

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

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

OFFICE USE ONLY

CLERK 17NOV'14 PM 2:37

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 10/31/14 To 02/02/15 Report Type TR
 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 \$ 1,062.49
 Transfers to Office Account \$ —
 Total Monetary \$ 1,062.49

(8) Other Distributions \$ —

(9) TOTAL Monetary Contributions To Date
\$ 5411.80

(10) TOTAL Monetary Expenditures To Date
\$ 5411.00

(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.

DAVID R SHERMAN
(Type name)
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

DAVID R. SHERMAN
(Type name)
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X David Sherman
Signature

X David Sherman
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 10/31/14 through 02/02/15 (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
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name DAVID R SHERMAN (2) I.D. Number _____
 (3) Cover Period 10,31,14 through 02,02,15 (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					
11/5/14	ALL FAITHS FOOD BANK 8171 BLAKIE COURT SP2ASOTA, FL 34240		DIS		1,000 ⁰⁰
1					
11/14/14	DAVID R. SHERMAN 1353 LUCAYA AVE VENICE, FL 34285		CAN		62.49
2					
11					
11					
11					
11					
11					
11					