

**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**  
APR 08 2014  
CITY NORTH LAUDERDALE *jt 1620*

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  
 Electioneering Communication  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 03/01/14 To 03/31/14 Report Type M3  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 125.00  
 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  
 \$ 3825.00

(10) TOTAL Monetary Expenditures To Date  
 \$ 25.00 Bank fee

**(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 C. 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 C. Wood*  
 Signature

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

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

(3) Cover Period 03 101 14 through 03 131 14 (4) Page \_\_\_\_\_ of \_\_\_\_\_

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description	Amendment	Amount
03, 06, 14	Garcia, Linda	I	Office Manager	Check			\$ 25.00
1	20048 NW 64 <sup>th</sup> Ct Rd. Miami, FL 33015						
03, 06, 14	Kravitz, Eugene	I	Dentist	check			\$ 100.00
2	17767 SW 2 St. Pembroke Pines, FL 33029						
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