CITY OF FORT LAUDERDALE

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CAMPAIGN TREASURER'S REPORT SUMMARY PM 2: 03					
(1) Warren Sturman	OFFICE USE ONLY CITY CLERK'S OFFICE				
Name					
(2) 801 Ponce De Leon Drive					
Address (number and street)	*** * *				
Fort Lauderdale, FL 33316					
City, State, Zip Code					
Check here if address has changed	(3) I.D. Number: 00000				
(4) Check appropriate box(es):					
X Candidate (office sought): Fort Lauderdale City Comm	ission District 4				
l []	eck here if PC or ECO has disbanded				
Electioneering Communications Org. (ECO)	eck nere if PC or ECO has dispanded				
Party Executive Committee (PTY)	eck here if PTY has disbanded				
	eck here if no other IE or EC reports will be filed				
Independent Expenditure (IE) (also covers an individual making electioneering communications)					
	DENTIFIEDS				
(5) REPORT I	DENTIFIERS				
Cover Period: From 06/01/2024 To 06/14/2024	Report Type: P1				
X Original Amendment Special Elect	tion Report				
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT				
	Monetary ,				
Cash & Checks \$5,000.00	Expenditures \$1,285.00				
	Transfers to				
Loans\$0.00	Office Account \$0.00				
Louis	,				
Total Manatany \$5,000.00	Total Monetary\$1,285.00				
Total Monetary	Total Monetary				
In-Kind\$0.00	(8) Other Distributions \$0.00				
(9) TOTAL Monetary Contributions to Date	(10) TOTAL Monetary Expenditures to Date				
	·				
\$130,988.00	\$9,467.69				
(11) CERTIFICATION					
It is a first degree misdemeanor for any person	on 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:					
\cap					
Warren Sturman	Warren Sturman				
Individual (only for IE of Treasurer Deputy Treasurer	Chairman (only for PC and PTY)				
electioneering commyh.)					
\mathbf{x} ///////////	x ////////////////////////////////////				
Signature 0	Signature				

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

00000 (2) I.D. Number Warren Sturman (1) Name 06/01/2024 - 06/14/2024 1 of 1 (3) Cover Period (4) Page (5) (8) (9)(10)(11)(12)(7) Date Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code Contributor (6) In-kind Contribution Type Sequence Number Occupation Type Description Amendment Amount \$ 1000.00 **Ensemble Holdings LLC** В Develope CHE 06/04/2024 161 NW 6th Street Ste 1200 Miami, FL 33136-0000 1 В Develope CHE \$ 1000.00 Birdie Development LLC 06/04/2024 161 NW 6th Street Ste 1020 Miami, FL 33136-0000 2 В General CHE \$ 1000.00 Atlantic Pacific Community Builders, 06/04/2024 Contracto LLC 8609 S Dixie Hwy Pinecrest, FL 33156-0000 3 В CHE \$ 1000.00 **Atlantic Pacific Community Property** 06/04/2024 Manage Management, LLC ment 8609 S Dixie Hwy Pinecrest, FL 33156-0000 4 CHE \$ 1000.00 В Atlantic Pacific Communities, LLC Develope 06/04/2024 161 NW 6th Street Ste 1020 Miami, FL 33136-0000 5

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name	Warren Sturman		(2) I.D. Number	00000	
(3) Cover Perio	od 06/01/2024 - 06/14/2024		(4) Page	1 of 1	
(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
06/01/2024	GFLDC PO Box 4113 Fort Lauderdale, FL 33338-0000	Luncheon	MON		\$ 300.00
1					
06/03/2024	City of Fort Lauderdale 100 N Andrews Ave Fort Lauderdale, FL 33301-0000	Qualifying Fee	MON		\$ 985.00
2					
			-		
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CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name	Warren Sturman		(2) I.D. Number	r <u>00</u> 000)
(3) Cover Period 06/01/2024 - 06/14/2024		(4) Page	0 of 0		
(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Related Expenditures	Amendmen	
	Nothing to report on the	his form			
				İ	

CAMPAIGN TREASURER'S REPORT - FUND TRANSFERS

(1) Name	Warren Sturman		(2) I.D. Numbe	r 0000	0
(3) Cover Peri	iod 06/01/2024 - 06/14/2024		(4) Page	0 of 0	
(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Name of Financial Institution Street Address & City, State, Zip Code	Transfer Type	Nature of Account	Amendmer	nt Amount
	Nothing to report on thi	s forn	Ŋ		
	0				