	CAMPAIGN TREASURE	R'S REPORT SUMMARY					
(1)	T.J. Lewis	OFFICE USE ONLY					
	Name	ONLINE SUBMISSION					
(2)	P.O. Box 1224	Submitted on:					
	Address (number and street)	9/29/2015 12:33:42 (eastern)					
	Tallahassee, FL 32302 City, State, Zip Code						
	Check here if address has changed	(3) ID Number: 410					
(4)		(9) ID Number.					
(4)	Check appropriate box(es): X Candidate Office Sought: Leon County Co	Commission - District 2					
	Political Committee (PC)	Ommitbbion Discrise 2					
	☐ Electioneering Communications Org. (ECO)	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					
	individual making electioneering communications)	Check here it no other is of so reports will be hied					
		dentifiers					
Cove	rer Period: From 8 / 1 / 2015 To	8 / 31 / 2015 Report Type: M8					
0	Original ☐ Amendment ☐ Spe	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
		Monetary					
Cash	h & Checks \$, , ,000	Expenditures \$, , 0 . 00					
Lagr	\$ 0.00	To a contract the Area					
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$					
Tota	al Monetary \$, , 0 . 00	Office Account \$, , , 0 . 00					
TULA	,,,,	Total Monetary \$, , 0 . 00					
In-Ki	ind \$, , 0.00	,,,					
Hi i si	, ,	(8) Other Distributions					
	1	\$,, ooo					
'2 \							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
	\$	\$, , <u>187</u> . <u>61</u>					
	(11) Cert	L tification					
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:							
(T	Type name)	(Type name)					
	Individual (only for IE Treasurer Deputy Treasurer	☐ Candidate ☐ Chairperson (only for PC and PTY)					
10	electioneering comm.)						
X		x					
Si	ignature	Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	J. Lewis	. Lewis			(2) I.D. Number	410		
	8/1/201	5		8/31/	2015				
(3) Cover Period	1	1	through	1	1	(A) Page	1	of $\frac{1}{}$	

(5) Date	(7) Full Name	(8)		(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
8/16/2015 /	Fairbrother, Ben 4412 Cripple Creek Drive. Tallahassee, FL 32309	Ī	business owner	СН	=	Delete	\$150.0
8/16/2015 / /	Fairbrother, Ben 4412 Cripple Creek Drive. Tallahassee, FL 32309	I	ceo	СН		Add	\$150.0
8/22/2015	Jain, Piyush 1158 Old Fort Drive Tallahassee, FL 32301	I	business owner	СН		Delete	\$250.0
8/22/2015 / /	Jain, Piyush 1158 Old Fort Drive Tallahassee, FL 32301	I	ceo	СН		Add	\$250.0
j 1							
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J I							

(1) Name <u>T.J.</u>	URES				
	8/1/2015 8/3 / / through	31/2015	1) Page <u>1</u>		0
(5) Date (6) Sequence Number	(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)	(11)
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