

**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**  
FEB 10 2014  
CITY NORTH LAUDERDALE  
*B. Varcher's 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 01 / 01 / 14 To 01 / 31 / 14 Report Type M1

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 250.00

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**

\$ 3150.00

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

\$ 25.00 (Bank account 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

*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)

*Lorenzo C. Wood*  
Signature

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Lorenzo Wood

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

(3) Cover Period 01 / 01 / 14 through 01 / 31 / 14

(4) Page 2 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
01 / 22 / 14	Moore, Peter 915 W. Las Olas Blvd. Ft. Lauderdale, FL 33312	I	Engineer	Check			\$250.00
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