


LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

Candidate Name			
Residence Address	SCANLON, JOHN J #922		111346874
City and Zip Code	4265 BAY BEACH LN FORT MYERS BEACH FL 33931		
Mailing Address (if different)			
Telephone Number(s) (Daytime)	218-0604	OR	
Email Address	roadstarmedic@yahoo.com		
Office Sought	Fort Myers Beach Fc		
Area, District, Group Or Seat Number	Seat 4		
Political Party (If Applicable)	NON		
Date Of Birth Or Voter ID #	111346874		
Date	7-15-2008		
Candidate Signature	X 		

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.

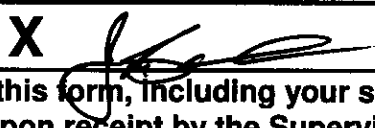
All other mailings from this office, which pertain to every candidate, will be via United States Postal Service.

SCANNED

✓aaa

OBSOLETE

LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

Candidate Name	John J Scanlon		
Residence Address	158 Anchorage St		
City and Zip Code	Ft Myers Beach 33931		
Mailing Address (if different)	<input checked="" type="checkbox"/> Check if same as above.		
Telephone Number(s) (Daytime)	218 0604	OR	
Email Address	Roadstarmedic@yahoo.com		
Office Sought	FMB Fire Comm		
Area, District, Group Or Seat Number	A 4		
Political Party (If Applicable)			
Date Of Birth Or Voter ID #	10-22-57		
Date	6-18-08		
Candidate Signature	X 		

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)		OFFICE USE ONLY	
CHECK APPROPRIATE BOX: <input type="checkbox"/> Original Appointment <input type="checkbox"/> Deputy Treas		111346874 SCANLON, JOHN J #922 4265 BAY BEACH LN FORT MYERS BEACH FL 33931 Depository (zip code)	
Name of Candidate		Telephone (optional) <u>218-0604</u> 2. Party (Partisan candidates only) <u>NON</u> 3. Office (add district, circuit, group number) <u>FMBFC S-4</u>	
I have appointed the following person to act as my <input checked="" type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer			
4. Name of Treasurer or Deputy Treasurer SCANLON, JOHN J #922 4265 BAY BEACH LN FORT MYERS BEACH FL 33931		111346874 6. Telephone <u>218-0604</u> 10. Zip Code	
I have designated the following named bank as my <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository			
11. Name of Bank <u>Wachovia Bank</u>		12. Street Address <u>2815 Estero Blvd</u>	
13. City <u>Fort Myers Beach, FL</u>		14. County <u>Lee</u>	
15. State <u>FL</u>		16. Zip Code <u>33931</u>	
17. Signature of Candidate <u>X [Signature]</u>		Date <u>07/15/2008</u>	
Campaign Treasurer's Acceptance of Appointment			
I, _____ <input type="checkbox"/> Campaign Treasurer		SCANLON, JOHN J #922 4265 BAY BEACH LN FORT MYERS BEACH FL 33931 hereby accept the appointment as _____	
who is seeking nomination or election as a _____ candidate to the office of _____ _____ (Party)			
<u>FMBFC S-4</u> . As a duly registered voter in <u>Lee</u>			
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>07/15/2008</u> Date		<u>X [Signature]</u> Signature of Campaign Treasurer or Deputy Treasurer	

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Print)

OFFICE USE ONLY

111346874

SCANLON, JOHN J
#922
4265 BAY BEACH LN
FORT MYERS BEACH FL 33931

I, _____,
candidate for the office of Fort Myers Beach FC 54
have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X



Signature of Candidate

07/15/2008
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)

OFFICE USE ONLY

I, John J Scanlon,

candidate for the office of FMB Fire Comm #4;

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

Florida Statutes.

X



Signature of Candidate

6-18-08

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

AFFIDAVIT OF INTENT LEE COUNTY SPECIAL DISTRICT CANDIDATE

State of Florida
County of Lee

I, John J Scanlon, am a candidate for the Special District
(print name)

office of: Ft Myers Beach Fire Control Dist. Seat 4
(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.

