

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Lorenzo Wood
 Name
 (2) 730 Holly Street
 Address (number and street)
N. Lauderdale, FL 33068
 City, State, Zip Code

OFFICE USE ONLY
 RECEIVED
 MAR 10 2018
 CITY NORTH LAUDERDALE

B. Vancheri

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: City Commissioner District A
- 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 2 / 01 / 18 To 2 / 28 / 18 Report Type: _____

- Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 00.00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 2.00

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 2.00

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 6 , 100.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 40.05

(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) Lorenzo Wood
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

(Type name) Lorenzo Wood
 Candidate Chairperson (only for PC and PTY)

Lorenzo P. Wood
 Signature

Lorenzo P. Wood
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Lorenzo Wood

(2) I.D. Number _____

(3) Cover Period 02/01/18 through 02/28/18

(4) Page _____ of _____

(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
02/28/18	T. D. Bank 2600 N. University Dr Coral Springs, FL 33065	statement fee	CAN		2.00
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(Handwritten signature)