

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):

- Candidate Office Sought: COMMISSIONER DIST. 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 12 / 01 / 19 To 12 / 31 / 19 Report Type: M-012
 Original Amendment Special Election Report 2019

(6) Contributions This Report

Cash & Checks \$ _____

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ _____

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ _____ 15,030.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ 704.54

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

Linda 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 12 1 19 through 12 31 19 (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 12/01/19 through 12/31/19

(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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