Lee SOE Form 08-2007

LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

Condidate Name							
Candidate Name							
	Lawrence Sweeney_						
Residence Address	18461 Olive Road						
	Fort Myers, FL 33967						
City and Zip Code							
only and E.p Godo	Fort Myers, FL 33967						
Mailing Address							
Mailing Address	[XX] Check if same as above.						
(if different)							
Telephone Number(s)	OR						
(Daytime)	(239) 826-2148						
Email Address							
Linaii Address	1_1_1_5						
	zack215@embarqmail.com						
Office Sought	San Carlos Park						
	Seat 2 Fire Commissioner						
Area, District, Group							
Or Seat Number	Seat 2						
Political Party							
(If Applicable)							
Date Of Birth Or							
Voter ID #	04-17-1943						
Date							
	05-28-2008						
Candidate Signature	V. /						
	* an rever me weenen						
All !n.f.,	- Charles - Char						

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 <u>may be</u> 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.



*08JUL10PM0104 SDE Lee Co F1

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:	111715013
Name of Candidate Name of Candidate SWEENEY, LAWRENCE 18461 OLIVE RD FORT MYERS FL 33967	v or street city state zin code)
Telephone (optional) 2. Party (Partisan candidates only)	3. Office (add district, circuit, group (umber)
I have appointed the following person to act as my Camp A. Name of Treasurer or Deputy Treasurer Camp	paign Treasurer Deputy Treasurer
111715013 SWEENEY, LAWRENCE W	В
5. 18461 OLIVE RD FORT MYERS FL 33967	6 Selephone 6 2-6 - 3/48
7.	. State 10. Zip Code
I have designated the following named bank as my	ry Depository Secondary Depository
11. Napre of Bank Tational Ban	2. Street Address List Street
Fort huges 14. County See	15. State 16. Zip Code 33901
17. Signature of fundidate	Date 7-10-08
	ceptance of Appointment
I,SWEENEY, LAWRENCE W 18461 OLIVE RD Campaign Treasurer FORT MYERS FL 33967	111715013 do hereby accept the appointment as
who is seeking nomination α	candidate to the office of
Laa Carles Park is a dujy	registered voter in
County, Florida, I am qualified to accept this appointment.	,
UNDER PENALTIES OF PERJURY, I DECLARE THAT I H. ACCEPTANCE OF APPOINTMENT AND	AVE READ THE FOREGOING CAMPAIGN TREASURER'S THAT THE FACTS STATED ARE TRUE.
07-10-08 XX	artenne Lewsersof
Date	Signature of Campaign Treasurer or Deputy Treasurer

SCANNED

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

111715013

SWEENEY, LAWRENCE W 18461 OLIVE RD FORT MYERS FL 33967

l,	,
candidate for the office of Sun Carlas	Stark FC:
have received, read and understand the requiremen	
Florida Statutes.	* 6.
X How rence At Suprays	7-10-08
Signature of Candidate	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).

DS-DE 84 (Rev. 08/03)

STATEMENT OF CANDIDATE

(Section 106.023, F.S.) (Please Type) OFFICE USE ONLY

I, Lawrence Sweeney	
San Carlos F candidate for the office of Board of Fire Comm	Park FC issioner Seata;
have received, read and understand the requireme	nts of Chapter 106,
Florida Statutes.	
X powsence ff / Suanas	05-28-2008
Signature of Candidate	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).

DS-DE 84 (Rev. 08/03)

AFFIDAVIT OF INTENT LEE COUNTY SPECIAL DISTRICT CANDIDATE

State of Florida County of Lee

my campaign.

, <u>Law</u>	vrence Sweeney (print name)	γ		, am a cand	idate for the	Special Di	strict
office (of: <u>San Carlos</u>	Park (distri	Fire ct name	Protection and district #, seat #	& Rescue , or area#)	Sea Service	+2 Dist
in the _	November 4,		ele	<u>ction</u> . I unders	tand that my	only camp	oaign
signatu	se, from personal ure verification f late petition signa	ee for					
appoin campa	g as these are my it a campaign tre ign treasurer's re nerefore, during n	asurer, ports a	desigr s requ	nate a campaignired by Florida	gn depositor a Statutes §	y or file p 99.061 or §	eriodic §106.07

In the event I later decide to, collect, solicit, or accept any money or contribution(s) in-kind, or make any campaign expense, <u>prior to doing so</u>, I understand that <u>I AM REQUIRED TO FIRST FILE</u> 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.

soliciting or accepting any money or contribution(s) in-kind, in connection with

X Farrerce Museum
Signature of Candidate

05-28-2008

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."

