

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Warren Lee
Name
 (2) 8291 Dames Pt. Crossing Blvd., #5203
Address (number and street)
Jacksonville, FL 32277
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1015368]
 Submitted on:
 10/19/2009 08:55:01 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 182

(4) **Check appropriate box(es):**
 Candidate (office sought): Mayor
 Political Committee **CHECK IF PC HAS DISBANDED**
 Committee of Continuous Existence **CHECK IF CCE HAS DISBANDED**
 Party Executive Committee **CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED**
 Electioneering Communication

(5) REPORT IDENTIFIERS

Cover Period: From 7/1/2009 To 9/30/2009 / Report Type Q3
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

| | | |
|----------------|----|---------------|
| Cash & Checks | \$ | <u>0.00</u> |
| Loans | \$ | <u>0.00</u> |
| Total Monetary | \$ | <u>0.00</u> |
| In-Kind | \$ | <u>319.56</u> |

(7) EXPENDITURES THIS REPORT

| | | |
|-----------------------------|----|-------------|
| Monetary Expenditures | \$ | <u>0.00</u> |
| Transfers to Office Account | \$ | <u>0.00</u> |
| Total Monetary | \$ | <u>0.00</u> |

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 0.00

(10) TOTAL Monetary Expenditures To Date
 \$ 0.00

(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) <input type="checkbox"/> Individual (only for electioneering commun.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer X _____ Signature | I certify that I have examined this report and it is true, correct, and complete. _____ (Type name) <input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY & electioneering commun. organization) X _____ Signature |
|---|---|

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Warren Lee

(2) I.D. Number 182

(3) Cover Period 7/1/2009 through 9/30/2009

(4) Page 1 of 0

| (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 | | | | | |
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