

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

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

OFFICE USE ONLY  
**RECEIVED**  
MAR 10 2014  
CITY NORTH LAUDERDALE  
*B. Vancheri*  
City Clerk

CHECK IF ADDRESS HAS CHANGED

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

(4) Check appropriate box(es):

- Candidate (office sought): City Commissioner North Lauderdale
- Political Committee  CHECK IF PC HAS DISBANDED
- Committee of Continuous Existence  CHECK IF CCE HAS DISBANDED
- Party Executive Committee  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
- Electioneering Communication

**(5) REPORT IDENTIFIERS**

Cover Period: From 02 / 01 / 14 To 02 / 28 / 14 Report Type M2

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 1000.00

Loans \$ 0

Total Monetary \$ 0

In-Kind \$ 0

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ \_\_\_\_\_

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

**(8) Other Distributions**

\$ \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**

\$ 4150.00

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

\$ \_\_\_\_\_

**(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 electioneering commun.)  Treasurer  Deputy Treasurer

*X Lorenzo Wood*  
Signature

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

(Type name) Lorenzo Wood

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

*X Lorenzo Wood*  
Signature

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 02 / 01 / 14 through 02 / 28 / 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
02 / 11 / 14	Marlow, Jon 5800 Pine Terrace Plantation, FL 33317	I	Educator				\$250.00
1							
02 / 11 / 14	Marlow, Kathryn 5800 Pine Terrace Plantation, FL 33317	I	Educator				\$250.00
2							
02 / 18 / 14	Hasting, Alcee PO Box 100277 Fort Lauderdale, FL 33310	I	Congressman				\$500.00
3							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							