FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) ANDREWLEWIS	OFFICE USE ONLY						
Name	09						
(2) <u>9570 NW 24 PLACE</u>	<u> </u>						
Address (number and street)							
SUNRISE FL 33322 City, State, Zip Code							
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:						
(4) Check appropriate box(es):							
Candidate (office sought): SUNRISE CITY COMMISSION GROUP B							
☐ Political Committee	CHECK IF PC HAS DISBANDED						
Committee of Continuous Existence	CHECK IF CCE HAS DISBANDED						
Party Executive Committee							
☐ Electioneering Communication ☐ CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED							
(5) REPORT IDENTIFIERS							
Cover Period: From 04 / 01 / 09 To	66 / 30 / 09 Report Type 2009 QZ						
☑ Original ☐ Amendment ☐ Special Election	Report Independent Expenditure Report						
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT						
	Monetary						
Cash & Checks \$	Expenditures \$						
Loans \$ 400. **	Transfers to Office						
	Account \$ 6						
Total Monetary \$ 400 °C	Total						
	Monetary \$ 8						
In-Kind \$_Ø							
	(8) Other Distributions						
	\$_Ø						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$ <u>400.∞</u>	\$_Ø						
(44) OFF	IFIO A TION						
(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,	I certify that I have examined this report and it is true,						
correct, and complete.							
(Type name) ANDREW LEWIS	(Type name) ANDREW LEWIS						
Individual (only for electioneering commun.)	Candidate Chairperson (only for PC, PTY & electioneering commun. organization)						
X andrew Lewis	X andrew Lewis						
Signature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name AN	IDREW LEWIS	(2) I.D. Number						
(3) Cover Period 04 / 01 / 09 through 06 / 30 / 09 (4) Page / of /								
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)	
(6)	(Last, Suffix, First, Middle)							
Sequence Number	Street Address & City, State, Zip Code	C Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount	
	ANDREW LEWIS					1770		
06/08/09	9570 NW 24 PL	I	Security Officer	LOA			400.00	
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