

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) JENNIFER LEWIS
Name

(2) 1585 TRAPPO CENTER DR #2
Address (number and street)
VENICE FL 334285
City, State, Zip Code

OFFICE USE ONLY

SEP 3 '21 AM 8:13

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- | | | |
|--|---|--|
| <input type="checkbox"/> Candidate | Office Sought: <u>CITY COUNCIL DIST 4</u> | <input type="checkbox"/> Check here if PC or ECO has disbanded |
| <input type="checkbox"/> Political Committee (PC) | | <input type="checkbox"/> Check here if PTY has disbanded |
| <input type="checkbox"/> Electioneering Communications Org. (ECO) | | <input type="checkbox"/> Check here if no other IE or EC reports will be filed |
| <input type="checkbox"/> Party Executive Committee (PTY) | | |
| <input type="checkbox"/> Independent Expenditure (IE) (also covers an individual making electioneering communications) | | |

(5) Report Identifiers

Cover Period: From 8/17/21 To 8/31/21 Report Type: 202148

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks	\$ _____ , _____ , _____ . <u>200</u> ⁻
Loans	\$ _____ , _____ , _____ . _____
Total Monetary	\$ _____ , _____ , _____ . <u>200</u> ⁻
In-Kind	\$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures	\$ _____ , _____ , _____ . <u>102</u> ⁻
Transfers to Office Account	\$ _____ , _____ , _____ . _____
Total Monetary	\$ _____ , _____ , _____ . <u>102</u> ⁻

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , _____ . 200⁻

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , _____ . 102.00

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

X Jennifer Lewis
Signature

(Type name) _____
 Candidate Chairperson (only for PC and PTY)

X Jennifer Lewis
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name JENNIFER LEWIS (2) I.D. Number _____

(3) Cover Period 8/17/21 through 8/31/21 (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
8/18/21 1	JENNIFER LEWIS 1585 TRAYON CENTER DR # 2 VENICE FL 33428	S		LOAN			200
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Tennifer Lewis

(2) I.D. Number _____

(3) Cover Period 8/17/21 through 8/31/21

(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
(6) Sequence Number					
8/20/21	CITY OF VENICE 401 WEST VENICE AVE VENICE FL	Qualifying Fee	Mon		102 ⁻
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