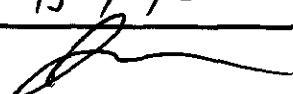


LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

ORIGINAL REVISED
(PLEASE CHECK ONE)

Candidate Name	John Lawlor		
Residence Address	213 Grant Ave		
City and Zip Code	Lehigh Acres FL 33936		
Mailing Address (if different)	<input checked="" type="checkbox"/> Check if same as above.		
Telephone Number(s) (Daytime)	239-410-8670	OR	239-229-1802
Email Address	john.c.lawlor@hotmail.com		
Office Sought	Lee Memorial Hospital Board District 4		
Area, District, Group Or Seat Number	District 4		
Political Party (if applicable for office sought)			
Date Of Birth Or Voter ID #	01/23/1976 January 23, 1976		
Date	6/15/10		
Candidate Signature	X 		

All information on this form becomes a
public record upon receipt by the Lee County Supervisor of Elections.

Under Florida Law, email addresses are public records; if you do not want your personal email address released, you may wish to create a "campaign-specific" email address. An email address will allow the Lee County Supervisor of Elections Office to provide a candidate with expedited written-communications and notices in addition to mailed written-communications and notifications.

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

A special district candidate is prohibited from financing ANY PORTION OF his/her campaign with personal funds except as provided in this affidavit.

111331414

**State of Florida
County of Lee**

LAWLOR, JOHN CHRISTIAN
213 GRANT AVE
LEHIGH ACRES FL 33936

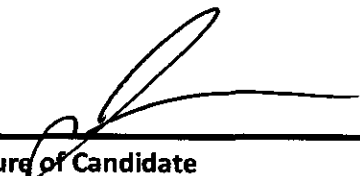
I, John Lawlor, am a candidate for the Special District
(print name)

office of: Lee Memorial Hospital Board District four
(include district name and district, seat, area or group#)

in the November 2010 General Election. I understand that my campaign expense, from
(date of election)
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.

Provided that 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

6-15-10
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."

*10JUN15PM0325 SDE Lee Co Fl

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

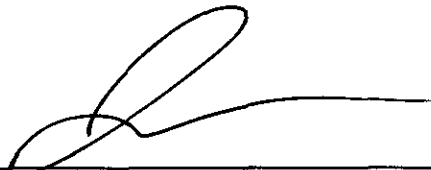
111331414

LAWLOR, JOHN CHRISTIAN
213 GRANT AVE
LEHIGH ACRES FL 33936

I, John Lawlor DISTRICT 4,
candidate for the office of Lee Memorial Health System Board of Directors,

have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X



Signature of Candidate

6-15-16

Date

1011151510325 SDE L&C Co FI

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).

IF YOU ARE A LEE MEMORIAL HEALTH SYSTEM CANDIDATE—YOU MUST COMPLETE AND SUBMIT THIS LOYALTY OATH WITH YOUR FINAL CANDIDATE QUALIFYING FORMS.

LEE MEMORIAL HEALTH SYSTEM BOARD OF DIRECTORS
LEE COUNTY TRAUMA SERVICES BOARD OF DIRECTORS

LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes; Laws of Florida 2000-439)

NON-PARTISAN OFFICE

I swear or affirm that:


I, John Christian Lawlor am a candidate for the office of Lee Memorial Health System Board
(Print Name)

of Directors and the Lee County Trauma Services Board of Directors for District 4; that I am a legal
(District Number)

resident of the Lee County health system district to which I seek election, and that my legal residence is:

