

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

OFFICE USE ONLY

(1) STEPHEN LEZCANO
Name

(2) 3624 JACKSON ST., #21
Address (number and street)

MOLLYWOOD, FL 33021
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): City of Hollywood Commission - District 6

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 04 / 01 / 07 To 06 / 30 / 07 Report Type Q2

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0

Loans \$ 0

Total Monetary \$ 0

In-Kind \$ 0

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 0

Transfers to Office Account \$ 2

Total Monetary \$ 0

(8) Other Distributions

\$ 0

(9) TOTAL Monetary Contributions To Date

\$ 0

(10) TOTAL Monetary Expenditures To Date

\$ 0

(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) STEPHEN LEZCANO

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) STEPHEN LEZCANO

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 04 / 01 / 07 through 06 / 30 / 07 (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
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name STEPHEN LEZCANO

(2) I.D. Number _____

(3) Cover Period 04 / 01 / 07 through 06 / 30 / 07

(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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NONE					
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CAMPAIGN TREASURER'S REPORT – FUND TRANSFERS

(1) Name STEPHEN LEZCANO

(2) I.D. Number _____

(3) Cover Period 04/01/07 through 06/30/07

(4) Page 1 of 1

(5) Date	(7) Name of Financial Institution Street Address & City, State, Zip Code	(8) Transfer Type	(9) Nature of Account	(10) Amendment	(11) Amount
(6) Sequence Number					
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NONE					
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