

CAMPAIGN TREASURER'S REPORT SUMMARY

CITY CLERK

(1) LESTER ZALEWSKI

Name

(2) 545 S FT LAUD BCH BLVD

Address (number and street)

FORT LAUDERDALE, FL 33316

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

OFFICE USE ONLY
2017 NOV 30 PM 1:07

(4) Check appropriate box(es):

Candidate Office Sought: FORT LAUDERDALE CITY COMMISSIONER DISTRICT 2

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 / 01 / 17 To 11 / 10 / 17 Report Type: P1

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . _____

Loans \$ _____ , 5 , 000 . 00

Total Monetary \$ _____ , 5 , 000 . 00

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , _____ . _____

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

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 5 , 000 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , _____ . _____

(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) SYDNEY TIEMERSMA

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X *Sydney Tiemersma*
Signature

(Type name) LESTER ZALEWSKI

Candidate Chairperson (only for PC and PTY)

X *Lester Zalewski*
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name LESTER ZALEWSKI (2) I.D. Number _____

(3) Cover Period 10 / 01 / 17 through 11 / 10 / 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	Amendment	Amount
9, 11, 17	Lester Zalewski 545 S Ft Lauderdale Blvd Ft Lauderdale FL 33316			LOAN			5000.00
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