

CITY OF ORMOND BEACH

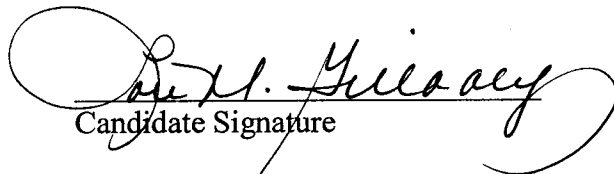
2010 MUNICIPAL ELECTIONS

CANDIDATE'S CHECKLIST FOR "QUALIFYING"

The following materials were provided during the qualifying period of June 14, 2010, at noon, through June 18, 2010, at noon:

1. Notice of Candidacy
2. Loyalty Oath and Oath of Candidate
3. Form 1 Statement of Financial Interest
4. Certificate of City Clerk (Primary and General)
5. Certificate of Supervisor of Elections or Current Voter Registration Card
6. Schedule of Dates for Logic and Accuracy Tests

I, LORI M. GILLOOLY, received the above materials from the office of
(Print Name)
the City Clerk on JUNE 17, 2010.
(Date)


Candidate Signature

MAYOR
Office Sought

NOTE:

- Completed financial disclosure form must be returned to the City Clerk at the time qualifying papers are filed. If the candidate has previously filed the F1, Statement of Financial Interest, a copy may be provided for qualifying.
- The election assessment fee (\$112.54 for City Commissioner, \$145.59 for Mayor) must be paid when qualifying. ***The fee must be paid with a check from the Candidate's Campaign account.***

NOTICE OF CANDIDACY
OFFICE OF MAYOR

STATE OF FLORIDA)

COUNTY OF VOLUSIA)

BEFORE ME, the undersigned authority, personally appeared LORI M. GILLOOLY,
who was sworn and says that:

1. He/she is a candidate for the office of Mayor of the City of Ormond Beach in the regular municipal election to be held November 2, 2010, for that two-year term beginning on November 16, 2010, and ending on November 20, 2012.
2. He/she has continuously resided within the City of Ormond Beach for at least one (1) year immediately prior to the date of signing this Notice of Candidacy.
3. His/her present address is 40 SYCAMORE CIRCLE,
Ormond Beach, Florida.
4. He/she has resided at the address stated in paragraph four (4) since 2000,
_____.
5. He/she is currently registered as an elector in voting precinct number 506, which
precinct is in the City of Ormond Beach, Florida.

Lori M. Gillooly
Candidate

Sworn to (or affirmed) and subscribed before me this 17th day of June, 2010, by
Lori M. Gillooly.

Veronica Patterson
Notary Public, State of Florida
My commission expires:

Personally Known OR Produced Identification _____
Type of Identification Produced _____

NOTARY PUBLIC-STATE OF FLORIDA
Veronica Patterson
Commission #DD874947
Expires: MAY 12, 2013
BONDED THRU ATLANTIC BONDING CO., INC.

LOYALTY OATH

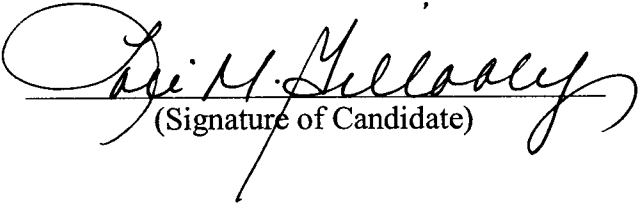
Sections 876.05-876.10, Florida Statutes

STATE OF FLORIDA }

VOLUSIA COUNTY }

I, LORI M. GILLOOLY, a citizen of the state of Florida and
(Print Name)

and of the United States of America, and a candidate for public office of The City of Ormond Beach do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.


(Signature of Candidate)

The Loyalty Oath has been sworn to and subscribed before me this 17th day of June, 2010, at City Hall, Ormond Beach, Florida


_____, City Clerk
Signature and Title of Officer
Administering Oath

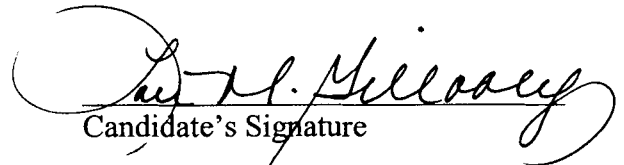
OATH OF CANDIDATE

Section 99.021, Florida Statutes

STATE OF FLORIDA}

COUNTY OF VOLUSIA}

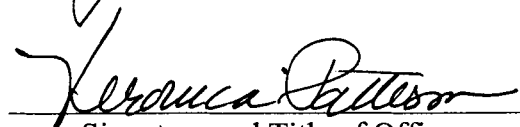
Before me, an officer authorized to administer oaths, personally appeared LORI M. BILLOOLY, * to me well known, or who has (Please Print Name as you wish it to Appear on Ballot) produced _____ as identification, (ID # _____), who being sworn, says that s/he is a candidate for the office of Mayor; that s/he is a qualified elector of Ormond Beach, Florida, and that s/he is qualified under the Constitution and the Laws of Florida, to hold the office to which s/he desires to be elected; that s/he has taken the oath required by Sections 876.05 - 876.10, *Florida Statutes*; that s/he has qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with that of the office s/he seeks; and that s/he has resigned from any office form which s/he is required to resign pursuant to Section 99.012, *Florida Statutes*, or Section 13-20, *Code of Ordinances* of the City of Ormond Beach.


