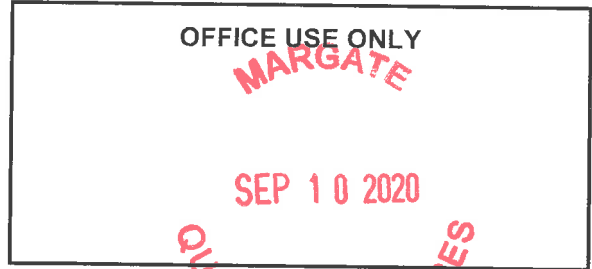


CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Lesia "Le" Peerman
Name

(2) 6921 NW 4th Pl
Address (number and street)

MARGATE, FL 33063
City, State, Zip Code



(3) ID Number: _____

Check here if address has changed

(4) Check appropriate box(es):

- | | | |
|--|----------------------|--|
| <input checked="" type="checkbox"/> Candidate | Office Sought: _____ | <input type="checkbox"/> Check here if PC or ECO has disbanded |
| <input type="checkbox"/> Political Committee (PC) | | <input type="checkbox"/> Check here if PTY has disbanded |
| <input type="checkbox"/> Electioneering Communications Org. (ECO) | | <input type="checkbox"/> Check here if no other IE or EC reports will be filed |
| <input type="checkbox"/> Party Executive Committee (PTY) | | |
| <input type="checkbox"/> Independent Expenditure (IE) (also covers an individual making electioneering communications) | | |

(5) Report Identifiers

Cover Period: From 8 / 1 / 20 To 8 / 31 / 20 Report Type: M8 2020

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 65 . 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , 30 . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 70 . 00

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

Total Monetary \$ _____ , _____ , 70 . 00

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 3 , 256 . 41

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 1 , 158 . 95

(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) LESIA PEERMAN

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

X Lesia Peerman
Signature

(Type name) Lesia "Le" PEERMAN

Candidate Chairperson (only for PC and PTY)

X Lesia "Le" Peerman
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name LesA "Le" Peerman (2) I.D. Number MARGATE

(3) Cover Period 8/1/20 through 8/31/20 (4) Page 1 of 1
SEP 10 2020

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
8/5/20	LesA Peerman 6931 NW 4th St Margate, FL 33063	I	Candidate	INK	SIGN STANDS		\$ 30.00
1							
8/31/20	Richard Alder 357 N. Rock Blvd #404 Margate, FL 33063	I	Retired				\$ 20.00
2							
8/31/20	Mary Becerra 6701 NW 7th St Margate, FL 33063	I	waitress				\$ 20.00
3							
8/31/20	Mikki Carpenter 370 NW 76th Ave #303 Margate, FL	I	Retired				\$ 25.00
4							
1/1							
1/1							
1/1							

QUALIFYING OFFICES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Leslie "Le" Peerman

(2) I.D. Number _____

(3) Cover Period 8 / 1 / 20 through 8 / 31 / 20

(4) Page 1 of 1

MARGATE
SEP 10 2020

QUALIFYING OFFICES

(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
8/17/20	CITY NATIONAL BANK 9750 W. ATLANTIC BLVD LOREL SPRINGS FL 33071	BANK FEE	CAN		\$20.00
1					
8/26/20	SUPERVISOR OF ELECTIONS 115 S. ANDREWS AVE RM 102 FORT LAUDERDALE, FL 33301	VOTERS LIST	CAN		\$50.00
2					
1 / 1					
1 / 1					
1 / 1					
1 / 1					
1 / 1					
1 / 1					