

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Mark S Hammer  
 Name  
 (2) 484 S Bauer Rd  
 Address (number and street)  
Lecanto, FL 34461  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1221482]  
 Submitted on:  
 7/31/2020 10:31:54 (eastern)

Check here if address has changed

(3) ID Number: 440

(4) Check appropriate box(es):

- Candidate Office Sought: County Commissioner District 3
- 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 7 / 18 / 2020 To 7 / 24 / 2020 Report Type: P5

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , 125 . 00

Loans \$        ,        , 350 . 00

Total Monetary \$        ,        , 475 . 00

In-Kind \$        ,        , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$        ,        , 37 . 50

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 37 . 50

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 13 , 595 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        , 12 , 846 . 56

### (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) \_\_\_\_\_  
 Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

X \_\_\_\_\_  
 Signature

(Type name) \_\_\_\_\_  
 Candidate  Chairperson (only for PC and PTY)

X \_\_\_\_\_  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Mark S Hammer (2) I.D. Number 440  
 7/18/2020 through 7/24/2020  
 (3) Cover Period / / through / / (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
(6) Sequence Number		Type	Occupation				
7/20/2020 / /	Hupp, Irene PO Box 170 Lecanto, FL 34461	I	retired teacher	CH			\$25.00
1							
7/20/2020 / /	DeSanti, James 8616 E Cresco Ln Inverness, FL 34450	I	hr department	CH			\$100.00
2							
7/23/2020 / /	Hammer, Mark 484 S. Bauer Rd Lecanto, FL 34461	S	contractor	LO			\$350.00
3							
/ /							
/ /							
/ /							
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/ /							
/ /							
/ /							

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

(1) Name Mark S Hammer

(2) I.D. Number 440

(3) Cover Period 7/18/2020 through 7/24/2020

(4) Page 1 of 1

(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
(6) Sequence Number					
7/22/2020 / /	Brannen Banks, PO Box 1929 Inverness, FL 34451	banking fees	MO		\$37.50
1					
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