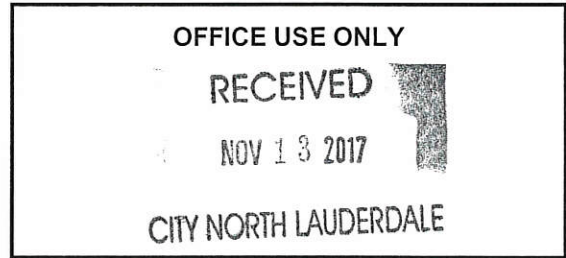


## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Lorenzo Wood  
Name

(2) 730 Holly Street  
Address (number and street)

N. Lauderdale, FL 33068  
City, State, Zip Code



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)
- 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 10 / 1 / 17 To 10 / 31 / 17 Report Type: M10 2017

Original     Amendment     Special Election Report

#### (6) Contributions This Report

Cash & Checks    \$ \_\_\_\_\_, 1,000.00

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

\$ \_\_\_\_\_, 5,600.00

#### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_, \_\_\_\_\_, 32.05

### (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

X Lorenzo C. Wood  
Signature

(Type name) Lorenzo Wood

Candidate     Chairperson (only for PC and PTY)

X Lorenzo P. Wood  
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Lorenzo Wood (2) I.D. Number \_\_\_\_\_

(3) Cover Period 10 / 01 / 17 through 10 / 31 / 17 (4) Page 2 of 3

(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, 26, 17	Wheelabrator South Broward Trc.		Contractor	CHE			\$1,000.00
1	100 Arboretum Dr. STE. 310 Portsmouth, NH 03801-7833	B					
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

*LW*

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

(1) Name Lorenzo Wood

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

(3) Cover Period 10 / 01 / 17 through 10 / 31 / 17

(4) Page 3 of 3

(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
10/30/17	T. D. Bank	Statement Fee	CAN		2.00
1					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

*LW*