# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Claudette Hammond Campaign
Name

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

Plantation, FL 33317
City, State, Zip Code

OFFICE USE ONLY
RECEIVED
JUN 17 2015
CITY CLERK'S OFFICE

☐ **Check here if address has changed**

(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 2 / 21 / 15 To 3 / 5 / 15 Report Type: 2015 G-7

☐ Original ☒ Amendment ☐ Special Election Report

**(6) Contributions This Report**

| | |
|---|---|
| Cash & Checks | $ 3,842.86 |
| Loans | $ 2,300 |
| Total Monetary | $ 6,142.86 |
| In-Kind | $ 88.40 |

**(7) Expenditures This Report**

| | |
|---|---|
| Monetary Expenditures | $ 5,068.71 |
| Transfers to Office Account | $ |
| Total Monetary | $ 5,068.71 |

**(8) Other Distributions**
$

**(9) TOTAL Monetary Contributions To Date**
$ 23,706.26

**(10) TOTAL Monetary Expenditures To Date**
$ 22,367.82

**(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

(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** _____

**(3) Cover Period** 2 / 21 / 15 through 3 / 5 / 15 **(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 |
|---|---|---|---|---|---|---|---|
| 3 / 4 / 15 / 1 | LAMARR RUFFIN 885 Holly Lane Plantation 33317 | I | Contractor | Check | | | 75 |
| 3 / 4 / 15 / 2 | DR. WINSTON ALEXIS 209 S.W 98th AVENUE PLANTATION 33324 | B | DOCTOR | Check | | | 100 |
| 3 / 4 / 15 / 3 | CLAUDETTE HAMMOND 7348 NW 5th ST PLANTATION 33317 | I | BUS DEV. DIRECTOR | LOAN | | | 700 |
| 3 / 4 / 15 / 4 | CLAUDETTE HAMMOND 7348 NW 5th STREET PLANTATION 33317 | I | BUS DEV. DIRECTOR | | 88.40 | | |
| / / | | | | | | | |
| / / | | | | | | | |
| / / | | | | | | | |

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