

CAMPAIGN TREASURER'S REPORT SUMMARY

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



(3) ID Number: _____

Check here if address has changed

(4) Check appropriate box(es):

- | | | |
|--|----------------------|--|
| <input checked="" type="checkbox"/> Candidate | Office Sought: _____ | <input type="checkbox"/> Check here if PC or ECO has disbanded |
| <input type="checkbox"/> Political Committee (PC) | | <input type="checkbox"/> Check here if PTY has disbanded |
| <input type="checkbox"/> Electioneering Communications Org. (ECO) | | <input type="checkbox"/> Check here if no other IE or EC reports will be filed |
| <input type="checkbox"/> Party Executive Committee (PTY) | | |
| <input type="checkbox"/> Independent Expenditure (IE) (also covers an individual making electioneering communications) | | |

(5) Report Identifiers

Cover Period: From 8/1/18 To 8/31/18 Report Type: M-8
 Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 2,050.00
 Loans \$ _____
 Total Monetary \$ 2,050.00
 In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, 78.20
 Transfers to Office Account \$ _____
 Total Monetary \$ _____, 78.00

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 28,625.00

(10) TOTAL Monetary Expenditures To Date

\$ 10,821.40

(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)

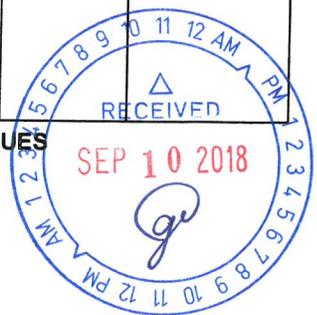
X Caryl M. Hattan
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 8/1/18 through 8/31/18 (4) Page 1 of 1

(5) Date	(6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
			Type	Occupation				
8/6/18	48	Mab Hill Pavilion Inn Po. Box 14723 Ft. Laud. FL 3302	B	Real Estate	C			1000.00
8/6/18	49	Saul Ewing Arnstein Lehr LLP 200 KLASOAS BLVD FT LAUD. FL 33301	B	Law Firm				1000.00
8/3/18	50	Susan Starkey 2622 Orlande Cir Davie FL 33328	F	elected				50.00
1/1								
1/1								
1/1								



CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Caryl M Hattan

(2) I.D. Number _____

(3) Cover Period 8/1/18 through 8/31/18

(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
8/13/18 1	84 Diner 11432 W St Rd 84 Davie FL	Campaign Breakfast			78 ⁵⁰ / ₁₀₀
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					

