

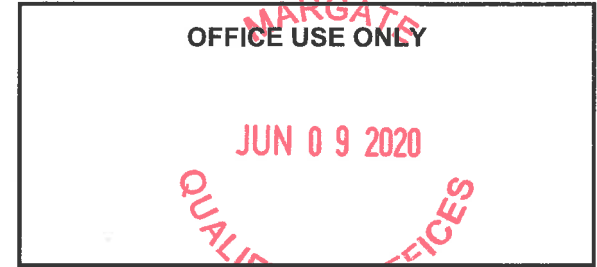
CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Lesla "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



(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 5 1 1 2020 To 5 31 2020 Report Type: 2020M5

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 0.

Loans \$ _____, _____, _____.

Total Monetary \$ _____, _____, 0.

In-Kind \$ _____, _____, _____.

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 20.00

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

Total Monetary \$ _____, _____, 20.00

(8) Other Distributions

\$ _____, _____, LP

(9) TOTAL Monetary Contributions To Date

\$ _____, 1,791.14

(10) TOTAL Monetary Expenditures To Date

\$ _____, 802.11

(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) Lesla Peerman

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

X Lesla Peerman
Signature

(Type name) Lesla "Le" Peerman

Candidate Chairperson (only for PC and PTY)

X Lesla Le Peerman
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Leslie "Le" Peerman

(2) I.D. Number _____

(3) Cover Period 5 / 1 / 2020 through 5 / 31 / 2020

(4) Page 1 of 9 JUN 09 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
5 / 15 / 20	CITY NATIONAL BANK 9750 W. ATLANTIC CORAL SPRINGS FL 33071	Bank fee	CAN		\$ 20.00
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

MARGATE
 QUALIFYING OFFICES

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

MARGATE

(1) Name _____ (2) I.D. Number _____

(3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (4) Page JUN 09 2020 of ____

QUALIFYING OFFICES

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