History 2007 HB537, FS 99.061, FS Chapter 106.021 Revised-3/6/2008 Lee County Special District Forms

SCANNED

LOYALTY OATH NON-PARTISAN C (Sections 876.05-876.10, Florida	FFICE	OFFICE US	E ONLY	
STATE OF FLORIDA				
LEE , COUNT	Y			
		· ·		T
I, Lawrence	W.	Sweeney]
First Name	Middle Name/Initial		Last Name	
a citizen of the State of Florida and on the hereby solemnly swear or affirm that Florida.				do
I, Lawrence Sweeney	OATH OF CANDII (Section 99.021, Florida Statu	rtes)	THE END OF CHALLEMING)	_
am a candidate for the office of $\underline{F_i}$			St., Seat 2 (group)	_·
My legal residence is 18461 01	live Rd., Ft. Myers,		Florida. I am qualified	ŀ
under the Constitution and the Law have qualified for no other public of with the office I seek; and I have res 99.012, Florida Statutes.	ffice in the state, the term of w	hich office or any pa	art thereof runs concur	rent
X January) waxa 239 8	26-2148	zack215@embaro	ımail co
Signature of Candida		ephone Number	Email Address	imed 1.cc
18461 Olive Road	Fort Myers	\mathbf{FL} .	33967	
Address	City	State	ZIP Code	
Sworn to (or affirmed) and subsci	ribed before me this $28t$	day of nay.	200_8	CYPHBO

Personally Known:

Type of Identification Produced:

Produced Identification:

Elorida D.L.

Print, Type or Stamp Commissioned Name of Notary Public Bernice Ramos Feliciano Commission # DD589927

Signature of Notary Public - State of Florida

Expires October 19, 2010 Bonded Tray Fain - Insurance, Inc. 800-385-7019

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)#1225SDGLeeCoF1

FORM 1		2007		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	S	, M
LAST NAME FIRST NAME MIDDLE N	AME :	FOR O		99 HB
MAILIN SWEENEY, LAWRENCE 18461 OLIVE RD		USE O		08MAY30PM122550ELeeCoF
FORT MYERS FL 33967			ID C	:we [설
CITY:			ID N	io. #
NAME OF AGENCY:	Nest #2		Cont	f. Code
NAME OF OFFICE OR POSITION HELD O	S SOUGHT:	some Ost	P. R	eq. Code
You are not limited to the space on the lines of CHECK ONLY IF TO CANDIDATE OF		, if necessary.		·
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINA	**BOTH PARTS OF THIS SECT	RECEDING TAX YEAR, WHETH	HER BASE	ED ON A CALENDAR YEAR OR ON
A FISCAL YEAR. PLEASE STATE BELOW DECEMBER 31, 2007		FOR THE PRECEDING TAX YEAR IF OTHER THAN T		, ,
MANNER OF CALCULATING REPORTABLE THE LEGISLATURE ALLOWS FILERS THE REQUIRES FEWER CALCULATIONS, OR Instructions for further details). PLEASE STA COMPARATIVE (PERCENTAGE) THE	E OPTION OF USING REPOR USING COMPARATIVE THRESP ATE BELOW WHETHER THIS ST	HOLDS, WHICH ARE USUALI ATEMENT REFLECTS EITHER	Y BASEC R (check o	ON PERCENTAGE VALUES (see
PART A PRIMARY SOURCES OF INCO NAME OF SOURCE OF INCOME	SOU	RCE'S		SCRIPTION OF THE SOURCE'S
City of Waterbury FD	Waterburns Fin	DEST CT		Attrement
Sam Carlos Fife De	or 19591 Benthi	Chiffin PK	1 Fix	e Comm Seat #2
Secial Security	Latinou!	(D) 21290	Ki	tirement Ceryt
PART B SECONDARY SOURCES OF IN NAME OF BUSINESS ENTITY	COME [Major customers, clients, AME OF MAJOR SOURCES OF BUSINESS' INCOME	and other sources of income to ADDRESS OF SOURCE	business	es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE
	11/2			
	<i>N/H</i>			
				
