

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) JIM LEWIS
Name

(2) 200 SE 6 ST SUITE 301
Address (number and street)

FOR LAUDERDALE FL 33301
City, State, Zip Code

OFFICE USE ONLY

CITY CLERK

2017 FEB -2 AM 11:11

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 1 / 1 / 17 To 1 / 31 / 17 Report Type: M12

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

X _____
Signature

(Type name) JIM LEWIS

Candidate Chairperson (only for PC and PTY)

X _____
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name JIM LEWIS (2) I.D. Number _____

(3) Cover Period 1 / 17 through 1 / 31 / 17 (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		Type	Occupation	Type	Description		
/ /	NONE						
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

2017 FEB -2 AM 11: 11
CITY CLERK

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Jim Lewis

(2) I.D. Number _____

(3) Cover Period 1/1/17 through 1/31/17

(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				
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						

2017 FEB -2 AM 11:11

CITY CLERK