

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) KARLENE Maxwell-Williams

Name

(2) 5440 N. State Road 7, Ste 202

Address (number and street)

Fort Lauderdale, FL 33319

City, State, Zip Code

Check here if address has changed



(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Lauderdale Lakes Commissioner Seat 4

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 12 /01 /2019 To 12 /31 /2019 Report Type: M12

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 620 . 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 620 . 00

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 00 . 00

Transfers to Office Account \$ _____ , _____ , 00 . 00

Total Monetary \$ _____ , _____ , 00 . 00

(8) Other Distributions

\$ _____ , _____ , 00 . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 620 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 00 . 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) Karlene Maxwell-Williams

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

X KM Williams

Signature

(Type name) Karlene Maxwell-Williams

Candidate Chairperson (only for PC and PTY)

X KM Williams

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Karlene Maxwell-Williams (2) I.D. Number _____

(3) Cover Period 12 / 01 / 2019 through 12 / 31 / 2019 (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
12 / 18 / 2019	DONALD S. HILLSBERG 9241 NW 45TH STREET SUNRISE, FL 33351	I	ATTY	CHE			100.00
12 / 19 / 2019	JOYCE D. SWEETING 2130 NW 171ST STREET MIAMI GARDEN, FL 33056	I	TEACHER	CHE			20.20
12 / 27 / 2019	BROWARD MEAT AND FISH 3388 N. STATE RD 7 LAUDERDALE LAKES, FL 33319	B	OWNER	CHE			500.00
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CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name KARLENE Maxwell-Williams (2) I.D. Number _____

(3) Cover Period 12 / 01 / 201 through 12 / 31 / 201 (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) Related Expenditures	(10) Amendment	(11) Amount	(12) Distribution Type
/ /	NOTHING TO REPORT ON THIS FORM					
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name KARLENE Maxwell-Williams

(2) I.D. Number _____

(3) Cover Period 12 / 01 / 201 through 12 / 31 / 201

(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					
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