

FORM 1 STATEMENT OF FINANCIAL INTERESTS 1999

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR ENDING: CHECK EITHER DECEMBER 31, 1999 <input checked="" type="checkbox"/> OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____	NAME OF YOUR AGENCY: <p style="font-size: 1.2em; font-family: cursive;">LEE Co MOSQUITO CONTROL</p>
LAST NAME - FIRST NAME - MIDDLE NAME: <p style="font-family: cursive;">Murphy, Lawrence Joseph</p>	CHECK ONE OF THE FOLLOWING CATEGORIES: <input type="checkbox"/> LOCAL OFFICER <input type="checkbox"/> STATE OFFICER <input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> SPECIFIED STATE EMPLOYEE
MAILING ADDRESS: <p style="font-family: cursive;">17770 Cypress Creek Rd.</p>	LIST OFFICE OR POSITION HELD OR SOUGHT: <u>Lee Co. Mosquito</u> <p style="font-size: 1.5em; font-family: cursive;">(AREA # 1)</p>
CITY: <u>ALVA</u> ZIP: <u>33920</u> COUNTY: <u>L44</u>	

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 — PRIMARY SOURCES OF INCOME [Sources exceeding 5% of gross income]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Animal Medical Center	2919 5th St. W, Lehigh Acres	Veterinary Medicine

PART B — SOURCES OF INCOME TO BUSINESSES OWNED BY THE REPORTING PERSON [Major customers, clients, etc.]

NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
N A		

PART C — REAL PROPERTY [Land, buildings]

Home, 17770 Cypress Creek Rd - Alva
Animal Medical Center, 2919 5th St. W. Lehigh Acres.
NO. 11 09 AM '00
RECEIVED SUPERVISOR OF ELECTIONS

FILING INSTRUCTIONS for when end 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 page 6.

(Continued on p.2)

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

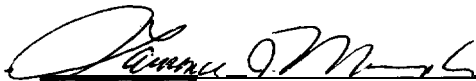
SECOND PRIMARY

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.



Signature of Candidate

7-18-00

Date

RECEIVED
SUPERVISOR OF
ELECTIONS
JUL 20 11 59 AM '00