

**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

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 11/4/12 To 2/4/13 Report Type FINAL

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0

Loans \$ _____

Total Monetary \$ 0

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 155.12

Transfers to Office Account \$ _____

Total Monetary \$ 155.12

(8) Other Distributions \$ _____

(9) TOTAL Monetary Contributions To Date

\$ 3218.96

(10) TOTAL Monetary Expenditures To Date

\$ 2643.96

(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

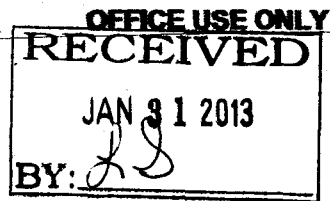
Regina Clancy
Signature

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 EXPENDITURES

(1) Name BRUCE HANNOVEN

(2) I.D. Number _____

(3) Cover Period 11 / 2 / 12 through 2 / 4 / 13

(4) Page _____ 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					
1 / 30 / 13	BRUCE R. HANNOVEN 617 NE 2 PL DAVIA Rd FL. 33004		REF		155.12
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CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Bruce Handover

(2) I.D. Number _____

Cover Period 11 / 2 / 12 through 2 / 4 / 13

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
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