

## 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**  
 [1075890]

Submitted on:  
 9/10/2014 18:04:00 (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 8 / 1 / 2014 To 8 / 31 / 2014 Report Type: M8

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$      ,   2   , 100 . 00

Loans \$      ,      ,   0   . 00

Total Monetary \$      ,   2   , 100 . 00

In-Kind \$      ,      ,   0   . 00

### (7) Expenditures This Report

Monetary Expenditures \$      ,      ,   50   . 00

Transfers to Office Account \$      ,      ,   0   . 00

Total Monetary \$      ,      ,   50   . 00

### (8) Other Distributions

\$      ,      ,   0   . 00

### (9) TOTAL Monetary Contributions To Date

\$      ,   15   ,  595   . 00

### (10) TOTAL Monetary Expenditures To Date

\$      ,   1   ,  850   . 47

### (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  
 8/1/2014 through 8/31/2014  
 (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 Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number						
8/14/2014 / /	Serwatka, Tom 1431 Riverplace Blvd, Unit 1209 Jacksonville, FL 32207	I 1209 univ. chief of staff	CH			\$50.00
1						
8/14/2014 / /	O'Brien, Carolyn 605 Hannah Park LN St. Augustine, FL 32095	I registered nurse	CH			\$300.00
2						
8/14/2014 / /	Willis, Floyd 3949 Charter House Jacksonville, FL 32224	I physician	CA			\$50.00
3						
8/10/2014 / /	Johnson, Erdine 1858 Daytona LN N Jacksonville, FL 32218	I retired educ admin	CH			\$100.00
4						
8/17/2014 / /	Patz, Melanie 1633 Parrish Pl Jacksonville, FL 32205	I healthcare executive	CH			\$100.00
5						
8/26/2014 / /	Wooten, Scott 1101 Willow Wood Circle Omaha , NE 68152-5251	I healthcare executive	CH			\$1,000.00
6						
8/29/2014 / /	Scantz, Susan 233 Pablo Road Ponte Vedra Beach, FL 32082	I college professor	CH			\$500.00
7						
/ /						

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Lynn Sherman

(2) I.D. Number 567

(3) Cover Period 8/1/2014 through 8/31/2014

(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
8/4/2014 //	T Moble,	cell phone	MO		\$50.00
1					
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