

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

(1) JOHN C LAWLOR

**OFFICE USE ONLY**    269

**Name**

(2) 213 GRANT AVE, LEHIGH ACRES, FL 33936

**Address (number and street)**

**City, State, Zip Code**

**CHECK IF ADDRESS HAS CHANGED**

(3) ID Number: \_\_\_\_\_

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

Candidate (office sought): LEE MEMORIAL HEALTH SYSTEM-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 9/25/2010 To 10/8/2010 / Report Type G3

Original     Amendment     Special Election Report     Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks    \$ 3,150.00

Loans    \$ 0.00

Total Monetary    \$ 3,150.00

In-Kind    \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures    \$ 608.00

Transfers to Office Account    \$ 0.00

Total Monetary    \$ 608.00

(8) Other Distributions    \$ 0.00

**(9) TOTAL Monetary Contributions To Date**

\$ 5,150.00

**(10) TOTAL Monetary Expenditures To Date**

\$ 608.00

**(11) CERTIFICATION**

**It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)**

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

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

(Type name)

(Type name)

Individual (only for electioneering commun.)     Treasurer     Deputy Treasurer

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

**X**

**X**

Signature

Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name JOHN C. LAWLOR (2) I.D. Number 269  
 9/25/2010 10/8/2010  
 (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
10/8/2010 / /	tribuinai, alphonse 2350 Chesire Lane Naples, FL 34109	I physician	CH			\$500.00
1						
10/8/2010 / /	Cumberbatch, Duane 8851 Boardroom Circle Fort Myers, FL 33919	I physician	CH			\$200.00
2						
10/8/2010 / /	Lerman, Ralph 21654 Belhaven Way Estero, FL 33928	I physician	CH			\$500.00
3						
10/8/2010 / /	Lerman, Ralph 21654 Belhaven Way Estero, FL 33928	I physician	CH			\$500.00
4						
10/8/2010 / /	Kleinpel, Gordon 12848 12848 Kedlesto Circle Fort Myers, FL 33912	I physician	CH			\$200.00
5						
10/8/2010 / /	Mina, John 88 Pine Island rd N.Port Myers, FL 33903	I physician	CH			\$500.00
6						
10/7/2010 / /	Brust, Douglas 2654 First St. Matlacha, FL 33993	I physician	CH			\$375.00
7						
10/7/2010 / /	Ford, Louis 2654 First St. Matlacha, FL 33993	I instructor	CH			\$375.00
8						

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name JOHN C LAWLOR

(2) I.D. Number 269

(3) Cover Period 9/25/2010 through 10/8/2010

(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					
10/7/2010 //	Chase Bank, P O Box 36520 Louisville, KY 40233-6520	campain signs, buttons and web site	MO		\$608.00
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