PART C REAL PROPERTY [Land, buildi	ngs owned by the reporting person	n]	and wi	G INSTRUCTIONS for when here to file this form are locat- he bottom of page 2.
///	A			RUCTIONS on who must file
	r 100 aa 7 705 8	CZTW9TNOC80.	this fo	rm and how to fill it out begin
	5.4 W 1.45.4 W		OTHE file are	

PART D — INTANGIBLE PERSONATYPE OF INTANGIBLE	AL PROPERTY [Stocks, bonds, certi.E	ificates of deposit, etc.] BUSINESS ENTITY TO WHICH TH	HE PROPERTY RELATES
	N/H		
PART E — LIABILITIES [Major det	otsi		
NAME OF CREDIT		ADDRESS OF CF	REDITOR
		A CANADA	
	NA		
	- //		
. :	/	**************************************	
PART F — INTERESTS IN SPECIFIE		•	
NAME OF	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
BUSINESS ENTITY ADDRESS OF	· · · · · · · · · · · · · · · · · · ·],	
BUSINESS ENTITY PRINCIPAL BUSINESS	A	NA	
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 CONTINU	ED ON A ȘEPARATE SHEET, P	L'EASE CHECK HERE
SIGNATURE (required):		DATE SIGNED	O (réquired): 05/28/2008
(Jawa	was Devel	nest-	02/08/0008
	FILING 1	STRUCTIONS:	7. /
WHAT TO FILE:	WHERE TO F	ILE: WI	HEN 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 filling.

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.

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.

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						
(1) LAWRENCE SWEENEY	OFFICE USE ONLY 114					
Name						
(2) 18461 OLIVE RD, FORT MYERS, FL 33912	-INIAI					
Address (number and street)	- FINAL					
, , , , , , , , , , , , , , , , , , , ,	_					
City, State, Zip Code	PEDADT					
CHECK IF ADDRESS HAS CHANGED	oy IDNum er:					
(4) Check appropriate box(es):						
X Candidate (office sought): SAN CARLOS PAR	K FIRE-2					
☐ 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 / / To	2/2/2009 / / Report Type ^{TR-4}					
☑ Original ☐ Amendment ☐ Special Election	Report Independent Expenditure Report					
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT					
Cash & Checks \$ 0.00	Monetary Expenditures \$ 473.74					
Loans \$ 0.00	Transfers to Office					
• 0.00	Account \$ 0.00					
Total Monetary \$	Total					
e 0.00	Monetary \$ 473.74					
In-Kind \$						
	(8) Other Distributions					
	4					
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
\$2,586,04	\$2,586_04_					
• •	IFICATION					
	on 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)	(Type name)					
☐ Individual (only for ☐ T @asurer ☐ Deputy Treasurer	Candidate Chairperson (only for PC, PTY &					
election ering commun.)	electioneeing commun. organization)					
Howsung Swagnet	X Jewyenne Duevals					
Signature	Signature					

DS-DE 12 (Rev. 08/04)

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	LAWRENCE SWEENEY			(2) I.D. Numbe	:r <u>1</u>	14
	10/31/2008		2	/2/2009		4	^
(3) Cover Perio	od//	thro	ough	<i>l l</i>	(4) Pag	e <u> </u>	of
		,					
(5)	(7)		(8)	(9)	(10)	(1 1)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)			C	المجارة		
Sequence	Street Address &		ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
Number	City, State, Zip Code	Туре	Occupation	Type	Description		7 William I
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name	LAWRENCE	SWEEL	1EY				(2) I.D. Nun	nber		L14	
	1	0/31/2	008		2/2/20	09					
(3) Cover	Period	1	F	through	1	1	(4) Page	1	of	1	
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(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
12/12/2008	IAFF Fire-Pac nonfederal accou, 1750 New York Ave. NW WASHINGTON, DC 2006	donation	МО		\$473.74
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DS-DF 14 (Rev					

FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) LAWRENCE SWEENEY	OFFICE USE ONLY 114						
Name	/ <u> </u>						
(2) 18461 OLIVE RD, FORT MYERS, FL 33912	/						
Address (number and street)	l						
City, State, Zip Code	—— \ \ \ \						
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:						
(4) Check appropriate box(es):	(3) ID Number:						
X Candidate (office sought): SAN CARLOS E							
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) REPOR	RT IDENTIFIERS						
Cover Period: From	10/30/2008						
☑ Original ☐ Amendment ☐ Special Elect	ion Report Independent Expenditure Report						
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT						
Cash & Checks \$0.00	Monetary Expenditures \$ 140.30						
Loans \$	Transfers to Office Account \$ 0.00						
Total Monetary \$	Total						
In-Kind \$	Monetary \$ 140.30						
	(8) Other Distributions \$						
(9) TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$						
(11) CEI	RTIFICATION						
It is a first degree misdemeanor for any p	erson to faisify 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)	(Type name)						
Individual (only for election eering commun.)	er Candidate Chairperson (only for PC, PTY & electionegring commun. organization)						
* Janvenge Sveeney	Your sense success						
Signature	Signature						

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name	LAWRENCE SWEENEY		(2) I.D. Number	114
,	10/11/2008	10/30/2008		
(3) Cover	Period//	_through/	(4) Page1	of

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
10/21/2008	edison bank, 2105 first steet fort myers, fl 33901	payment for stop payment on check #001	МО		\$29.50
10/21/2008	GBISinformation services, 11515 charlies terr. fort myers, fl 33907	final payment on mailers	МО		\$110.80
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CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

	LAWRENCE SWEENEY 10/11/2008	10/30/2008	(2) I.D. Number			
(3) Cover Peri	iod / /	through	10/30/2008	(4) Pa	ne 1	of ⁰
(0) 001011 011				(-)	BC	_
(5)	(7)	(8)	(9)	(10)	(11)	(12)
Date	Full Name					
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	Contributor	Contribution	In-kind		
Number	City, State, Zip Code	Type Occupati		Description	Amendment	Amoun
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DS-DE 13 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

	FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS									
	CAMPAIGN TREASURE									
(1)	LAWRENCE SWEENEY	OFFICE USE ONLY 114								
I	Name									
(2)	18461 OLIVE RD, FORT MYERS, FL 33912	ンスストスコフトフ								
,-,	Address (number and street)	-AMENDED								
	City, State, Zip Code	LKLDUDT								
	CHECK IF ADDRESS HAS CHANGED	(3) It Number								
(4)	Check appropriate box(es):	K FTDF2								
	X Candidate (office sought): SAN CARLOS PAR	CHECK IF PC HAS DISBANDED								
	Political Committee	·								
	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) DEDORT	IDENTIFIERS								
	9/27/2008	10/10/2008								
Cov	er Period: From/ / To	Report Type G3								
	Driginal 🔲 Amendment 🗌 Special Election	Report Independent Expenditure Report								
(6)	CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT								
Cas	h & Checks \$0.00	Monetary Expenditures \$ -110.80								
	.	T (4 100								
Loai	ns \$	Transfers to Office Account \$ 0.00								
T *	Monetany \$ 0.00	Total								
rota	Monetary \$	Monetary \$ -110.80								
In-K	ind \$	——————————————————————————————————————								
Ī		(8) Other Distributions								
		\$								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
` '	•	\$								
	2,586.04	2,112.30								
	(11) CERT	TFICATION								
	• •	son to falsify a public record (ss. 839.13, F.S.)								
	rtify that I have examined this report and it is true, ect, and complete.	I certify that I have examined this report and it is true, correct, and complete.								
П	Type name)	(Type name)								
È	Individual (only for Treasurer Deputy Treasurer	Candidate Chairperson (only for PC, PTY &								
el	ectioneering commun.)	electioneering dommun. organization)								
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<u> </u>	signature Supplies	Signature Street								
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DS-DE 12 (Rev. 08/04)

