

CAMPAIGN TREASURER'S REPORT SUMMARY

2016 OCT -4 AM 7:09

OFFICE USE ONLY

(1) JIM LEWIS  
Name

(2) 200 S.E. 65R SUITE 200  
Address (number and street)

FOR LUDERDALE FL 33301  
City, State, Zip Code

Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

- Candidate Office Sought: FOR LUDERDALE 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 9 / 1 / 16 To 9 / 30 / 16 Report Type: M9

Original  Amendment  Special Election Report

(6) Contributions This Report

Cash & Checks	\$ <u>0</u> , <u>0</u> , <u>0</u> . <u>0</u>
Loans	\$ <u>0</u> , <u>0</u> , <u>0</u> . <u>0</u>
Total Monetary	\$ <u>0</u> , <u>0</u> , <u>0</u> . <u>0</u>
In-Kind	\$ <u>0</u> , <u>0</u> , <u>0</u> . <u>0</u>

(7) Expenditures This Report

Monetary Expenditures	\$ <u>0</u> , <u>0</u> , <u>0</u> . <u>0</u>
Transfers to Office Account	\$ <u>0</u> , <u>0</u> , <u>0</u> . <u>0</u>
Total Monetary	\$ <u>0</u> , <u>0</u> , <u>0</u> . <u>0</u>

(8) Other Distributions  
\$ 0 , ~~1,780.45~~

(9) TOTAL Monetary Contributions To Date  
\$ \_\_\_\_\_ , 2,650.00

(10) TOTAL Monetary Expenditures To Date  
\$ \_\_\_\_\_ , 1,780.45

(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]  
Signature

(Type name) JIM LEWIS

Candidate  Chairperson (only for PC and PTY)

X [Signature]  
Signature

**CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name Jim Lewis (2) I.D. Number \_\_\_\_\_

(3) Cover Period 9 / 1 / 16 through 9 / 30 / 16 (4) Page 1 of 1

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

2016 OCT -4 AM 7:09  
 CITY CLERK

**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name JIM LEWIS

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 9/1/16 through 9/30/16

(4) Page 1 of 1

(5) Date	(6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
///		NONE				
///						
///						
///						
///						
///						

CITY CLERK  
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