

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

(1) LESTER ZALEWSKI  
Name  
(2) 545 S. FT LAUDERDALE Bch  
Address (number and street)  
Fort Lauderdale FL 33316  
City, State, Zip Code

OFFICE USE ONLY

2012 JAN 26 PM 12:50:20  
CITY CLERK II

CHECK IF ADDRESS HAS CHANGED (3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):  
 Candidate (office sought): CITY OF Fort Lauderdale Commission  
 Political Committee  CHECK IF PC HAS DISBANDED  
 Committee of Continuous Existence  CHECK IF CCE HAS DISBANDED  
 Party Executive Committee  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED  
 Electioneering Communication

(5) REPORT IDENTIFIERS

Cover Period: From 01 / 07 / 12 To 01 / 26 / 12 Report Type F3

Original  Amendment  Special Election Report  Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ NIL

Loans \$ NIL

Total Monetary \$ NIL

In-Kind \$ NIL

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 163<sup>92</sup>

Transfers to Office Account \$ NIL

Total Monetary \$ 163<sup>92</sup>

(8) Other Distributions \$ NIL

(9) TOTAL Monetary Contributions To Date  
\$ 3000

(10) TOTAL Monetary Expenditures To Date  
\$ 907<sup>92</sup>

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) <u>C. J. BECK</u></p> <p><input type="checkbox"/> Individual (only for electioneering commun.) <input checked="" type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <p><u>[Signature]</u> Signature</p>	<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) <u>Lester Zalewski</u></p> <p><input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY &amp; electioneering commun. organization)</p> <p><u>[Signature]</u> Signature</p>
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**CAMPAIGN TREASURER'S REPORT ITEMIZED EXPENDITURES**

(1) Name LESTER ZALEWSKI (2) I.D. Number 00000  
 (3) Cover Period 01 / 07 / 12 through 01 / 26 / 12 (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
01 / 12 / 12	FED EX OFFICE 300 N FEDERAL HWY FORT LAUDERDALE FL 33301-1120	SCRM VINYL BANNERS W. BRASS GROMMETS	MON		163.92
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