CAMPAIGN TREASURER'S REPORT SUMMARY

(1) CLAUDETTE HAMMOND
Name

(2) 7348 N.W. 5th STREET
Address (number and street)

PLANTATION, FL 33317
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

(3) ID Number: _____

(4) Check appropriate box(es):

☑ Candidate Office Sought: PLANTATION CITY COUNCIL, GROUP 2
☐ 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 9 / 1 / 14 To 9 / 30 / 14 Report Type: SEPTEMBER

☑ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ ___ , ___ , 700 . 00
Loans	$ ___ , 1 , 000 . 00
Total Monetary	$ ___ , 1 , 700 . 00
In-Kind	$ ___ , ___ , ___ . ___

(7) Expenditures This Report

Monetary Expenditures	$ ___ , ___ , 148 . 54
Transfers to Office Account	$ ___ , ___ , ___ . ___
Total Monetary	$ ___ , ___ , 148 . 54

(8) Other Distributions
$ ___ , ___ , ___ . ___

(9) TOTAL Monetary Contributions To Date
$ ___ , 1 , 700 . 00

(10) TOTAL Monetary Expenditures To Date
$ ___ , ___ , 148 . 54

(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) Eric Hammond
☐ Individual (only for IE or electioneering comm.) ☑ Treasurer ☐ Deputy Treasurer
X [signature]
Signature

(Type name) Claudette Hammond
☑ Candidate ☐ Chairperson (only for PC and PTY)
X Claudette Hammond
Signature

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name CLAUDETTE HAMMOND **(2) I.D. Number** NONE

(3) Cover Period 9 / 1 / 14 through 9 / 30 / 14 **(4) Page** 1 of 1

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
9 / 16 / 14 1	CLAUDETTE HAMMOND 931 N.W 97th AVENUE, PLANTATION 33324		DIRECTOR BUSINESS DEV./ MARKETING	LOAN			$1000
9 / 16 / 14 2	HAMMOND & ASSOCIATES, INC 7348 N.W 5th STREET PLANTATION 33317	B	ENGINEERING	CHE			$500
9 / 16 / 14 3	TOTAL SYSTEMS INC. 7348 NW 5th STREET PLANTATION 33317	B	CONTRACTORS	CHE			$200
/ / 							
/ / 							
/ / 							
/ / 							

DS-DE 13 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name CLAUDETTE HAMMOND (2) I.D. Number NONE

(3) Cover Period 9/1/14 through 9/30/14 (4) Page 1 of 1

(5) Date / (6) Sequence Number	(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
9/22/14 / 1	SUPERVISOR OF ELECTIONS OFFICE 115 S. ANDREWS AVE. #102, Ft LAUDERDALE FL 33301	CAMPAIGN MAP + VOTERS LIST	CHE		$39.50
9/22/14 / 2	EDCO AWARDS + SPECIALTIES 3702 DAVIE BLVD FORT LAUDERDALE FL 33312	CAMPAIGN SIGNS + NAME BADGE	CHE		119.04
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DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES