

# 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: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate Office Sought: Lauderale Lakes Commissoonr 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 10 / 03 / 2020 To 10 / 16 / 2020 Report Type: G6

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , 00 . 00

Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , 00 . 00

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 00 . 00

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , 00 . 00

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ , 5 , 795 . 05

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

Total Monetary \$ \_\_\_\_\_ , 5 , 795 . 05

### (8) Other Distributions

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

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , 10 , 009 . 80

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , 8 , 761 . 05

### (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** KMWilliams

Signature

(Type name) Karlene Maxwell-Williams

Candidate  Chairperson (only for PC and PTY)

**X** KMWilliams

Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name KARLENE Maxwell-Williams

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

(3) Cover Period 10 / 03 / 202 through 10 / 16 / 202

(4) Page 1 of 1

| (5)<br>Date               | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Purpose<br>(add office sought if<br>contribution to a<br>candidate) | (9)<br>Expenditure<br>Type | (10)<br>Amendment | (11)<br>Amount |
|---------------------------|--|--|----------------------------|-------------------|----------------|
| (6)<br>Sequence<br>Number |  |  |                            |                   |                |
| 10 / 04 / 2020            | Radio Mega<br>75 NW 167th St, North Miami Beach,<br>FL 33169                                   | Radio ad   | CAN                        |                   | 300.00         |
| 10 / 05 / 2020            | Sak Pase Media<br>P.O. Box 170943<br>Hialeah, FL 33017   | Radio Ad   | CAN                        |                   | 1000.00        |
| 10 / 07 / 2020            | Unique Ink Printing<br>1934 SW 89th Ave<br>Boca Raton, FL 33486                                | Postcards and<br>Mailers   | CAN                        |                   | 2,584.05       |
| 10 / 14 / 2020            | Cox Radio, Inc<br>P.O. Box 83196<br>Chicago, IL 60691  | Radio Ad   | CAN                        |                   | 1411.00        |
| 10 / 15 / 2020            | BSN Radio<br>P.O. box 55288<br>Miami, FL 33055   | Radio Ad   | CAN                        |                   | 500.00         |
|                           |  |  |                            |                   |                |
|                           |  |  |                            |                   |                |
|                           |  |  |                            |                   |                |
|                           |  |  |                            |                   |                |

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 10 / 03 / 2020 through 10 / 16 / 2020 (4) Page 1 of 1

| (5)<br>Date               | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Contributor |            | (9)<br>Contribution<br>Type | (10)<br>In-kind<br>Description | (11)<br>Amendment | (12)<br>Amount |
|---------------------------|--|--------------------|------------|-----------------------------|--------------------------------|-------------------|----------------|
| (6)<br>Sequence<br>Number |  | Type               | Occupation |                             |                                |                   |                |
| / /                       | Nothing to Report  |                    |            |                             |                                |                   |                |
| / /                       |  |                    |            |                             |                                |                   |                |
| / /                       |  |                    |            |                             |                                |                   |                |
| / /                       |  |                    |            |                             |                                |                   |                |
| / /                       |  |                    |            |                             |                                |                   |                |
| / /                       |  |                    |            |                             |                                |                   |                |
| / /                       |  |                    |            |                             |                                |                   |                |
| / /                       |  |                    |            |                             |                                |                   |                |
| / /                       |  |                    |            |                             |                                |                   |                |