

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) JIM LEWIS
Name

(2) 200 SE 65th Suite 301
Address (number and street)

FOR LAUDERDALE FL 33301
City, State, Zip Code

OFFICE USE ONLY

CITY CLERK

2017 MAY -5 AM 11:14

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Candidate | Office Sought: <u>FOR LAUDERDALE MAYOR</u> | <input type="checkbox"/> Check here if PC or ECO has disbanded |
| <input type="checkbox"/> Political Committee (PC) | | <input type="checkbox"/> Check here if PTY has disbanded |
| <input type="checkbox"/> Electioneering Communications Org. (ECO) | | <input type="checkbox"/> Check here if no other IE or EC reports will be filed |
| <input type="checkbox"/> Party Executive Committee (PTY) | | |
| <input type="checkbox"/> Independent Expenditure (IE) (also covers an individual making electioneering communications) | | |

(5) Report Identifiers

Cover Period: From 4 / 1 / 17 To 4 / 30 / 17 Report Type: MIS

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks	\$ <u>0,000.00</u>
Loans	\$ <u>0,000.00</u>
Total Monetary	\$ <u>0,000.00</u>
In-Kind	\$ <u>0,600.00</u>

(7) Expenditures This Report

Monetary Expenditures	\$ <u>0,000.00</u>
Transfers to Office Account	\$ <u>0,600.00</u>
Total Monetary	\$ <u>0,600.00</u>

(8) Other Distributions

\$ 600.00

(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 8/1/17 through 4/30/17 (4) Page 1 of 1

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

(1) Name JIM LEWIS

(2) I.D. Number _____

(3) Cover Period 4, 1, 17 through 4, 30, 17

(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
//	NONE				
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