

CANDIDATE FACT SHEET

**THE COMPLETION OF THIS SHEET WILL
FACILITATE THE OPENING OF YOUR CAMPAIGN
ACCOUNT BY OUR OFFICE**

(PLEASE PRINT)

<u>NAME AS YOU WANT IT TO APPEAR ON THE BALLOT</u>		
LARRY D. MURPHY		
RESIDENCE ADDRESS: ^{BLVD #1} 4649 PALMTREE#1	MAILING ADDRESS: SAME	
CITY/ZIP CODE: CAPE CORAL	CITY/ZIPCODE: Ft. 33904	
TELEPHONE #: 941 HOME: 542-5827	TELEPHONE #: 941 WORK: 890-9530	TELEPHONE #: 941 DAYTIME: 890-9530
OFFICESOUGHTAND DISTRICTIFAPPLICABLE: ^{Dist 1} COUNTY COMMISSIONER		PARTY (BELOW) NPA
DATE: 7-21-2000	DATE OF BIRTH OR VOTER ID #: 11-29-41	CANDIDATE SIGNATURE:

THIS FORM IS FOR USE ONLY IN LEE COUNTY 04-99 SOE APPROVED

**IF YOU ARE QUALIFYING BY MAIL
BE SURE TO INCLUDE THIS SHEET WITH YOUR
QUALIFYING PAPERWORK**

PHILINDAA. YOUNG
 Supervisor of Elections
 P O BOX 2545
 Fort Myers FL 33902-2545
 Telephone (339-6300)

JUL 21 11 22 AM '00
 SUPERVISOR OF ELECTIONS
 LEE COUNTY

STATEMENT OF CANDIDATE
LEE COUNTY - FLORIDA

FLORIDA STATUTE CHAPTER 106.023

Each candidate must file a statement of candidate with the qualifying officer within 10 days after he files his Appointment of Campaign Treasurer and Designation of Campaign Depository. 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.

<u>STATEMENT OF CANDIDATE</u>	
<u>PLEASE PRINT</u>	
I, <u>LARRY D. MURPHY</u>	a candidate for the office of
<small>Name of Candidate</small>	
<u>COUNTY COMMISSIONER Dist 1</u>	have received, read, and
<small>Office Sought (include district, circuit, or group number)</small>	
understand the requirements of Chapter 106, Florida Statutes.	
<input checked="" type="checkbox"/> <u>Larry D. Murphy</u>	<u>7.21.2000</u>
<small>Signature of Candidate</small>	<small>Date Signed</small>

THIS DOCUMENT MUST BE SIGNED AND RETURNED TO THE OFFICE OF THE SUPERVISOR OF ELECTIONS WITHIN 10 DAYS

MAIL TO

Qualifying Officer
Lee County Elections Office
P O Box 2545
Fort Myers FL 33902-2545

IN PERSON

Lee County Constitutional Complex
Lee County Elections Office 3rd Floor
2480 Thompson Street
Fort Myers FL 33901

Philinda A. Young
Supervisor of Elections
Lee County - Florida
941-339-6300

Jul 21 11 59 AM '00
OFFICE OF THE SUPERVISOR OF ELECTIONS
LEE COUNTY, FLORIDA

NPA (470)
#2640.96

LOYALTY OATH CANDIDATES WITH NO PARTY AFFILIATION

Sections 876.05-876.10, Florida Statutes
STATE OF FLORIDA
LEE COUNTY

PLEASE PRINT

FIRST NAME	MIDDLE NAME/INITIAL	LAST NAME
LARRY	D.	MURPHY

I am 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

IMPORTANT NOTICE TO ALL CANDIDATES
READ CAREFULLY. YOU CANNOT CHANGE THE WAY YOU WANT YOUR NAME TO APPEAR ON THE BALLOT AFTER THE END OF QUALIFYING

PRINT NAME BELOW AS YOU WANT IT TO APPEAR ON THE BALLOT

I, LARRY P. MURPHY, am a candidate for the

office of COUNTY COMMISSIONER #1

I am a qualified elector of LEE County, Florida. I am

qualified under the Constitution and 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 which I am required to resign pursuant to Section 99.012, Florida Statutes.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING LOYALTY OATH AND OATH OF CANDIDATE AND THAT THE FACTS STATED IN EACH ARE TRUE.

SIGN HERE:

Larry P. Murphy
Signature of Candidate

7-21-2008
Date Signed

4649 PALMTREE BLVD #1
Mailing Address

941 890-9530
Daytime Telephone #

941 731-6669
Fax Telephone Number

CAPE CORAL 133904
City/ZIPCODE

FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 1999

LAST NAME — FIRST NAME — MIDDLE NAME: MURPHY LARRY DEAN	NAME OF AGENCY: COUNTY OF LEE
MAILING ADDRESS: 4649 PALMTREE BLVD #1 CAPE CORAL	OFFICE HELD: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> OTHER
CITY: ZIP: COUNTY: 33904 LEE	OFFICE SOUGHT: POSITION: COUNTY COMMISSIONER (dist 1)

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 of this packet. OTHER FORMS you may need to file are described on oaae 6.

NOTICE: Under provisions of Sec. 112.317, Florida Statutes, a failure to make any required disclosure constitutes grounds for and may be punished by one or more of the following: disqualification from being on the ballot, impeachment, removal or suspension from office or employment, demotion, reduction in salary, reprimand, or a civil penalty not exceeding \$10,000.

PART A — NET WORTH

Please enter the value of your net worth as of December 31, 1999, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of JULY 21, 19 2000 was \$ 3,700

PART B — ASSETS WORTH MORE THAN \$1,006

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ _____

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET	VALUE OF ASSET
1996 CHEVY LUMINA	13,500
VACANT PROPERTY CAPE CORAL FL	7,000
VACANT PROPERTY NORTH PORT FL	7,000

PART C- LIABILITIES IN EXCESS OF \$1,006

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NICHOLAS FINANCIAL	13,000
DIRECT MERCHANTS BANK	2,800

PART D — INCOME

You may **EITHER** (1) file a complete copy of your 1999 federal income tax return, including all attachments, OR (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D on page 2 of this form.

I elect to file a copy of my 1999 federal income tax return. [If you check this box and attach a copy of your 1999 tax return, you need not complete the remainder of Part D.]

CANVASSING BOARD MEETINGS
For
FALL 2000 ELECTIONS

FIRST PRIMARY

Friday September 1 @ 8:00 am	Canvass absentee ballots
Friday September 1 @ 1:00 pm	Test the tabulating equipment
Tuesday September 5 @ 8:00 am	Canvass absentee ballots
Wednesday September 6 @ 8:00	Certify the Election

SECOND PRIMARY

Friday September 29 @ 8:00 am	Canvass absentee ballots
Monday October 2 @ 1:00 pm	Test the tabulating equipment
Tuesday October 3 @ 8:00 am	Canvass absentee ballots
Wednesday October 4 @ 8:00 am	Certify the Election

GENERAL ELECTION

Friday November 3 @ 8:00 am	Canvass absentee ballots
Monday November 6 @ 1:00 pm	Test the tabulating equipment
Tuesday November 7 @ 8:00 am	Canvass absentee ballots
Wednesday November 8 @ 8:00 am	Certify the Election

I acknowledge that I am in receipt of this notice.

	<i>7-21-00</i>
Signature of Candidate	Date

Jul 21 11 38 AM '00

SUSP
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