

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Caryl M. Hattan

Name

(2) 7790 NW 31 Street

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: Councilmember District 2 TOD

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 9 / 1 / 18 To 9 / 30 / 18 Report Type: 49

Original

Amendment

Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ 300 , 00 , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ 500 , 00 , _____ . _____

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

Total Monetary \$ 500 , 00 , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ 29,125.00

(10) TOTAL Monetary Expenditures To Date

\$ 15,824.40

(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

Signature Caryl M. Hattan

(Type name) Caryl M. Hattan

Candidate Chairperson (only for PC and PTY)

Signature Caryl M. Hattan

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 9 / ___ / ___ through ___ / ___ / ___ (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		
9, 14, 18	FRANK Suriano address protected chap 119	I	fire fighter	INK	photos		300.00
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Caryl M. Hattan (2) I.D. Number _____
 (3) Cover Period 9/1/18 through 9/30/18 (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
9/1/18	Project Stable 5790 SW 130 Ave Southwest Ranches 33330	gala seats	C		250.00
9/10/18	Project Stable 5790 SW 130 Ave Southwest Ranches	journal ad.	C		250.00
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