

CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY

(1) BRIAN HAMMAN
 Name
 (2) 2208 NE 5TH PL, CAPE CORAL, FL 33909
 Address (number and street)

 City, State, Zip Code

(3) ID Number: 745

Check here if address has changed

(4) Check appropriate box(es):
 Candidate Office Sought: COUNTY COMMISSIONER-4
 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 11/1/2013 / / To 11/30/2013 / / Report Type: M11
 Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks	\$	____, ____ , ____	0.00
Loans	\$	____, ____ , ____	0.00
Total Monetary	\$	____, ____ , ____	0.00
In-Kind	\$	____, ____ , ____	0.00

(7) Expenditures This Report

Monetary Expenditures	\$	____, ____ , ____	0.00
Transfers to Office Account	\$	____, ____ , ____	0.00
Total Monetary	\$	____, ____ , ____	0.00

(8) Other Distributions 0.00
 \$ ____ , ____ , ____ . ____

(9) TOTAL Monetary Contributions To Date
 \$ ____ , ____ , 253,199.00

(10) TOTAL Monetary Expenditures To Date
 \$ ____ , ____ , 251,757.63

(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) _____ <input type="checkbox"/> Individual (only for IE or electioneering comm.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer X _____ Signature	(Type name) _____ <input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC and PTY) X _____ Signature
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name BRIAN HAMMAN (2) I.D. Number 745

(3) Cover Period 11/1/2013 / / through 11/30/2013 / / (4) Page 1 of 0

(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
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name BRIAN HAMMAN

(2) I.D. Number 745

(3) Cover Period 11/1/2013 through 11/30/2013

(4) Page 1 of 0

(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					
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CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name BRIAN HAMMAN (2) I.D. Number 745

11/1/2013 through 11/30/2013

(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) Purpose (add office sought if contribution to a candidate)	(9) Related Expenditures	(10) Amendment	(11) Amount	(12) Distribution Type
(6) Sequence Number						
11/26/2013 / / 1	Verizon, 140 West Street New York, NY 10007	cell phone bill	2013-M12 (amended)	Amended-1	\$112.37	
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