

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Lesa "Le" Peerman

Name

(2) 6921 NW 4th Pl

Address (number and street)

Margate FL 33063

City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY

MAY 12 2020

QUALIFYING OFFICES

Estimated
5/9/20
(Signature)

(3) ID Number _____

(4) Check appropriate box(es):

Candidate Office Sought: City Commissioner Seat 1

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 04 / 01 / 2020 To 04 / 30 / 2020 Report Type: M4 2020

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 0 . _____

Loans \$ _____, _____, _____ . _____

Total Monetary \$ _____, _____, 0 . _____

In-Kind \$ _____, _____, _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 56 . 10

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

Total Monetary \$ _____, _____, 56 . 10

(8) Other Distributions

\$ _____, _____, 822 . 11

(9) TOTAL Monetary Contributions To Date

\$ _____, 1 , 791 . 14

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 822 . 11

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

X Lesa Peerman
Signature

(Type name) LesA "Le" Peerman
 Candidate Chairperson (only for PC and PTY)

X Lesa "Le" Peerman
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Lesia "Le" Peerman

(2) I.D. Number _____

(3) Cover Period 04 / 01 / 2020 through 04 / 30 / 2020

(4) Page 1 of 1 MAY 12 2020

(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
4 / 15 / 20	CITY NATIONAL BANK 9750 W. ATLANTIC BLVD CORAL SPRINGS, FL 33071	Bank fee	CAN		\$ 20.00
1					
4 / 21 / 20	Wawa 2000 N. STATE RD 7 MARGATE, FL 33063	GAS	CAN		\$ 36.10
2					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

MARGATE
QUALIFYING OFFICER

5/12/20

Peerman

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name LesA "Le" Peerman

(2) I.D. Number _____

(3) Cover Period 04 101 12020 through 04 130 12020

(4) Page MAY 12 2020 of 1
Stelan Nasir

MARGATE

QUALIFYING OFFICER

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
/ /	N/A						
/ /							
/ /							
/ /							
/ /							
/ /							
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/ /							