FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Alexander S. Lewy
Name

(2) P.O. Box 4444
Address (number and street)

Hallandale Beach, FL 33008
City, State, Zip Code

☐ **CHECK IF ADDRESS HAS CHANGED**

OFFICE USE ONLY

CITY OF HALLANDALE
CITY CLERK
09 JAN 29 AM 9:21

(3) **ID Number:**

(4) **Check appropriate box(es):**

☑ Candidate (office sought): Hallandale Beach City Commissioner

☐ 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 10 / 31 / 08 To 02 / 01 / 09 Report Type TR

☑ Original ☐ Amendment ☐ Special Election Report ☐ Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	$ 0.00
Loans	$ 0.00
Total Monetary	$ 0.00
In-Kind	$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	$ 20,826.45
Transfers to Office Account	$ 0.00
Total Monetary	$ 20,826.45

(8) Other Distributions

$ 0.00

(9) TOTAL Monetary Contributions To Date

$ 27,000.00

(10) TOTAL Monetary Expenditures To Date

$ 27,000.00

(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) Sammy Kalmowicz

☐ Individual (only for electioneering commun.) ☑ Treasurer ☐ Deputy Treasurer

X Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Alexander S. Lewy

☑ Candidate ☐ Chairperson (only for PC, PTY & electioneering commun. organization)

X Signature

DS-DE 12 (Rev. 08/04)

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Alexander S. Lewy (2) I.D. Number

(3) Cover Period 10 / 31 / 08 through 2 / 1 / 09 (4) Page 1 of 3

(5) Date / (6) Sequence Number	(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
11 /03 /08 1	Sprint 2001 Edmund Halley Dr., Reston, VA 20191	Campaign Cell Phone	MON		$236.70
11 /03 /08 2	Fedex Kinko 155 Hollywood Blvd. Hollywood, FL 33027	Campaign Flyers	MON		$177.02
11 /04 /08 3	Flanigans 4 N Federal Hwy, Hallandale, FL 33009	Staff Lunch	MON		$31.00
11 /04 /08 4	Flashback Diner 220 S Federal Hwy, Hallandale Beach, FL 33009	Staff Meal	MON		$30.60
11 /05 /08 5	Winn Dixie 1515 E Hallandale Beach Blv, Hallandale Beach, FL 33009	Staff Food	MON		$21.54
11 /6 /08 6	Upper Deck 906 E Hallandale Bch Blvd, Hallandale, FL 33009	Victory Party	MON		$372.77
11 /10 /08 7	Evy Edelman	Staff	MON		$200.00
11 /12 /08 8	GrassRoots Communications 3620 Kensington St. Hollywood, FL 33021	Campaign Materials	MON		$15,850.00

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Alexander S. Lewy (2) I.D. Number

(3) Cover Period 10 / 31 / 08 through 2 / 1 / 09 (4) Page 2 of 3

(5) Date / (6) Sequence Number	(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
11 / 12 / 08 9	Marisa Oberstein	Staff	MON		$100.00
11 / 14 / 08 10	Sun Times 305 NW 10th Terr. Hallandale Beach, FL 33009	Ads	MON		$1,150.00
11 / 18 / 08 11	Nickeisha Wilson	Staff	MON		$200.00
11 / 25 / 08 12	D'Vorah Silverstein	Staff	MON		$200.00
12 / 02 / 08 13	Ilana Entin 3620 Kensington St. Hollywood, FL 33021	Supplies	MON		$277.72
12 / 02 / 08 14	Patrice Phelps	Staff	MON		$100.00
12 / 05 / 08 15	Alexander Lewy 401 NE 14th Ave., Apt 109 Hallandale Beach, FL 33009	Refund	REF		$984.73
12 / 18 / 08 16	Joanne Williams	Staff	MON		$150.00

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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Alexander S. Lewy (2) I.D. Number

(3) Cover Period 10 / 31 / 08 through 2 / 1 / 09 (4) Page 3 of 3

(5) Date / (6) Sequence Number	(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
12 / 31 / 08 17	Bank of America PO BOX 15019 Wilmington, DE 19886	Reimbursement of expenses	MON		$743.37
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