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name LAWRENCE SWEENEY			(2) I.D. Number 114						
		9/27/2008		1	0/10/2008		,	•	
	(3) Cover Pe	eriod / /	thro	ough	/ /	(4) Page		of	
	(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)	
	(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount	
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name	LAWRENCE SWEENEY		(2) I.D. Number	114
	9/27/2008	10/10/2008		
(3) Cover	Period///	through//	(4) Page1	of <u>1</u>

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
10/12/2008	G B S I, 11515 CHARLIES TERR. FORT MYERS, FL 33907	postage&h anglingof mailers	МО	Delete	\$916.80
10/12/2008	G B S I, 11515 CHARLIES TERR. FORT MYERS, FL 33907	postage&h anglingof mailers	МО	Add	\$806.00
//					
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	FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) (2)	Name 18461 OLIVE RD, FORT MYERS, FL 33912 Address (number and street)	OFFICE USE ONLY 114						
(4)	City, State, Zip Code CHECK IF ADDRESS HAS CHANGED Check appropriate box(es):	(3) ID Number:						
	X Candidate (office sought): SAN CARLOS PAR ☐ 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						
	rer Period: From 9/27/2008 To	10/10/2008 / Report Type G3						
	Original Amendment Special Election							
	contributions this report th & Checks \$ 1,066.04	(7) EXPENDITURES THIS REPORT Monetary Expenditures \$ 1,516.76						
Loar Tota	al Monetary \$ 1,066.04	Transfers to Office Account \$ 0.00 Total Monetary \$ 1,516.76						
In-Ki	ind \$	(8) Other Distributions \$ 0.00						
(9)	TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$						
	(11) CERTI It is a first degree misdemeanor for any perso							
corre	rtify that I have examined this report and it is true, ect, and complete. Type name) Aurence weeney Individual (only for Treasurer Deputy Treasurer ectioneering commun.) The surence weeney	I certify that I have examined this report and it is true, correct, and complete. (Type name) Candidate Chairperson (only for PC, PTY & electionebring commun. organization) Signature						

DS-DE 12 (Rev. 08/04)

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name _	LAWRENCE SWEENEY			(2) I.D. Number114				
	9/27/2008		1	0/10/2008		_	_	
(3) Cover Pe	riod / /	thr	ough	//_	(4) Pag	e <u>1</u>	of	
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)	
(6) Sequence	(Last, Suffix, First, Middle) Street Address &		ontributor	Contribution	In-kind			
Number	City, State, Zip Code		Occupation	Туре	Description	Amendment	Amount	
10/12/2008	west palm beach county, fire-pac 2328 south congress ave.su west plam beach, fl 33406		firefigth er union fire-p	CH	a		\$500.00	
1	-							
10/12/2008	edison bank, 2105 first street fort meyers, fl 33910	0	re deposit of stop payme	RE	stop payment on check 001		\$566.04	
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1 1	_							
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1 1								