X [Signature]
Signature of Candidate

6-18-08
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

CANDIDATE FOR NON-PARTISAN OFFICE <small>(Sections 876.05-876.10, Florida Statutes)</small> STATE OF FLORIDA <u>Lee</u> COUNTY	OFFICE USE ONLY
---	------------------------

I, <u>John</u>	<u>J</u>	<u>SCANLON</u>
<small>First Name</small>	<small>Middle Name/Initial</small>	<small>Last Name</small>

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, John J Scanlon
(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 Fire Comm Sec 4, FMB,
(office) (district) (group)

My legal residence is 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 <u>[Signature]</u> Signature of Candidate	<u>(237) 272 0604</u> Daytime Telephone Number
<u>158 Anchorage St</u> Address	<u>F1</u> State
<u>Lee</u> City	<u>33131</u> ZIP Code

Sworn to (or affirmed) and subscribed before me this 18th day of June, 2008

Personally Known: _____ or _____

Produced Identification: ☒ _____

Type of Identification Produced: _____

5545-470-57382-0
FDDL

[Signature]
 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 Troy Firm - Insurance, Inc. 800-385-7010

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

FINANCIAL INTERESTS

LAST NAME -- FIRST NAME -- MIDDLE NAME:

Scanton John J

MAILING ADDRESS:

158 Anchorage St

CITY: ZIP: COUNTY:

Ft Myers Beach 33931 Lee

NAME OF AGENCY:

FMB Fire Control District #4

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Comm.

FOR OFFICE
USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

ORIGINAL

08JMBM114050E Lee Co FI

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

****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

Lee County BoCC		Public Safety / EMS

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

FMB Fire Dist		Vorchies St, FMB	Fire Dept

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

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 that must be filed are described on page 6.

SCANNED

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):

DATE SIGNED (required):

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 Blvd. 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 116

**FINAL
REPORT**

(1) JOHN J SCANLON
Name

(2) 4265 BAY BEACH LN, FORT MYERS BEACH, FL 33931
Address (number and street)

City, State, Zip Code

☐ CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate (office sought): FORT MYERS BEACH FIRE-4

☐ 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 \$ 15.24

Transfers to Office Account \$ 0.00

Total Monetary \$ 15.24

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 1,500.00

(10) TOTAL Monetary Expenditures To Date

\$ 1,500.00

(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

X

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)

X

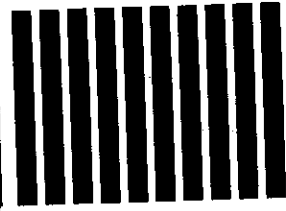
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name JOHN J SCANLON (2) LD. Number 116
 10/31/2008 2/2/2009
 (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
1/30/2009 / /	Gulf Coast Humane Society, 2010 Arcadia St Ft Myers, FL 33916	donation	DI		\$15.24
1					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

FT MYERS FL 339
02 FEB 2000 PM 1 L
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



TR-24 request

09FEB03M024790ELCofl

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

*ORND 03PM0936 SDE Lee Op FI

(1) JOHN J SCANLON

Name

(2) 4265 BAY BEACH LN, FORT MYERS BEACH, FL 33931

Address (number and street)

City, State, Zip Code

☐ **CHECK IF ADDRESS HAS CHANGED**

OFFICE USE ONLY

116

(3) ID Number: _____

F. Enes
pm 10/31/2008

(4) **Check appropriate box(es):**

☒ **Candidate (office sought):** FORT MYERS BEACH FIRE-4

☐ **Political Committee**

☐ **Committee of Continuous Existence**

☐ **Party Executive Committee**

☐ **Electioneering Communication**

☐ **CHECK IF PC HAS DISBANDED**

☐ **CHECK IF CCE HAS DISBANDED**

☐ **CHECK IF NO OTHER ELECTIONEERING
COMMUNICATION REPORTS WILL BE FILED**

(5) REPORT IDENTIFIERS

Cover Period: From 10/11/2008 To 10/30/2008 Report Type G4

☒ **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 \$ 480.90

Transfers to Office Account \$ 0.00

Total Monetary \$ 480.90

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 1,500.00

(10) TOTAL Monetary Expenditures To Date

\$ 1,484.76

(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) John Scanlon

☐ Individual (only for electioneering commun.) ☒ **Treasurer** ☐ Deputy Treasurer

X
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)

X
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name JOHN J SCANLON (2) I.D. Number 116
 (3) Cover Period 10/11/2008 through 10/30/2008 (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					
10/13/2008 / /	Publix, Ft Myers Beach, Fl 33931	food for candidate forum on 10/13/08	MO		\$54.00
1					
10/16/2008 / /	GBSI info services, 11515 Charlies Ter Ft Myers, Fl 33907	postage for flyers	MO		\$426.90
2					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

WAIVER OF REPORT

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

(PLEASE TYPE)

OFFICE USE ONLY

116

JOHN J SCANLON
4265 BAY BEACH LN
FORT MYERS BEACH, FL 33931

FORT MYERS BEACH FIRE-4

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

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Candidate | <input type="checkbox"/> Committee of Continuous
Existence | <input type="checkbox"/> Check box if address has changed since last
report. |
| <input type="checkbox"/> Political Committee | <input type="checkbox"/> Party Executive Committee | <input type="checkbox"/> 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

9/27/2008 through 10/10/2008 (G3)

X


Signature

10-17-08
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.)

