

CITY CLERK

### CAMPAIGN TREASURER'S REPORT SUMMARY

2016 DEC - 5 AM 11: 42  
OFFICE USE ONLY

(1) JIM LEWIS  
Name

(2) 200 SE 6 ST SW R 200  
Address (number and street)

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 11 / 1 / 16 To 11 / 30 / 16 Report Type: M10

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 \$ 0, 0, 0. 0

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

Total Monetary \$ 0, 0, 0. 0

#### (8) Other Distributions

\$ 0, \_\_\_\_\_, \_\_\_\_\_

#### (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

(Type name)

JIM LEWIS

Candidate  Chairperson (only for PC and PTY)

X

Signature

X

Signature

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

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

(3) Cover Period 11 / 1 / 16 through 11 / 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)		(9)	(10)	(11)	(12)
			Contributor Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
/ /		NONE						
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**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name JIM LEWIS

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

(3) Cover Period 11 / 1 / 16 through 11 / 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
(6) Sequence Number					
///	NONE				
///					
///					
///					
///					
///					
///					

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