 \$ 83.94

Transfers to Office Account \$ 0.00

Total Monetary \$ 83.94

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 850.00

(10) TOTAL Monetary Expenditures To Date

\$ 850.00

(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.

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)

Signature

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name LAWRENCE MURPHY **(2) I.D. Number** 129
(3) Cover Period 10/31/2008 through 2/2/2009 **(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		
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name LAWRENCE MURPHY

(2) I.D. Number 129

(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
(6) Sequence Number					
12/10/2008 / /	Bank of America, PO Box 25118 Tampa, FL 33622-5118	bank service charge	MO		\$17.00
1					
12/10/2008 / /	Murphy, Lawrence J 17770 Cypress Creek Rd Alva, FL 33920	reimburse loan	MO		\$66.94
2					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					