

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) JIM LEWIS  
Name

(2) 200 S.E. 6 ST SUITE 102  
Address (number and street)

FOR LAUDERDALE FL 33301  
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

**OFFICE USE ONLY**

2009 FEB -6 AM 11:39  
CITY CLERK

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate (office sought): FOR LAUDERDALE CITY COMMISSION DISTRICT 39

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 1/17/09 To 2/5/09 Report Type F3

Original     Amendment     Special Election Report     Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks    \$ 0

Loans    \$ 1,000.00

Total Monetary    \$ 1,000.00

In-Kind    \$ 0

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures    \$ 2501.45

Transfers to Office Account    \$ 0

Total Monetary    \$ 2501.45

(8) Other Distributions    \$ 0

(9) TOTAL Monetary Contributions To Date  
\$ 10,500.00

(10) TOTAL Monetary Expenditures To Date  
\$ 9614.55

**(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.

I certify that I have examined this report and it is true, correct, and complete.

(Type name) JIM LEWIS

(Type name) JIM LEWIS

Individual (only for electioneering commun.)     Treasurer     Deputy Treasurer

Candidate     Chairperson (only for PC, PTY & electioneering commun. organization)

**X** [Signature]  
Signature

**X** [Signature]  
Signature

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

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

(3) Cover Period 11/17/09 through 2/5/09 (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		Amount
2, 2, 09	JIM LEWIS 200 S.E. 65 <sup>th</sup> SUITE 102 FORT LAUDERDALE FL 33301	CHE	Attorney	LOA			1000.00
1 1							
1 1							
1 1							
1 1							
1 1							
1 1							
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## CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name JIM LEWIS (2) I.D. Number \_\_\_\_\_  
 (3) Cover Period 1/17/09 through 2/5/09 (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
1/23/09	COSTCO UNIVERSITY DR DAVIE, FLORIDA	BBQ SUPPLIES	MON		291.10
1/23/09	COSTCO UNIVERSITY DR DAVIE, FLORIDA	BBQ SUPPLIES	MON		284.11
2/3/09	TROPICAL MAILING 1111 SW 21ST AVE FORT LAUDERDALE FL 33316	MAILING SERVICE	MON		220.52
2/4/09	TROPICAL MAILING 1111 SW 21ST AVE FORT LAUDERDALE FL 33316	MAILING SERVICE	MON		1705.72
1/1					
1/1					
1/1					
1/1					