

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) LINDA SHERWOOD

Name

(2) 5300 WASHINGTON STREET 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):

Candidate

Office Sought:

HOLLYWOOD CITY COMMISSIONER 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 MAY 1 / 2015 To MAY 31 / 2015 Report Type: M5 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

William Sherwood

Signature

(Type name) Linda SHERWOOD

Candidate Chairperson (only for PC and PTY)

Linda Sherwood

Signature