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name	LAWRENCE SWI	EENEY					(2) I.D. Nun	nber		14	
	9/27/	2008		10/10/	2008						
(3) Cover	Period/_	/	through_		/	_	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	ffix, First, Middle) (add office sought if contribution to a			Amount
10/12/2008	ARTYPE, 3530 work drive fort myers, fl 33916	signs&mai yard lers	МО		\$599.96
10/12/2008	G B S I, 11515 CHARLIES TERR. FORT MYERS, FL 33907	postage&h anglingof mailers	МО		\$916.80
11					
11					
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FLORIDA DEPARTMENT OF STA	•
(1) LAWRENCE SWEENEY	OFFICE USE ONLY 114
Name	DECEIVE
(2) 18461 OLIVE RD, FORT MYERS, FL 33912	
Address (number and street)	OCT 2 20 0 8
City, State, Zip Code	
CHECK IF ADDRESS HAS CHANGED	(3) ID Number: LEE COUNTY ELECTIO
(4) Check appropriate box(es): X Candidate (office sought): SAN CARLOS PAR Political Committee Committee of Continuous Existence Party Executive Committee	K FIRE-2 CHECK IF PC HAS DISBANDED CHECK IF CCE HAS DISBANDED
☐ Electioneering Communication	CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
(5) REPORT	
Cover Period: From	9/26/2008 / Report Type G2
☑ Original ☐ Amendment ☐ Special Election	Report Independent Expenditure Report
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT
Cash & Checks \$ 500.00	Monetary Expenditures \$ 566.04
Loans \$ 0.00	Transfers to Office Account \$ 0.00
Total Monetary \$ 500.00	Total Monetary \$ 566.04
In-Kind \$	
	(8) Other Distributions \$ 0.00
(9) TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$
•	IFICATION
	on to faisify 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) Lawrence Sweenes	(Type name) La wrence Sweeney
Individual (only for electioneering commun.)	Candidate Chairperson (only for PC, PTY & election sering commun. organization)
* Jant server Suraney	Lawrence mooning
Signature	Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	LAWRENCE SWEENEY		(2) I.D. Numbe	r	L14
	9/13/2008	9	/26/2008			1
(3) Cover Per	iod//	through	//	(4) Page	₽	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8)	(9)	(10)	(11)	(12)
Sequence	Street Address &	Contributor	Contribution	In-kind	5	
Number	City, State, Zip Code	Type Occupation	Туре	Description	Amendment	Amount \$500.0
9/30/2008	Florida Fire-PAC, 345 W Madison St. Tallahassee, Fl 32301	P firefigth ers union fire-Pac	1			\$300.0
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(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
9/30/2008	Artype, 3530 Work Drive Fort. Myers, Fl 33916	pay for sign & flyers	МО		\$566.04
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DS DE 44 (Pay	<u> </u>		<u>I</u>	<u> </u>	

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FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY		
(1) LAWRENCE SWEENEY	OFFICE USE ONLY 114	
Name		
(2) 18461 OLIVE RD, FORT MYERS, FL 33912		
Address (number and street)		
City, State, Zip Code		
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:	
(4) Check appropriate box(es): X Candidate (office sought): SAN CARLOS PARK FIRE-2 Political Committee		
Electioneering Communication	CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED	
(5) REPORT	IDENTIFIERS	
Cover Period: From	9/12/ ²⁰⁰⁸ / Report Type ^{G1}	
☑ Original ☐ Amendment ☐ Special Election	n Report	
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT	
Cash & Checks \$ 500.00	Monetary Expenditures \$ 0.00	
Loans \$ 0.00	Transfers to Office Account \$ 0.00	
Total Monetary \$ 500.00	Total Monetary \$ 0.00	
In-Kind \$		
	(8) Other Distributions \$	
(9) TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$	
(11) CERT	IFICATION	
	son 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)	(Type name)	
Individual (only for election eering commun.)	Candidate Chairperson (only for PC, PTY & election erring commun. organization)	
Hawtones weeness	Who tond meened	
Signature	Signature	

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	(1) Name LAWRENCE SWEENEY		(2) I.D. Number			
	8/22/2008	9	/12/2008		_	
(3) Cover Peri	od//	through	11	(4) Page		of
(5) Date	(7) Full Name	(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Contributor Type Occupation	Contribution Type	In-kind Description	Amendment	Amount
9/15/2008	SWFPF&P, 2030 west 1st., ste c fort	B swfpf&p	CH			\$500.00
1			TOTAL CONTRACT AND A STATE OF THE STATE OF T			
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (1) Name LAWRENCE SWEENEY 114____ (2) I.D. Number _____ 9/12/2008 8/22/2008 (3) Cover Period _____/ through ____/___/ (4) Page ____ of ___ o (10) (11) (8) (9) (7) (5) Date Full Name Purpose (Last, Suffix, First, Middle) (add office sought if (6) Expenditure contribution to a Street Address & Sequence Type Amendment candidate) Amount City, State, Zip Code Number

