

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

(1) Thomas A Hasis  
Name  
(2) 3141 NE 27th Ave  
Address (number and street)  
Lighthouse Point, FL  
City, State, Zip Code

**OFFICE USE ONLY**  
Received 12/14/11 1:01pm  
Jennifer M. O'Leary

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):  
 Candidate (office sought): City Commissioner Seat 1  
 Political Committee  
 Committee of Continuous Existence  
 Party Executive Committee  
 Electioneering Communication  
 CHECK IF PC HAS DISBANDED  
 CHECK IF CCE HAS DISBANDED  
 CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 10 / 1 / 2011 To 12 / 9 / 2011 Report Type G1  
 Original     Amendment     Special Election Report     Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks        \$ \_\_\_\_\_  
 Loans                    \$ 750.00  
 Total Monetary        \$ \_\_\_\_\_  
 In-Kind                 \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures    \$ 68.00  
 Transfers to Office Account    \$ \_\_\_\_\_  
 Total Monetary            \$ \_\_\_\_\_

**(8) Other Distributions**  
 \$ \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**  
 \$ 750.00

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 68.00

**(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) Thomas A Hasis  
 Individual (only for electioneering commun.)     Treasurer     Deputy Treasurer

**X** Thomas A Hasis  
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Thomas A. Hasis  
 Candidate     Chairperson (only for PC, PTY & electioneering commun. organization)

**X** Thomas A Hasis  
Signature

**CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name Thomas A HASIS (2) I.D. Number \_\_\_\_\_

(3) Cover Period 10 / 1 / 2011 through 12 / 9 / 2011 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
11 / 8 / 2011 1	HASIS, THOMAS A. 3141 NE 27 <sup>th</sup> Ave Lighthouse Point, FL 33064	I	ATTORNEY CANDIDATE	CHE			750 <sup>00</sup>
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**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name THOMAS A HASL

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 10/1/2011 through 12/9/2011

(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
<del>12/18/2011</del> 1	City of Lighthouse Point 2200 NE 38th St Lighthouse Point, FL 33064	Filing Fee	DIS		50.00
<del>12/18/2011</del> 2	City of Lighthouse Point 2200 NE 38th St Lighthouse Point, FL 33064	QUALIFYING Fee	DIS		18.00
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1/1					
1/1					
1/1					
1/1					
1/1					

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**CAMPAIGN TREASURER'S REPORT - FUND TRANSFERS**

(1) Name Thomas A. HASL

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 10/1/2011 through 12/9/2011

(4) Page 1 of 1

(5) Date	(6) Sequence Number	(7) Name of Financial Institution Street Address & City, State, Zip Code	(8) Transfer Type	(9) Nature of Account	(10) Amendment	(11) Amount
///		None				
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