

CITY CLERK

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Name JIM LEWIS 2018 MAY 3 AM 10:32

OFFICE USE ONLY

(2) Address (number and street) 200 SE 6 ST SUITE 200

City, State, Zip Code FOR LAUDERDALE FL 33301

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: FOR LAUDERDALE MAYOR

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

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

(5) Report Identifiers

Cover Period: From 4 / 1 / 16 To 4 / 30 / 16 Report Type: M4

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ 0 , 0 , 0 . 0

Loans \$ 0 , 0 , 0 . 0

Total Monetary \$ 0 , 0 , 0 . 0

In-Kind \$ 0 , 0 , 0 . 0

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 475.85

Transfers to Office Account \$ 0 , 0 , 0 . 0

Total Monetary \$ _____ , _____ , 475.85

(8) Other Distributions

\$ 0 , 0 , 0 . 0

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 500.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 475.85

(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) JIM LEWIS

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X _____

Signature

(Type name) JIM LEWIS

Candidate Chairperson (only for PC and PTY)

X _____

Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

CITY CLERK

JIM LEWIS

(1) Name 2016 MAY -3 AM 10: 32 (2) I.D. Number _____

(3) Cover Period 4 / 1 / 16 through 4 / 30 / 16 (4) Page 1 of 1

(5) Date	(6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
			Type	Occupation				
/ /		NONE						
/ /								
/ /								
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/ /								
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/ /								
/ /								

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name JIM LEWIS (2) I.D. Number _____
 (3) Cover Period 4/1/16 through 4/30/16 (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
4/1/16	SUNTRUST BANK P.O. Box 305183 NASHVILLE, TN 37230	CHECK PRINTING CHARGES	CHECK		35.95
1					
4/30/16	UNION PRINTING 2321 PEMBROKE RD HOLLYWOOD, FL 33020	PRINTING	CHECK		439.90
2					
/ /					
/ /					
/ /					
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2016 MAY -3 AM 10:32