

## 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

CITY OFFICE USE ONLY

2017 AUG 30 PM 4: 45

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 8 / 1 / 17 To 8 / 31 / 17 Report Type: TR

- 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 \$ \_\_\_\_\_ , \_\_\_\_\_ , 870 , 45

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

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 870 , 45

### (8) Other Distributions

\$ 0 , 0 , 0 . 0

(9) TOTAL Monetary Contributions To Date  
\$ \_\_\_\_\_ , \_\_\_\_\_ , 2650 , 00

(10) TOTAL Monetary Expenditures To Date  
\$ \_\_\_\_\_ , \_\_\_\_\_ , 2650 , 00

### (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]  
Signature

X [Signature]  
Signature

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

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

(3) Cover Period 8 / 1 / 17 through 8 / 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
/ /	NONE						
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

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

(1) Name JIM LEWIS

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

(3) Cover Period 8/1/17 through 8/31/17

(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
8/17/17		JIM LEWIS 200 SE 6 ST SUITE 301 FORT WOODRIDGE FL 33301	CAMPAIGN LOAN REPAYMENT	CNE		690.45
8/7/17		SUNNYSIDE BANK P.O. BOX 305183 NASHVILLE, TN 37230	BANK FEES	CNE		180.00
///						
///						
///						
///						
///						
///						
///						