

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Caryl M. Hattan
Name

(2) 7790 N.W. 31st
Address (number and street)

Davie Fl. 33024
City, State, Zip Code



Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Councilmembers Town of Davie District 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 1 / 1 / 18 To 1 / 31 / 18 Report Type: M-1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . _____

Loans \$ 5,000 , 0 . 00

Total Monetary \$ 5,000 . 00

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ 1,500 . 00

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ 1,500 . 00

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ 5,000 . 00

(10) TOTAL Monetary Expenditures To Date

\$ 1,500 . 00

(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 IE or electioneering comm.) Treasurer Deputy Treasurer

X Caryl M. Hattan
Signature

(Type name) Caryl M. Hattan

Candidate Chairperson (only for PC and PTY)

X Caryl M. Hattan
Signature

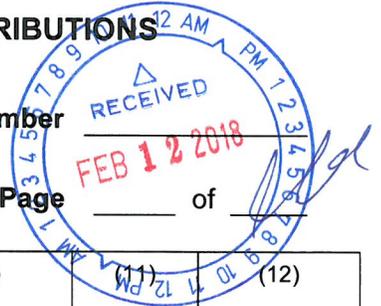
CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Caryl M. Hatten

(2) I.D. Number _____

(3) Cover Period 1 / 1 / 18 through 1 / 31 / 18

(4) Page _____ of _____



(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							
<u>1 / 18 / 18</u>	<u>Caryl Hatten Campaign Brightstar Credit Union 2400 Dave Road Dave IL.</u>	<u>C</u>	<u>retired</u>	<u>Loan</u>			<u>500.00</u>
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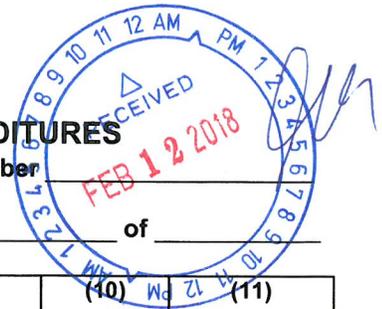
CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Caryl M. Hattan

(2) I.D. Number _____

(3) Cover Period 1 / 1 / 18 through 1 / 31 / 18

(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					
1/29/18	Fisk Gala. 13798 NW 45 #309	donation for gala.			\$ 150.00
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