

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

(1) DAVID R. SHERMAN
Name
(2) 1353 LUCAYA AVE
Address (number and street)
VENICE, FL 34285
City, State, Zip Code

OFFICE USE ONLY

CLERK 13OCT'14 AM 9:01

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): 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 10 / 04 / 14 To 10 / 10 / 14 Report Type 204 G-5

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 351.00

Loans \$ —

Total Monetary \$ 351.00

In-Kind \$ —

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ — 0 —

Transfers to Office Account \$ — 0 —

Total Monetary \$ — 0 —

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 5071.00

(10) TOTAL Monetary Expenditures To Date

\$ 660.84

(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.

DAVID R. SHERMAN
(Type name)

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

[Signature]
Signature

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

DAVID R SHERMAN
(Type name)

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

[Signature]
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name DAVID R SHERMAN (2) I.D. Number _____

(3) Cover Period 10/04/14 through 10/10/14 (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		Type	Occupation	Type	Description		Amount
10,09,14 1	BOONE, BOONE, BOONE & KODA P.A. 1001 AVENIDA DEL CIRCO VENICE, FL 34285	B		CHE			100.00
10,08,14 2	PAUL & PATRICIA HACK 5398 HARBOURWATCH WAY APT 201 MASON OH 45040	I		CHE			50.00
10,09,14 3	M. MARSHALL HAPPER III 117 MARTELLA GO DR. NORTH VENICE FL 34275	I		CHE			100.00
10,09,14 4	JOHN & MELINDA DORAZIO 565 LAGARDE DR VENICE, FL 34293	I		CHE			101.00
1 1							
1 1							
1 1							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name DAVID STERMAN (2) I.D. Number _____
 (3) Cover Period 10, 04, 14 through 10, 10, 14 (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
(6) Sequence Number					
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