

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) LINDA SHERWOOD
 Name
 (2) 5300 WASHINGTON STREET 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):

- Candidate Office Sought: HOLLYWOOD CITY COMMISSION^{ER} DISTRICT 6
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)

- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From OCT 1 12015 To OCT 31 12015 Report Type: M10 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

\$ ____, 1,500.00

(10) TOTAL Monetary Expenditures To Date

\$ ____, 34.00

(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) WILLIAM SHERWOOD

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

William Sherwood
 Signature

(Type name) Linda SHERWOOD


Candidate Chairperson (only for PC and PTY)

Linda Sherwood
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS


(1) Name LINDA SHERWOOD (2) I.D. Number _____

(3) Cover Period OCT, 1 2015 through OCT, 31 2015 (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 LINDA SHERWOOD (2) I.D. Number _____
 (3) Cover Period OCT 1 2015 through OCT 31 2015 (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
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