

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

(1) JOHN C LAWLOR
Name

(2) 213 GRANT AVE, LEHIGH ACRES, FL 33936
Address (number and street)

City, State, Zip Code

OFFICE USE ONLY 269

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	\$	<u>-500.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>-500.00</u>
In-Kind	\$	<u>0.00</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$	<u>26.45</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>26.45</u>

(8) Other Distributions
\$ 0.00

(9) TOTAL Monetary Contributions To Date
\$ 6,675.00

(10) TOTAL Monetary Expenditures To Date
\$ 5,734.45

(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 CONTRIBUTIONS

(1) Name JOHN C. LAWLOR (2) I.D. Number 269

9/25/2010 through 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		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
10/8/2010 / /	Lerman, Ralph 21654 Belhaven Way Esterro, FL 33928	I	physician	CH		Delete	\$500.00
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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					
9/14/2010 //	Florida Gulf Bank, PO Box 2939 Fort Myers, FL 33902	campaign check book	MO	Add	\$11.45
1					
9/30/2010 //	florida Gulf Bank, PO Box 2939 Fort Myers, FL 33902	bank fee checking mtly fee	MO	Add	\$15.00
2					
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