

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
 [1085452]

Submitted on:
 2/24/2015 21:21:30 (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 9 / 1 / 2014 To 9 / 30 / 2014 Report Type: M9

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

(3) Cover Period 9/1/2014 through 9/30/2014 (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 9/1/2014 through 9/30/2014

(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
9/3/2014 //	T-Mobile,	cell phone	MO	Delete	\$125.00
1					
9/3/2014 //	T-Mobile, 840 Nautica Dr., Suite 109 Jacksonville, FL 32218	cell phone	MO	Add	\$125.00
2					
9/12/2014 //	FiveStar Graphics,	marketing	MO	Delete	\$50.00
3					
9/12/2014 //	FiveStar Graphics, 750 S Orange Blossom Trail #11 Orlando, FL 32805	marketing	MO	Add	\$50.00
4					
//					
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