FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY						
(1) Alan Hanstein	OFFICE USE ONLY 144					
Name						
(2) 3141 Baringer Hill Drive, Tallahassee,	FL 323L1					
Address (number and street)						
City, State, Zip Code						
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:					
	(3) ID Number.					
(4) Check appropriate box(es): X Candidate (office sought): Capital Region	al CDD Seat 3					
☐ 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 8/12/2006 To	$\frac{8/31}{2006}$ / Report Type $\frac{06-F3}{}$					
☐ Original ☐ Amendment ☐ Special Election	Report Independent Expenditure Report					
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT					
(-,	Monetary					
Cash & Checks \$ 50.00	Expenditures \$ 0.00					
•						
Loans \$	Transfers to Office Account \$ 0.00					
Total Monetany \$ 50.00	0.00					
Total Monetary \$	Total Monetary \$ 0.00					
In-Kind \$ 106.00						
	(8) Other Distributions					
	\$					
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
c	\$					
50.00	0.00					
(11) CERTIFICATION						
It is a first degree misdemeanor for any pers	son 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. I certify that I have examined this report and it is true, correct, and complete.						
(Type name)	(Type name)					
Individual (only for Deputy Treasurer Deputy Treasurer	Candidate Chairperson (only for PC, PTY &					
electioneering commun.)	electioneering commun. organization)					
Signature	Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Alan Hanstein		(2) I.D. Number144						
	8/12/2006		8.	/31/2006	(A) D.	. 1	of ¹		
(3) Cover Peri	od//	_ thro	ougn	' — ' —	(4) Pag	je <u> </u>	or		
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)		
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Туре	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount		
8/14/2006 / /	Carvajal Consulting & Mgmnt, PO Box 10470 Tallahhassee, FL 32302		mgmt. consulting	CA			\$50.00		
8/14/2006	Carvajal, Tony 3396 Deer Lane Drive Tallahassee, FL 32312	I		IK	postage		\$96.00		
8/14/2006	Carvajal Consulting & Mgmnt, PO Box 10470 Tallahassee, FL 32302		mgmt. consulting	IK	avery postcards		\$10.00		
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(1) Name Alan	S REPORT – ITEMIZE	ZED EXPENDITURES (2) I.D. Number			
	8/12/2006 /through	8/31/2006			0
(3) Cover Period	/tillougii		(4) Page1	01 _	
(5) Date	(7) Full Name	(8) Purpose	(9)	(10)	(11)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
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