

# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Lawrence Martin  
 Name  
 (2) PO Box 120336  
 Address (number and street)  
Fort Lauderdale, FL 33312  
 City, State, Zip Code

OFFICE USE ONLY  
**RECEIVED**  
 OCT 09 2019  
 CITY CLERK'S OFFICE

Check here if address has changed

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

(4) Check appropriate box(es):

- Candidate Office Sought: Lauderhill City Commissioner, Seat 1
- 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 09 / 01 / 2019 To 09 / 30 / 2019 Report Type: M9

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , 312 . 70

Transfers to Office Account \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 312 . 70

### (8) Other Distributions

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 350 . 00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 342 . 98

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

X Barbara Gayle  
 Signature

(Type name) Lawrence Martin  
 Candidate  Chairperson (only for PC and PTY)

X  
 Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Lawrence Martin

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 09 / 01 / 2019 through 09 / 30 / 2019

(4) Page 2 of 2

(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					
09 / 16 / 2019	Ofis Copy & Shipping 5225 NW 29th Avenue Miami, FL 33142	Printing	Printing		\$312.70
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