CAMIFAICH HILACON		
(1) LAMKENCE SWEENEY	OFFICE USE ONLY 114	
Name		
(2) 18461 OLIVE RD, FORT MYERS, FL 33912	[
Address (number and street)		
City, State, Zip Code		
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:	
(4) Check appropriate box(es):		
☑ Candidate (office sought): SAN CARLOS PA		
Political Committee	CHECK IF PC HAS DISBANDED	
☐ Committee of Continuous Existence ☐ Party Executive Committee	CHECK IF CCE HAS DISBANDED	
☐ Electioneering Communication	CHECK IF NO OTHER ELECTIONEERING	
	COMMUNICATION REPORTS WILL BE FILED	
8/22/2008	9/12/2008	
Cover Period: From	Report Type G1	
▼ Original	n Report	
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT	
	Monetary	
Cash & Checks \$ 500.00	Expenditures \$ 0.00	
Loans \$ 0.00	Transfers to Office	
	Account \$ 0.00	
Total Monetary \$ 500.00	Total	
0.00	Monetary \$ 0.00	
In-Kind \$		
	(8) Other Distributions \$ 0.00	
(O) TOTAL Homotowa Contribution of Total	(A) TOTAL No. 11 - 12 - 13 - 13 - 13 - 13 - 13 - 13 -	
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date	
1,020.00	0.00	
(11) CERTIFICATION		
	son to faisify 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)	Avernamence Sugaren	
Individual (only for Treasurer Deputy Treasurer	Candidate Chairperson (only for PC, PTY &	
election earing commun.)	electioneering commun. organization)	
X	* Carrence Juanas	
Signature	Signature	

CAMPAIGN TREASURER'S REPORT -- ITEMIZED CONTRIBUTIONS

(1) Name	LAWRENCE SWEENEY				(2) I.D. Numbe	er1	14
	8/22/2008		9	/12/2008	443 - 15	1	. . 1
(3) Cover Peri	od//	thn	ough	′′-	(4) Pag	je <u> </u>	OT
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence	(Last, Suffix, First, Middle) Street Address &		ontributor	Contribution	In-kind		_
Number	City, State, Zip Code		Occupation	Type CH	Description	Amendment	Amount \$500.00
9/15/2008 / /	SWFPF&P, 2030 west lst., ste c fort	B myers	swfpf&p polit ical pperat	C.h			4300.50
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DS-DE 13 (Rev. 08/	<u> </u> 	SEE RE	VERSE FOR I	NSTRUCTIONS	AND CODE VAL	UES	

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WAIVER OF REPORT (Section 106.07(7), F.S.)	OFFICE USE ONLY		
(PLEASE TYPE)			
LAWRENCE SWEENEY	114		
18461 OLIVE RD FORT MYERS, FL 33912	SAN CARLOS PARK FIRE-2		
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			
X 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 F			
QUARTERLY REPORTS PRIMARY ELECTION	GENERAL ELECTION		
☐ January ☐ 32nd day prior	☐ 46th day prior		
☐ April ☐ 18th day prior	☐ 32nd day prior ☐ TERMINATION REPORT		
☐ July ☐ 4th day prior	☐ 18th day prior ☐ SPECIAL ELECTION		
☐ October	4th day prior		
NOTIFICATION OF NO ACTIVITY IN CAMPAIGN	ACCOUNT FOR THE REPORTING PERIOD OF		
1 8/2/2008 throu	ugh 8/21/2008 (F3)		
X	alialan		
Signature Signature			
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 required report is waived. However, the filing officer methat no report is being filed.	the account (no funds expended or received) the filing of aust be notified in writing on the prescribed reporting date		

