

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Eddie Lewis  
Name

(2) 9496 N.W. 1 Ave  
Address (number and street)

Miami Shores Village, FL 33158  
City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY

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

(4) Check appropriate box(es):

- Candidate    Office Sought: Miami Shores Village Council
- Political Committee (PC)
- Electioneering Communications Org. (ECO)     Check here if PC or ECO has disbanded
- Party Executive Committee (PTY)     Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications)     Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 02 / 17 / 17 To 03 / 10 / 17 Report Type: \_\_\_\_\_

Original     Amendment     Special Election Report

### (6) Contributions This Report

Cash & Checks    \$ \_\_\_\_\_

Loans    \$ \_\_\_\_\_ 500.00

Total Monetary    \$ \_\_\_\_\_

In-Kind    \$ \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures    \$ \_\_\_\_\_ 30.00

Transfers to Office Account    \$ \_\_\_\_\_

Total Monetary    \$ \_\_\_\_\_

### (8) Other Distributions

\$ \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ 500.00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ 30.00

### (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) Eddie Lewis

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

[Signature]  
Signature

(Type name) \_\_\_\_\_

Candidate     Chairperson (only for PC and PTY)

X  
Signature

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

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

(3) Cover Period 02 1 17 17 through 03 1 10 17 (4) Page 1 of 1

| (5)<br>Date               | (7)<br>Full Name<br>(Last, Suffix, First, Middle) | (8)<br>Contributor |            | (9)<br>Contribution | (10)<br>In-kind<br>Description | (11)<br>Amendment | (12)<br>Amount |
|---------------------------|---|--------------------|------------|---------------------|--------------------------------|-------------------|----------------|
| (6)<br>Sequence<br>Number | Street Address &<br>City, State, Zip Code         | Type               | Occupation | Type                |                                |                   |                |
| / /                       | Eddie   |                    |            |                     |                                |                   |                |
| 1                         | LEWIS   | LOA                |            |                     |                                |                   | 350            |
| / /                       |   |                    |            |                     |                                |                   |                |
| / /                       |   |                    |            |                     |                                |                   |                |
| / /                       |   |                    |            |                     |                                |                   |                |
| / /                       |   |                    |            |                     |                                |                   |                |
| / /                       |   |                    |            |                     |                                |                   |                |
| / /                       |   |                    |            |                     |                                |                   |                |
| / /                       |   |                    |            |                     |                                |                   |                |

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

(1) Name Eddie Lewis

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

(3) Cover Period 02/17/17 through 02/10/17

(4) Page 1 of 1

| (5)<br>Date               | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Purpose<br>(add office sought if<br>contribution to a<br>candidate) | (9)<br>Expenditure<br>Type | (10)<br>Amendment | (11)<br>Amount   |
|---------------------------|--|--|----------------------------|-------------------|------------------|
| (6)<br>Sequence<br>Number |  |  |                            |                   |                  |
| 1/1                       | BANK of AMERICA  | ART. Fee   |                            |                   | 30 <sup>00</sup> |
| I                         | Bank fee   |  |                            |                   |                  |
| 1/1                       |  |  |                            |                   |                  |
| 1/1                       |  |  |                            |                   |                  |
| 1/1                       |  |  |                            |                   |                  |
| 1/1                       |  |  |                            |                   |                  |
| 1/1                       |  |  |                            |                   |                  |
| 1/1                       |  |  |                            |                   |                  |
| 1/1                       |  |  |                            |                   |                  |