

CAMPAIGN TREASURER'S REPORT SUMMARY

CITY OF FORT LAUDERDALE

(1) Warren Sturman
 Name
 (2) 801 Ponce De Leon Drive
 Address (number and street)
Fot Lauderdale, FL 33316
 City, State, Zip Code

OFFICE USE ONLY
 2023 JUN 12 AM 10:46
 CITY CLERK'S OFFICE

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):
 Candidate Office Sought: Fort Lauderdale City Commission: District 4
 Political Committee (PC)
 Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
 Party Executive Committee (PTY) Check here if PTY has disbanded
 Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 04 / 01 / 2023 To 04 / 30 / 2023 Report Type: M4
 Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . _____
 Loans \$ _____ , _____ , 100 . 00
 Total Monetary \$ _____ , _____ , 100 . 00
 In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , _____ . _____
 Transfers to Office Account \$ _____ , _____ , _____ . _____
 Total Monetary \$ _____ , _____ , 0 . 00

(8) Other Distributions
 \$ _____ , _____ , _____ . _____


(9) TOTAL Monetary Contributions To Date
 \$ _____ , _____ , 100 . 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) Warren Sturman
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X _____
 Signature

(Type name) Warren Sturman
 Candidate Chairperson (only for PC and PTY)

X _____
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 04 / 01 / 2023 through 04 / 30 / 2023 (4) Page 1 of 1

| (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 |
|----------------|--|---|-----------|-----------------------------|--------------------------------|-------------------|----------------|
| 04 / 07 / 2023 | WARREN STURMAN 1625 SE 3 AVENUE FT LAUDERDALE, FL 33316 | I | PHYSICIAN | LOA | | | \$ 100. 00 |
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name WARREN STURMAN

(2) I.D. Number _____

(3) Cover Period 04 / 01 / 2023 through 04 / 30 / 2023

(4) Page 1 of 1

| (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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