213 Grant Ave Lehigh Acres FL 33936 Lee County, Florida
(Residence Address) (City) (Zip Code)

LEE MEMORIAL HEALTH SYSTEM CANDIDATE MUST ALSO COMPLETE LOYALTY OATH BELOW

<p>LOYALTY OATH (Sections 876.05-876.10, Florida Statutes) NON-PARTISAN OFFICE</p> <p>STATE OF FLORIDA COUNTY OF <u>Lee</u></p>	<p>OFFICE USE ONLY</p> <p>111331414</p> <p>LAWLOR, JOHN CHRISTIAN 213 GRANT AVE LEHIGH ACRES FL 33936</p>			
<p>I. <table border="1"> <tr> <td><u>JOHN</u> First Name</td> <td><u>CHRISTIAN</u> Middle Name/Initial</td> <td><u>LAWLOR</u> Last Name</td> </tr> </table></p> <p>a citizen of the State of Florida and of the United States of America, and being [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.</p> <p>Important: If elected, a candidate must retake the loyalty oath as specified in s. 876.05, Florida Statutes, and that oath shall be filed with the records of the governing official or employing governmental agency prior to the approval of payment of salary, expenses, or other compensation.</p>		<u>JOHN</u> First Name	<u>CHRISTIAN</u> Middle Name/Initial	<u>LAWLOR</u> Last Name
<u>JOHN</u> First Name	<u>CHRISTIAN</u> Middle Name/Initial	<u>LAWLOR</u> Last Name		
<p>OATH OF CANDIDATE (Section 99.021, Florida Statutes)</p> <p>I. <u>JOHN C. LAWLOR</u> (PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT — NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)</p> <p>am a candidate for the non-partisan office of <u>LEE MEMORIAL HEALTH SYSTEM</u> (office) <u>DISTRICT 4</u> (circuit); I am a qualified elector of <u>LEE</u> (district) County, Florida;</p> <p>I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; by executing this form, I have taken the oath required by ss. 876.05-876.10, Florida Statutes; 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.</p> <p>X <u>[Signature]</u> <u>239-410-8670</u> <u>John.c.lawlor@hotmail.com</u> Signature of Candidate Telephone Number Email Address</p> <p><u>213 GRANT AVE LEHIGH ACRES FL 33936</u> Address City State ZIP Code</p>				
<p>Sworn to (or affirmed) and subscribed before me this <u>15th</u> day of <u>June</u>, 20<u>10</u>.</p> <p>Personally Known: _____ or _____ Produced Identification: <input checked="" type="checkbox"/></p> <p>Type of Identification Produced: <u>Florida Driver's License</u></p> <p><u>Bernice Ramos Feliciano</u> Signature of Notary Public - State of Florida Print, Type, or Stamp Commissioned Name of Notary Public</p> <p> Bernice Ramos Feliciano Commission # DD589927 Expires October 19, 2010 Bonded Troy Fan - Insurance, Inc. 800-365-7019</p>				
<p>DS-DE 25 (Rev. 11/09)</p>				

10JUN15PM0325 SEE Lee Co FL

FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

MAILING ADDRESS: 111331414

LAWLOR, JOHN CHRISTIAN
213 GRANT AVE
LEHIGH ACRES FL 33936

CITY :

NAME OF AGENCY :
Lee Memorial Health System

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
District 4

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

*10JUN15PM10325 SDE L & 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, 2009 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]
(If you have nothing to report, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
<i>SWF Ankle and Footcare</i>	<i>8851 Boardman circle, Ft Myers FL 33919</i>	<i>Doctor's office</i>

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]
(If you have nothing to report, you must write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]
(If you have nothing to report, you must write "none" or "n/a")

<i>217 Del Prado Boulevard South, Cape Coral FL 33990</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.]
 (If you have nothing to report, you must write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Stocks, Bonds, IRA	Vanguard
Health Savings account	Optum Health Bank

PART E — LIABILITIES [Major debts]
 (If you have nothing to report, you must write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
First National Bank	1 FNB Boulevard Hermitage PA 16148
Regions Bank	P.O. Box 11407, Birmingham, AL 35246
Amirion Education Services	www.AESJULLEN.org

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]
 (If you have nothing to report, you must write "none" or "n/a")

	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			

110JUN15PM0325 SEE Lee Co-F1

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE (required):



DATE SIGNED (required):

6-15-10

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.