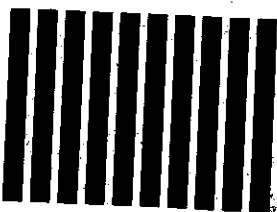
Party Executive Committees

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.

08 OCT 20 PM 1238 SDE Lee Co F1

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

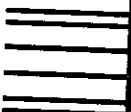


BUSINESS REPLY MAIL

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



Mr Benic
G3 Report



G-2 Report

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

OFFICE USE ONLY 116

(1) JOHN J SCANLON
Name
(2) 4265 BAY BEACH LN, FORT MYERS BEACH, FL 33931
Address (number and street)

City, State, Zip Code

☐ CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate (office sought): FORT MYERS BEACH FIRE-4

☐ 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 9/13/2008 To 9/26/2008 / Report Type G2

☒ Original ☐ Amendment ☐ Special Election Report ☐ Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 500.00

Loans \$ 0.00

Total Monetary \$ 500.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 1,003.86

Transfers to Office Account \$ 0.00

Total Monetary \$ 1,003.86

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 1,500.00

(10) TOTAL Monetary Expenditures To Date

\$ 1,003.86

(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) John Scanlon

☒ Individual (only for electioneering commun.) ☐ Treasurer ☐ Deputy Treasurer

X [Signature]
Signature

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

(Type name) John Scanlon

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

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

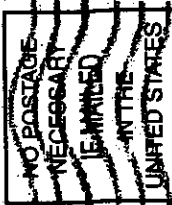
(1) Name JOHN J. SCANLON (2) I.D. Number 116

(3) Cover Period 9/13/2008 through 9/26/2008 (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
(6) Sequence Number		Type	Occupation				
9/17/2008 / /	SWFL Prof FF & Paramedics Loca, 2030 West 1st Street Ft Myers, FL 33901	I	union	CH			\$500.00
1							
/ /							
/ /							
/ /							
/ /							
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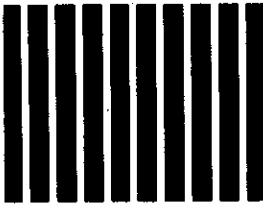
(1) Name JOHN J SCANLON (2) I.D. Number 116
9/13/2008 9/26/2008
(3) Cover Period / / through / / (4) Page 1 of 1

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FT MYERS FL 339

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

(PLEASE TYPE)

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116

JOHN J SCANLON
4265 BAY BEACH LN
FORT MYERS BEACH, FL 33931

FORT MYERS BEACH FIRE-4

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

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Candidate | <input type="checkbox"/> Committee of Continuous Existence | <input type="checkbox"/> Check box if address has changed since last report. |
| <input type="checkbox"/> Political Committee | <input type="checkbox"/> Party Executive Committee | <input type="checkbox"/> 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

8/22/2008 through 9/12/2008 (G1)

X



Signature

9-19-08

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.)

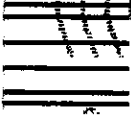
Committees of Continuous Existence

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.



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13 SEP 2008 PM 5 T

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GI Report



WAIVER OF REPORT

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

(PLEASE TYPE)

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JOHN J SCANLON
4265 BAY BEACH LN
FORT MYERS BEACH, FL 33931

FORT MYERS BEACH FIRE-4

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

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Candidate | <input type="checkbox"/> Committee of Continuous Existence | <input type="checkbox"/> Check box if address has changed since last report. |
| <input type="checkbox"/> Political Committee | <input type="checkbox"/> Party Executive Committee | <input type="checkbox"/> 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

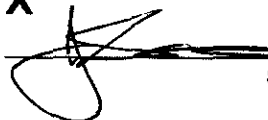
☐ TERMINATION REPORT

☐ SPECIAL ELECTION

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

8/2/2008 through 8/21/2008 (F3)

X



Signature

8-21-08

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.

