

CAMPAIGN TREASURER'S REPORT SUMMARY



(1) KARLENE Maxwell-Williams
 Name
 (2) 5440 N. State RD 7, Ste 202
 Address (number and street)
Fort Lauderdale, 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 Commissoner Seat 4
 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 08 / 01 / 2020 To 08 / 31 / 2020 Report Type: M8

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, 1 , 120 . 20

Loans \$, , 00 . 00

Total Monetary \$, 1 , 120 . 20

In-Kind \$, , 00 . 00

(7) Expenditures This Report

Monetary Expenditures \$, 2 , 966 . 00

Transfers to Office Account \$, , 00 . 00

Total Monetary \$, 2 , 966 . 00

(8) Other Distributions
 \$, , 00 . 00

(9) TOTAL Monetary Contributions To Date
 \$, 8 , 149 . 80

(10) TOTAL Monetary Expenditures To Date
 \$, 2 , 966 . 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 08 / 01 / 2020 through 08 / 31 / 2020 (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							
08 / 05 / 2020	Hope Bailey 3246 NW 102 Terrace Coral Spring, FL 33065	I		CAS			25.00
08 / 10 / 2020	Motisola Taylor 828 NW 14TH TER FORT LAUDERDALE, FL 33311-7028	I		cas			25.00
08 / 18 / 2020	Joy White Morris 8305 NW 61st ST Apt C204 Tamarac, FL 33321	I		cas			50.00
08 / 18 / 2020	Marjorie Forrest 4427 North Andrews Avenue Oakland Park, FL 33309	I		cas			20.20
08 / 19 / 2020	Cristal Cotmom 3299 NW 42ND street Lauderdale Lakes, Fl 33309	I	Mediator	cas			500.00
08 / 22 / 2020	Mr. and Mrs Ford 3951 NW 45th Ave Fort Lauderdale, fl 33319	I	Retired	cas			500.00
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name KARLENE Maxwell-Williams

(2) I.D. Number _____

(3) Cover Period 08 / 01 / 2020 through 08 / 31 / 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					
08 / 01 / 2020	Streaminn Hub Radio 4555 NW 103rd Ave Sunrise, FL 33351	Ad	CAN		1000.00
08 / 22 / 2020	Graphic Images Inc 2301 NW 33rd Court Pompano Beach, Fl 33069	posters	CAN		1966.00

CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

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

(3) Cover Period 08 / 01 / 2020 through 08 / 31 / 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					
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