

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

(1) Caryl M. Hattan
Name
(2) 7790 N.W. 31 ST
Address (number and street)
Davie, Fl. 33024-2203
City, State, Zip Code

OFFICE USE ONLY
(3) ID Number: _____

CHECK IF ADDRESS HAS CHANGED
(4) Check appropriate box(es):
 Candidate (office sought): Council member District 2
 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 07/01/12 To 09/30/12 Report Type Q-3
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT
Cash & Checks \$ 250.00
Loans \$ _____
Total Monetary \$ 250.00
In-Kind \$ _____

(7) EXPENDITURES THIS REPORT
Monetary Expenditures \$ 0
Transfers to Office Account \$ _____
Total Monetary \$ 0

(8) Other Distributions \$ _____

(9) TOTAL Monetary Contributions To Date
\$ 6,050

(10) TOTAL Monetary Expenditures To Date
\$ 0

(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) Caryl M. Hattan
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer
X Caryl M. Hattan
Signature

I certify that I have examined this report and it is true, correct, and complete.
(Type name) Caryl M. Hattan
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)
X Caryl M. Hattan
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Caryl M. Hattan (2) I.D. Number _____

(3) Cover Period 07, 01, 12 through 09, 30, 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
9, 22, 12	MR. & MRS. D. Tringo 19737 SW 14 ST Pembroke Pines FL 33029	I	business man	ch			250.00
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Caryl M. Hattan

(2) I.D. Number _____

(3) Cover Period 07, 01, 12 through 09, 30, 12

(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
<u>11</u>	<i>Nothing to Report</i>				
<u>11</u>					
<u>11</u>					
<u>11</u>					
<u>11</u>					
<u>11</u>					