08SEP02PM0252 SDE Lee Co FI

*08SEP02PM0252 SDE Lee Co FL

Attn Bernie

F3 report

BUSINESS REPLY MAIL

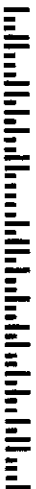
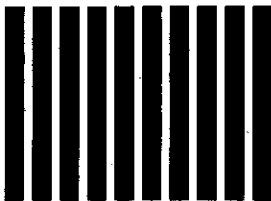
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(Section 106.07(7), F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

116

JOHN J SCANLON
4265 BAY BEACH LN
FORT MYERS BEACH, FL 33931

FORT MYERS BEACH FIRE-4

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

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Candidate | <input type="checkbox"/> Committee of Continuous Existence | <input type="checkbox"/> Check box if address has changed since last report. |
| <input type="checkbox"/> Political Committee | <input type="checkbox"/> Party Executive Committee | <input type="checkbox"/> 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

7/19/2008 through 8/1/2008 (F2)

X


Signature


Date

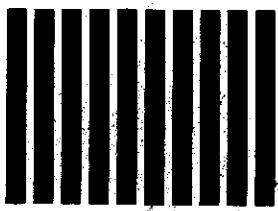
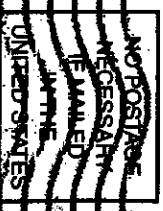
SIGNATURES REQUIRED FOR:

- 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.

T. Scanlon
41265 Bay Beach Ln. #922
Ft. Myers, FL 33931

FT MYERS FL 339
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08AUG12PM0512SDELE Co F1

ATTN: Bernie
FZReport



Amended F1 Report

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

OFFICE USE ONLY

116

**AMENDED
REPORT**

(1) JOHN J SCANLON
Name

(2) 4265 BAY BEACH LN, FORT MYERS BEACH, FL 33931
Address (number and street)

City, State, Zip Code

☐ CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate (office sought): FORT MYERS BEACH FIRE-4

☐ 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 4/1/2008 To 7/18/2008 Report Type F1

☐ 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 \$ 0.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 0.00

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 1,000.00

(10) TOTAL Monetary Expenditures To Date

\$ 0.00

(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)

John Scanlon

☒ Individual (only for electioneering commun.) ☐ Treasurer ☐ Deputy Treasurer

X

Signature

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

(Type name)

J Scanlon

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

X

Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name JOHN J. SCANLON (2) I.D. Number 116
 4/1/2008 7/18/2008
 (3) Cover Period / / through / / (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
(6) Sequence Number						
7/1/2008 / /	Southwest Florida Professional, 2030 West 1st street Ft Myers, FL 33901	O union	CH		Delete	\$500.00
1						
7/1/2008 / /	FL Fire Pac FL Prof FF, 345 W Madison St Tallahassee, FL 32301	C fire org. political committee	CH		Add	\$500.00
2						
/ /						
/ /						
/ /						
/ /						
/ /						

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name JOHN J SCANLON

(2) I.D. Number 116

(3) Cover Period 4/1/2008 through 7/18/2008

(4) Page 1 of 0

(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
// /					
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Sandler

4265 Bay Beach Ct 922

Fort Myers, FL 33902

2008 PM 11:11 OCT 4 2008 PM

FORT MYERS, FL 33902

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FORT MYERS, FL 33902-9888

4265 Bay Beach

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

(1) JOHN J SCANLON
Name

(2) 4265 BAY BEACH LN, FORT MYERS BEACH, FL 33931
Address (number and street)

City, State, Zip Code

OFFICE USE ONLY 116

☐ CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate (office sought): FORT MYERS BEACH FIRE-4

☐ 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 4/1/2008 To 7/18/2008 / Report Type F1

☒ Original ☐ Amendment ☐ Special Election Report ☐ Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 1,000.00

Loans \$ 0.00

Total Monetary \$ 1,000.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 0.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 0.00

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 1,000.00

(10) TOTAL Monetary Expenditures To Date

\$ 0.00

(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) J Scanlon

☐ Individual (only for electioneering commun.) ☐ Treasurer ☐ Deputy Treasurer

X

Signature

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

(Type name) J Scanlon

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

X

Signature

08 JUL 29 PM 02:55 SDE Lee Co F1

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name JOHN J. SCANLON (2) I.D. Number 116

4/1/2008 7/18/2008

(3) Cover Period 4/1/2008 through 7/18/2008 (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
6/26/2008 / /	Southwest Florida Professional, 2030 West 1st street Pt Myers, FL 33901	O	union	CH			\$500.00
1							
7/1/2008 / /	Southwest Florida Professional, 2030 West 1st street Pt Myers, FL 33901	O	union	CH			\$500.00
2							
/ /							
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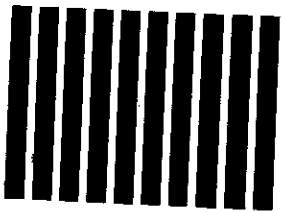
CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name JOHN J SCANLON (2) I.D. Number 116
 4/1/2008 7/18/2008
 (3) Cover Period 4/1/2008 through 7/18/2008 (4) Page 1 of 0

(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
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