CAMPAIGN TREASUR	ER'S REPORT SUMMARY
(1) Jim LEWIS Name CC CC C C C C C C C C C C C C C C C C	OFFICE USE ONLY APR
(2) 200 S.E. 6S- SUIE 200 Address (number and street) For LAVOERDAY FL 3330/ City, State, Zip Code	
Check here if address has changed (4) Check appropriate box(es):	(3) ID Number:
Cover Period: From 3 / / / 16 To	rt Identifiers 2 3 / 31 / 16 Report Type: M3 Decial Election Report
(6) Contributions This Report Cash & Checks \$ 0, 0, 6.	(7) Expenditures This Report Monetary Expenditures \$ _O , O , O .
Loans \$	Transfers to Office Account \$ 0,0,0
In-Kind \$ 0, 0, 0.0	Total Monetary \$ _ \(\cap \),
(9) TOTAL Monetary Contributions To Date \$,, <u>Soo</u> , <u>Ø</u>	(10) TOTAL Monetary Expenditures To Date
(11) Certify that I have examined this report and it is true, correctly that I have examined this report and it is true, correctly for the land only for IE or electioneering-comm.) (11) Certify that I have examined this report and it is true, correctly for the land of	tification on to falsify a public record (ss. 839.13, F.S.) ect, and complete: (Type name) Candidate Chairperson (only for PC and PTY)
X Signature DS-DE 12 (Rev. 11/13)	X Signature SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASUR	ER'S REPORTSUMMARY
(1) JIM LEWIS	2016 APR OFFICE USE PALY 2016 APR -5
Address (number and street) For Under Mar FL 3330 City, State, Zip Code	
☐ Check here if address has changed (4) Check appropriate box(es):	(3) ID Number: Check here if PC or ECO has disbanded Check here if PTY has disbanded Check here if no other IE or EC reports will be filed
Cover Period: From 3 / / / / / / To	ort Identifiers Report Type: Monthly Decial Election Report
(6) Contributions This Report Cash & Checks \$_N,_6,_NE	(7) Expenditures This Report Monetary Expenditures \$
Loans \$,5,	Office Account \$ N, O, N. E
	(8) Other Distributions \$ _\text{\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}
(9) TOTAL Monetary Contributions To Date \$,, 5つひょで	(10) TOTAL Monetary Expenditures To Date \$
(11) Cernical (1	tification son to falsify a public record (ss. 839.13, F.S.) rect, and complete:
(Type name) JIM LEWS ☐ Individual (only for IE or electioneering comm.) X Signature	(Type name) JIM LEWS ☐ Candidate ☐ Chairperson (only for PC and PTY) X
OS-DE 12 (Rev. 11/13)	SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	JIM LEWIS (2) I.D. Number							
(3) Cover Period 3 / 1 / 16 through 3 / 31 / 16 (4) Page 1 of 1								
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12)	
3, 23, 16	JIM LEWIS 2619 BANBARA DR 1 T. LANDENDAL FL 33316	5	VLISING	,	Description		Sm.a	
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES