

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Lynn Sherman
Name
 (2) 1452 Bassett Road
Address (number and street)
Jacksonville, FL 32208
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1057414]
 Submitted on:
 12/8/2013 21:09:45 (eastern)

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: 567

(4) Check appropriate box(es):

- Candidate (office sought): City Council District 8
- Political Committee CHECK IF PC HAS DISBANDED
- Committee of Continuous Existence CHECK IF CCE HAS DISBANDED
- Party Executive Committee
- Electioneering Communication CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 11/1/2013 To 11/30/2013 Report Type M11

- Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	<u>400.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>400.00</u>
In-Kind	\$	<u>0.00</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$	<u>0.00</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>0.00</u>

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 600.00

(10) TOTAL Monetary Expenditures To Date
 \$ 0.00

(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) _____

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X _____

Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) _____

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X _____

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Lynn Sherman (2) I.D. Number 567

11/1/2013 through 11/30/2013

(3) Cover Period / / through / / (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
11/25/2013 / /	Egan, Ann T. 4211 Yacht Club Road Jacksonville, FL 32210	I	pediatrician	CH			\$100.00
1							
11/13/2013 / /	Raines, Diane S. 4090 San Jose Blvd. Jacksonville, FL 32207	I	chief nursing officer	CH			\$250.00
2							
11/18/2013 / /	Scales-Taylor, Madeline 91 San Juan Dr. # K-3 Ponte Vedra Beach, FL 32082	I	retired	CH			\$50.00
3							
/ /							
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Lynn Sherman

(2) I.D. Number 567

(3) Cover Period 11/1/2013 through 11/30/2013

(4) Page 1 of 0

(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					
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