

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Alexander Lewy  
Name

(2) P.O. Box 4444  
Address (number and street)  
Hallandale Beach, FL 33009  
City, State, Zip Code

**OFFICE USE ONLY**

16 JUL 14 PM 4:54  
CITY OF HALLANDALE  
CITY CLERK

Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

- Candidate Office Sought: Hallandale Beach City Commission 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 6 / 25 / 16 To 7 / 8 / 16 Report Type: 2016 P2

- Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        , 3,500. <sup>00</sup>

Loans \$        ,        , 0. <sup>00</sup>

Total Monetary \$        , 3,500. <sup>00</sup>

In-Kind \$        ,        , 0. <sup>00</sup>

### (7) Expenditures This Report

Monetary Expenditures \$        ,        , 0. <sup>00</sup>

Transfers to Office Account \$        ,        , 0. <sup>00</sup>

Total Monetary \$        ,        , 0. <sup>00</sup>

### (8) Other Distributions

\$        ,        , 0. <sup>00</sup>

### (9) TOTAL Monetary Contributions To Date

\$        , 27,500. <sup>00</sup>

### (10) TOTAL Monetary Expenditures To Date

\$        ,        , 584.47

### (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) Alex Lewy

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

**X**   
Signature

(Type name) Alexander Lewy

Candidate  Chairperson (only for PC and PTY)

**X**   
Signature

**CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name Alexander Lewy (2) I.D. Number \_\_\_\_\_

(3) Cover Period 6 / 25 / 16 through 7 / 8 / 16 (4) Page 1 of 1

(5) Date	(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				
6 / 29 / 16	The Ben-Alex Group, Inc. 4420 NW 15 Street Lauderhill, FL 33313	B	Marketing Consultant	CHE			500. <sup>00</sup>
1							
7 / 1 / 16	Hallandale Beach Orthopedics, Inc. 1250 E. Hallandale Beach Blvd Hallandale Beach FL 33009	B	Medical	CHE			500. <sup>00</sup>
2							
7 / 7 / 16	Jorgarou Enterprises, Inc. 220 South Federal Hwy/ Hallandale Beach FL 33009	B	Restaurants	CHE			500. <sup>00</sup>
3							
7 / 8 / 16	Kristina Jaaniste 763 NE 193 <sup>rd</sup> Terr. Miami, FL 33179	I	Architects	CHE			1000. <sup>00</sup>
4							
7 / 8 / 16	Marklet A. Lopez 1800 Cord Way St. 453204 Miami FL 33145	I	Architects	CHE			1000. <sup>00</sup>
5							
1 / 1							
1 / 1							

CITY OF HALLANDALE  
 CITY CLERK  
 16 JUL 16 PM 4:51



16 JUL 14 PM 4:53  
OFFICE OF HALLANDALE  
CITY CLERK

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

**NOTE: This form must be on file with the qualifying  
officer before opening the campaign account.**

**OFFICE USE ONLY**

**1. CHECK APPROPRIATE BOX(ES):**

Initial Filing of Form      Re-filing to Change:  Treasurer/Deputy     Depository     Office     Party

**2. Name of Candidate** (in this order: First, Middle, Last)

Alexander Samuel Lewy

**3. Address** (include post office box or street, city, state, zip code)

P.O. Box 4444

Hallandale Beach

FL 33008

**4. Telephone**

(954) 357-0777

**5. E-mail address**

Alex@Lewy.us

**6. Office sought** (include district, circuit, group number)

Hallandale Beach City Commission Seat 4

**7. If a candidate for a nonpartisan office, check if applicable:**

My intent is to run as a Write-In candidate.

**8. If a candidate for a partisan office, check block and fill in name of party as applicable:** My intent is to run as a

Write-In     No Party Affiliation     \_\_\_\_\_ Party candidate.

**9. I have appointed the following person to act as my**     Campaign Treasurer     Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**

Alex Lewy

**11. Mailing Address**

P.O. Box 4444

**12. Telephone**

(954) 357-0777

**13. City**

Hallandale Beach

**14. County**

Broward

**15. State**

FL

**16. Zip Code**

33008

**17. E-mail address**

Alex@Lewy.us

**18. I have designated the following bank as my**     Primary Depository     Secondary Depository

**19. Name of Bank**

Wells Fargo

**20. Address**

1201 E. Hallandale Beach Blvd.

**21. City**

Hallandale Beach

**22. County**

Broward

**23. State**

FL

**24. Zip Code**

33009

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.**

**25. Date**

7/14/2016

**26. Signature of Candidate**

X 

**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

I, Alex Lewy, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

7/14/2016

Date

X



Signature of Campaign Treasurer or Deputy Treasurer