

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

(1) DAVID ROSS SHERMAN

Name

(2) P.O. Box 1372

Address (number and street)

VENICE, FL 34284

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

OFFICE USE ONLY

CLERK FEB02'12 PM 2:56

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate (office sought): VENICE CITY COUNCIL SEAT # 1

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 / 03 / 11 To CLOSE

Report Type TERMINATION REPORT

Original     Amendment     Special Election Report     Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks    \$ — 0 —

Loans    \$ — 0 —

Total Monetary    \$ — 0 —

In-Kind    \$ — 0 —

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures    \$ 867.73

Transfers to Office Account    \$ — 0 —

Total Monetary    \$ 867.73

(8) Other Distributions    \$ — 0 —

(9) TOTAL Monetary Contributions To Date  
\$ 8,893.00

(10) TOTAL Monetary Expenditures To Date  
\$ 8,893.00

**(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.

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

(Type name) ANDREA COOPER

(Type name) DAVID R SHERMAN

Individual (only for electioneering commun.)     Treasurer     Deputy Treasurer

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

X Andrea Cooper

X David R Sherman

Signature

Signature

**CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name DAVID ROSS SHERMAN

*TERMINATION*

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 11 / 03 / 11 through CLOSE

(4) Page ONE of ONE

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount	
(6) Sequence Number	Street Address & City, State, Zip Code							
/ /	<p><i>NO CONTRIBUTIONS TO REPORT</i></p>							
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TERMINATION

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name DAVID ROSS SHERMAN

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 11/03/11 through CLOSE

(4) Page ONE of ONE

(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					
11/03/11	CAFE VENICE 116 WEST VENICE AVE VENICE, FL. 34285		MON		240. <sup>75</sup>
1					
11/04/11	LA DOLCE VITA 217 W. MIAMI AVE VENICE, FL 34285		MON		500. <sup>00</sup>
2					
12/01/11	TRIANGLE INN ASSOC. NASSAU ST VENICE, FL. 34285		MON		126.98
11					
01/01/12	CORRECTION FOR BANK ERROR		MON		.05
11					
11					
11					