

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) LINDA SHERWOOD
Name

(2) 5300 WASHINGTON ST D104
Address (number and street)

HOLLYWOOD FL 33021
City, State, Zip Code

OFFICE USE ONLY

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Candidate | Office Sought: <u>CITY COMMISSION DISTRICT 6</u> | <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 12/01/2014 To 12/31/2014 Report Type: M12 2014

Original Amendment Special Election 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 \$ 0, ____, ____. ____

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) WILLIAM SHERWOOD

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

[Signature]
Signature

(Type name) LINDA SHERWOOD

Candidate Chairperson (only for PC and PTY)

[Signature]
Signature