

# 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

Check here if address has changed

(3) ID Number: 745

(4) Check appropriate box(es):

Candidate Office Sought: COUNTY COMMISSIONER-4

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 3/1/2014 /     /     To 3/31/2014 /     /     Report Type: M3

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    \$     ,     ,     . 421.35

Transfers to Office Account    \$     ,     ,     . 0.00

Total Monetary    \$     ,     ,     . 421.35

(8) Other Distributions    \$     ,     ,     . 0.00

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

\$     ,     ,     . 253,199.00

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

\$     ,     ,     . 239,334.87

**(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 BRIAN HAMMAN (2) I.D. Number 745

(3) Cover Period 3/1/2014 /      /      through 3/31/2014 /      /      (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

3/1/2014 through 3/31/2014

(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) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
3/31/2014 / /	Printing, Arthur 1518 SE 46th Ln Cape Coral, FL 33904	thank you cards and envelopes	MON	Add	\$421.35
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