

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) LINDA SHERWOOD
Name

(2) 5300 WASHINGTON ST. D-104
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 COMMISSIONER 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 1/1/2015 To 1/31/2015 Report Type: M1 2015

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