

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Lynn Sherman  
 Name  
 (2) P.O. Box 43480  
 Address (number and street)  
Jacksonville, FL 32203  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1085824]

Submitted on:  
 3/5/2015 22:45:03 (eastern)

Check here if address has changed

(3) ID Number: 567

(4) Check appropriate box(es):

- Candidate Office Sought: City Council District 8
- Political Committee (PC)
- Electioneering Communications Org. (ECO)  Check here if PC or ECO has disbanded
- Party Executive Committee (PTY)  Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 2 / 21 / 2015 To 2 / 27 / 2015 Report Type: F5

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$          ,          , 600 . 00

Loans \$          ,          , 0 . 00

Total Monetary \$          ,          , 600 . 00

In-Kind \$          ,          , 34 . 73

### (7) Expenditures This Report

Monetary Expenditures \$          ,          , 70 . 00

Transfers to Office Account \$          ,          , 0 . 00

Total Monetary \$          ,          , 70 . 00

### (8) Other Distributions

\$          ,          , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$          , 37 , 355 . 00

### (10) TOTAL Monetary Expenditures To Date

\$          , 20 , 067 . 32

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

X \_\_\_\_\_  
 Signature

(Type name) \_\_\_\_\_  
 Candidate  Chairperson (only for PC and PTY)

X \_\_\_\_\_  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Lynn Sherman (2) I.D. Number 567  
 (3) Cover Period 2/21/2015 through 2/27/2015 (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
2/21/2015 / /	Richardson, Renee L. 11644 Kennewick Ct. Jacksonville, FL 32218	I supervisor	IK	mail supplies		\$34.73
1						
2/25/2015 / /	Weaver, Delores Barr 2358 Riverside Ave Ste. 1005-1006 Jacksonville, FL 32204-4610	I philanthro pist	CH			\$500.00
2						
2/27/2015 / /	Boyce, Philip 9380 River Pine Road Jacksonville, FL 32257	I svp	CH			\$100.00
3						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Lynn Sherman

(2) I.D. Number 567

(3) Cover Period 2/21/2015 through 2/27/2015

(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
(6) Sequence Number					
2/26/2015 //	Constant Contacts, 1601 Trapelo Road Waltham, MA 02451	communication	MO		\$70.00
1					
//					
//					
//					
//					
//					
//					
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