

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Linda SHERWOOD
Name

(2) 5300 WASHINGTON ST. #104
Address (number and street)

HOLLYWOOD FL 33021
City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

OFFICE USE ONLY

(4) Check appropriate box(es):

Candidate Office Sought: Commission Dist. 6

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 05 / 01 / 2020 To 05 / 31 / 2020 Report Type: M-520

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ _____

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 15,730.00

(10) TOTAL Monetary Expenditures To Date

\$ 782.56

(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) Linda SHERWOOD
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

Linda Sherwood
Signature

(Type name) Linda SHERWOOD
 Candidate Chairperson (only for PC and PTY)

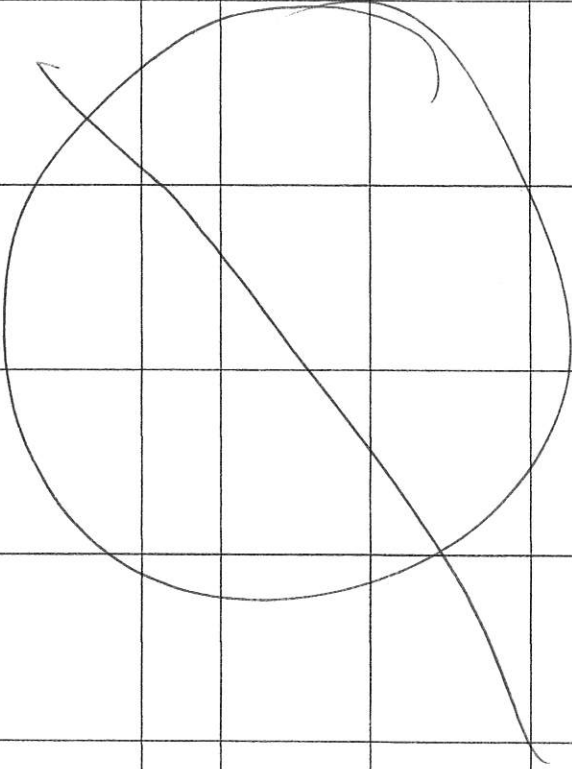
Linda Sherwood
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Linda SHERWOOD (2) I.D. Number _____

(3) Cover Period 05/01/2020 through 05/31/2020 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
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CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name Linda SHERWOOD (2) I.D. Number _____

(3) Cover Period 05 18 / 2020 through 05 13 / 2020 (4) Page 1 of 1

(5) Date	(6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Related Expenditures	(10) Amendment	(11) Amount	(12) Distribution Type
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