Candidate's Signature

40 Sycamore Circle
Street Address

Ormond Beach FL 32174
City State Zip Code

The Oath of Candidate have been sworn to and subscribed before me this 17th day of June, 200, at City Hall, Ormond Beach, Florida


_____, City Clerk
Signature and Title of Officer
Administering Oath

*Note: If you have a hyphenated last name, please draw a line under part of your name to be used when placing your name on the ballot.

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

FINANCIAL INTERESTS

LAST NAME -- FIRST NAME -- MIDDLE NAME :

GILLOOLY, LORI M.

FOR OFFICE USE ONLY:

MAILING ADDRESS :

40 Sycamore Circle

Ormond Beach, FL

CITY : ZIP : COUNTY :

Ormond Beach 32174 VOLUSIA

NAME OF AGENCY :

CITY of Ormond Beach

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

CITY Conrn. Zone 1

ID Code

ID No.

Conf. Code

P. Req. Code

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
1.	HALIFAX HABITAT for Humanity	826 WHITEST.	Daytona Beach FL 32117 *(non-profit affordable housing ministry)
2.	City of Ormond Beach	22 S. Beach St.	Ormond Beach FL 32174 *(municipal government)

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
N/A	N/A	N/A	N/A

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

N/A

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
N/A	N/A
/	/
/	/

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A	N/A
/	/
/	/

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	/	N/A	N/A
PRINCIPAL BUSINESS ACTIVITY	/	/	/
POSITION HELD WITH ENTITY	/	/	/
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	/	/	/
NATURE OF MY OWNERSHIP INTEREST	/	/	/

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

SIGNATURE (required): John M. Bellino DATE SIGNED (required): 6-17-2010

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.

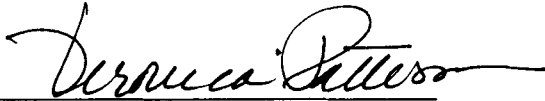
Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

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.

CERTIFICATE OF CITY CLERK

I, Veronica S. Patterson, as City Clerk in and for the City of Ormond Beach, Florida, do hereby certify that all prerequisites to filing for candidacy as required by the Charter of the City of Ormond Beach, Florida, and the Election Laws of the State of Florida have been performed and complied with by Lori M. Gillooly, a candidate for the office of Mayor, and said candidate's name shall be printed upon the ballot to be used for the Regular and/or Run-off Election as provided by law.


IN WITNESS WHEREOF, I have hereunto affixed my signature and have caused to be affixed the seal of the City of Ormond Beach, Florida, this 17~~th~~ day of June, 2010.


Veronica Patterson, CMC
City Clerk of the
City of Ormond Beach, Florida

**CERTIFICATE OF SUPERVISOR
OF ELECTIONS**

I, ANN McFALL, as Supervisor of Elections in and for Volusia County do hereby certify that Lori M. Gillyoly, a candidate for the office of Mayor is a duly and qualified elector and registered as such in Precinct 506 in the City of Ormond Beach, Florida as shown by the records and files in my office.

IN WITNESS WHEREOF, I have hereunto affixed my signature and seal this 18th day of JUNE, 2010



Ann McFall
Supervisor of Elections in
and for Volusia County

SEAL

**NOTICE OF ELECTION EQUIPMENT
TESTING (L&A)**

REGULAR ELECTION

**Testing of the voting equipment to be used for the
City of Ormond Beach Regular Election to be held
November 2, 2010, will be as follows:**

**Friday, October 15, 2010 – 9:00 AM
Department of Elections Warehouse
2550 West Highway 44, Bldg. 14, Deland, FL**

Received by:


(Signature)

Lori M. Gillooly
(Print Name)

10/17/10
Date

CAMPAIGN ACCT. OF LORI GILLOOLY
LYNN BALABAN, TREASURER
PH. 386-238-8680
433 SILVER BEACH AVE #101
DAYTONA BEACH, FL 32118

63-1214/631

101

DATE

6/16/10

© DELUXE WALLET OR DUPLICATE

PAY TO
THE ORDER OF

City of Ormond Beach
One hundred forty five + 59/100

\$ 145 59

DOLLARS

Security Features
Included
Details on Back.

Florida
Capital Bank na
Daytona Beach Office
1305 Braille Road • Daytona Beach, FL 32119

MEMO

Assessment fee - Mayor L Balaban

MP

SPECIALTY GRAY