

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) BRUCE HANNOVER

Name

(2) 617 NE 2ND PLACE

Address (number and street)

DANIA BEACH, FL 33004

City, State, Zip Code

OFFICE USE ONLY



CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): CITY COMMISSIONER

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 10 / 13 / 12 To 11 / 1 / 12 Report Type G4

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

sh & Checks \$ 250⁰⁰

Loans \$ _____

Total Monetary \$ 250

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 250⁰⁰

Transfers to Office Account \$ -

Total Monetary \$ 250⁰⁰

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 3218.96

(10) TOTAL Monetary Expenditures To Date

\$ 2488.84

(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) REGINA Clancy
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

Regina Clancy
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) BRUCE R. HANNOVER
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

Bruce R. Hannover
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Bruce Hannover (2) I.D. Number _____

(3) Cover Period 10 / 13 / 12 through 11 / 1 / 12 (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
/ /	CATHERINE BORGESE 5592 SW 28TR. DAWA, FL. 33312	1	NURSE	CAS			250 ⁰⁰
1							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name BROCE HADDOEN

(2) I.D. Number _____

) Cover Period 10 / 13 / 12 through 11 / 1 / 12

(4) Page 1 of (

(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					
11 / 1 / 12	DANIA BELL PLESS POBOX 128 DANIA BELL FL. 33004	Ad.	MON		\$250 ⁰⁰
1					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					