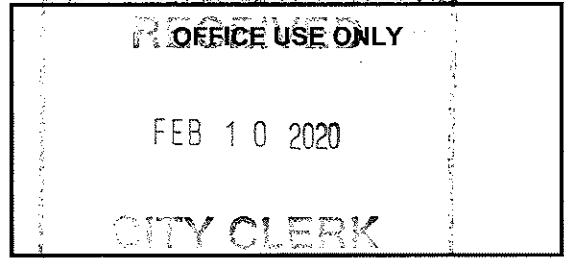


CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Karlene Maxwell-Williams
 Name
 (2) 5440 N. State Rd 7, Ste 202
 Address (number and street)
Lauderdale Lakes, FL 33319
 City, State, Zip Code



Check here if address has changed

(3) ID Number: 0000

(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 01 / 01 / 2020 To 01 / 31 / 2020 Report Type: M1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, 1 , 435 . 60

Loans \$, , 00 . 00

Total Monetary \$, , 00 . 00

In-Kind \$, , 00 . 00

(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

\$, 2 , 055 . 60

(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 *K Maxwell-Williams*
 Signature

(Type name) Karlene Maxwell-Williams
 Candidate Chairperson (only for PC and PTY)

X *K Maxwell-Williams*
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Karlene Maxwell-Williams (2) I.D. Number 0000

(3) Cover Period 01 / 01 / 2020 through 01 / 01 / 2020 (4) Page 1 of 2

(5) Date	(6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
			Type	Occupation				
01 / 02 / 2020		Flavia Christophher 3399 FOXCROFT RD. APT 105 MIRAMAR, FL 33025	I		CHE			50.00
01 / 07 / 2020		CASSANDRE D. ANGLADE 1401 NE 19TH STREET UNIT 412 MIAMI, LF 33179	I		CHE			50.00
01 / 17 / 2020		LEO GRACHOW 200 LESILE DR, APT 818 HALLANDALE BEACH, FL 33009	I		CHE			20.20
01 / 20 / 2020		DELORES MARTIN 4159 NW 52ND AVE LAUDERDALE LAKES FL 33319	I		CHE			50.00
01 / 27 / 2020		ANDREAN R. TAYLOR 6800 CYPRESS RD, APT 103 PLANTATION, FL 33317	I		CHE			100.00
01 / 27 / 2020		THE COLBERT LAW FIRM LLC 2901 SW 87TH AVE, STE 608 DAVIE, FL 33328	B		CHE			100.00
01 / 27 / 2020		STEPHEN FOSTER-DAVIS 4290 NW 45TH STREET FORT LAUDERDALE, FL 33319	I	ARTIST	CAS			1000.00

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Karlene Maxwell-Williams (2) I.D. Number 0000

(3) Cover Period 01 / 01 / 2020 through 01 / 01 / 2020 (4) Page 2 of 2

(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							
01 / 29 / 2020	NORMAINE FORD 121-44 BENTON STREET SPRINGFIELD GARDEN, NY 11413	I		CAS			20.20
01 / 29 / 2020	DAVID MORRIS 1836 RODMAN STREET # 2 HOLLYWOOD, FL 33020	I		CAS			20.20
01 / 29 / 2020	ARLENE PARKE 1430 WEDGEWOOD CIRLE # 201 TAMPA, FL 33613	I		CAS			25.00
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name Karlene Maxwell-Williams (2) I.D. Number 0000

(3) Cover Period 01 / 01 / 2020 through 01 / 01 / 2020 (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
(6) Sequence Number						
/ /	NOTHING TO REPORT					
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Karlene Maxwell-Williams

(2) I.D. Number 0000

(3) Cover Period 01 / 01 / 2020 through 01 / 01 / 2020

(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					
/ /	NOTHING TO REPORT				
/ /					
/ /					
/ /					
/ /					
/ /					