

# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) ANNA HOCHKAMMER

OFFICE USE ONLY

(2) 10041 WEST SUBURBAN DR.  
 Name

PINECREST FL 33134  
 Address (number and street)

City, State, Zip Code

Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate Office Sought: COUNCILMEMBER, SEAT 1

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 8 / 1 / 20 To 8 / 31 / 20 Report Type: 8

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$ 750.00

Loans \$ 0.00

Total Monetary \$ 750.00

In-Kind \$ 0.00

### (7) Expenditures This Report

Monetary Expenditures \$ 3,460.60

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ 3,460.60

### (8) Other Distributions

\$ 0.00

### (9) TOTAL Monetary Contributions To Date

\$ 14,725.00

### (10) TOTAL Monetary Expenditures To Date

\$ 6,761.65

### (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) ANNA HOCHKAMMER

Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

[Signature]  
 Signature

(Type name) ANNA HOCHKAMMER

Candidate  Chairperson (only for PC and PTY)

[Signature]  
 Signature

**CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name ANNA HOCHKAMMER (2) I.D. Number \_\_\_\_\_

(3) Cover Period 8 / 1 / 20 through 8 / 31 / 20 (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
(6) Sequence Number		Type	Occupation	Type	Description		
8, 4, 20 /	MJ WRIGHT 6300 CHAPMAN FIELD DR MIAMI FL 33156	I <del>I</del> <del>I</del>	MANAGER WLT WORLD ENTERPRISES	CAS <del>I</del> <del>I</del>			500.00
8, 8, 20	PHILIP LETMAN 8791 SW 64 CT PINECREST FL 33156	I	INVESTOR SELF- EMPLOYED	CAS. <del>I</del> <del>I</del>			250.00
/ /							
/ /							
/ /							
/ /							
/ /							

**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name ANNA HOCHKAMMER

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 8/1/20 through 8/31/20

(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
8/30/20 /	ANEDOT 5355 HILTON AVE SUITE 106 BATON ROUGE LA 70808	FEES	CAN		30.60
8/11/20 2	HSA ENTERPRISES. 7700 N KENDALL DR SUITE 505 MIAMI FL 33156	PROMOTIONAL MATERIALS	CAN.		2550.00
8/27/20 3	ANNA HOCHKAMMER 10041 WEST SUBURBAN DR PINECREST FL 33156	COMMUNICATIONS	RMB		400.00
8/31/20 4	ANNA HOCHKAMMER 10041 W SUBURBAN DR PINECREST FL 33156	HOURLY HELP	RMB		480.00
1/1					
1/1					
1/1					
1/1					