		كأوان والمراجع والمراجع والمراجع	
WAIVER OF REPORT (Section 106,07(7), F.S.)		OFF	ICE USE ONLY
(PLEASE TYPE)		/	
Lawrence Subenby		114	
18461 OLIVE RD FORT MYERS, FL 3		Y	S PARK FIRE-2
Candidate's Name (Last, Suffix, First, Middle) OR Political Committee, CCE or Party Name			mber (Assigned by Division of Elections)
Address (Number	Address (Number and Street)		(Include District, Circuit or oup Number)
City S	tate Zip Code	•	
X 1 - **********************************	Committee of Continuous Existence	Check box if a report.	address has changed since last
Political Committee	Party Executive Committee		PC or CCE has DISBANDED nger file reports.
	TYPE OF R (Check Appro		
QUARTERLY REPORTS	PRIMARY ELECTION	GENERAL ELECTIO	M
☐ January	☐ 32nd day prior	46th day prior	
☐ April	☐ 18th day prior	32nd day prior	
□ July	4th day prior	☐ 18th day prior	TERMINATION REPORT
☐ October		4th day prior	SPECIAL ELECTION
NOTIFICATION OF NO AC	TIVITY IN CAMPAIGNA	CCOUNT FOR THE	REPORTING PERIOD OF
3	1/01/08 through	gh 8/22/08	(F3)
2012 000	X	8	150/08
Signa	stare		Date
A ALAN ATTER MENT TOR			
SIGNATURES REQUIRED FOR: Candidates Candidate, Campaign 1		reasurer or but	assurer (s. 406.07(5), F.S.)
	Political Committees Chairman, Campaign T	reasurer or Dentity Tre	asurer (s. 106.07(5), F.S.)
	Committees of Continu Treasurer (s. 106.04/4	ous Existence	
	Party Executive Commi	ttees	
	Treasurer or Chairman	(s. 106.29(2), F.S.)	
In any reporting period when the the required report is waived. He			

WAIVER OF REPORT (Section 106.07(7), F.S.)	OFFICE USE ONLY		
(PLEASE TYPE)			
	114		
LAWRENCE SWEENRY 18461 OLIVE RD FORT MYERS, FL 33912	SAN CARLOS PARK FIRE-2		
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 R (Check Approp	— ••••		
QUARTERLY REPORTS PRIMARY ELECTION	GENERAL ELECTION		
☐ January ☐ 32nd day prior	46th day prior		
☐ April ☐ 18th day prior	☐ 32nd day prior ☐ TERMINATION REPORT		
☐ July ☐ 4th day prior	18th day prior		
☐ October	☐ 4th day prior		
NOTIFICATION OF NO ACTIVITY IN CAMPAIGN A	ACCOUNT FOR THE REPORTING PERIOD OF		
7/19/2008 throug	gh 8/1/2008 (F2)		
	a/a/a		
Signature Signature	Date		
SIGNATURES REQUIRED FOR: Candidates Candidate, Campaign Treasurer or Deputy Treasurer (s. 108.07(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 the required report is waived. However, the filing officer must that no report is being filed.			

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FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY		
(1) LAWRENCE SWEENEY	OFFICE USE ONLY 114	
Name	_	
(2) 18461 OLIVE RD, FORT MYERS, FL 33912	_	
Address (number and street)	_	
City, State, Zip Code		
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:	
(4) Check appropriate box(es): X Candidate (office sought): Political Committee Committee of Continuous Existence Party Executive Committee Electioneering Communication	K FIRE-2 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	7/18/2008 Report Type F1	
	Report Independent Expenditure Report	
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT	
Cash & Checks \$520.00	Monetary Expenditures \$ 0.00	
Loans \$ 0.00	Transfers to Office Account \$ 0.00	
Total Monetary \$ 520.00	Total Monetary \$ 0.00	
In-Kind \$		
	(8) Other Distributions \$0.00	
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date	
\$520.00	\$	
(11) CERT	IFICATION	
	on to faisify 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)	(Type name)	
Individual (only for olectioneering constrain.)	Candidate Chairperson (only for PC, PTY & electioneering commun. organization)	
Signature Signature	Signature Signature	

DS-DE 12 (Rev. 08/04)

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name LAWRENCE SWEENEY			(2) I.D. Number				
	4/1/2008		7	/18/2008			
(3) Cover Per	riod / /	thro	ough	<i>i</i> /	(4) Page	e <u>1</u>	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle) Street Address &	Contributor		(9)	(10) In-kind	(11)	(12)
Sequence							
Number	City, State, Zip Code		Occupation	Туре	Description	Amendment	Amount
7/11/2008 /	Florida Fire-, PAC 345 W Mandison Steet Tallahassee, FL 32301	O	union	СН			\$500.0
1			~				
7/11/2008 / /	Sweeney, Lawrence 18461 Olive Road Fort Myers, FL 33967	I		CA			\$20.00
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