

## 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**  
 [1085453]

Submitted on:  
 2/24/2015 21:31:16 (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 11 / 1 / 2014 To 11 / 30 / 2014 Report Type: M11

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , 0 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 0 . 00

In-Kind \$        ,        , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$        ,        , 0 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 0 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 32 , 030 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        , 15 , 509 . 55

### (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

11/1/2014 through 11/30/2014

(3) Cover Period      /      /      through      /      /      (4) Page 1 of 0

(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 Lynn Sherman

(2) I.D. Number 567

(3) Cover Period 11/1/2014 through 11/30/2014

(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
11/3/2014 //	T-Mobile,	cell phone	MO	Delete	\$50.00
1					
11/3/2014 //	T-Mobile, 840 Nautica Dr., Suite 109 Jacksonville, FL 32218	cell phone	MO	Add	\$50.00
2					
11/3/2014 //	Constant Contacts,	marketing/ communications	MO	Delete	\$70.00
3					
11/3/2014 //	Constant Contacts, 1609 Trapelo Road Waltham, MA 02451	marketing/ communications	MO	Add	\$70.00
4					
11/21/2014 //	Don Wilson Interprises,	facilities use	MO	Delete	\$1,658.00
5					
11/21/2014 //	Don Wilson Interprises, 9560 Lem Turner Rd. Jacksonville, FL 32208	facilities use	MO	Add	\$1,658.00
6					
//					
//					