

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Michael Horgan
Name

(2) 6361 E 6 Ave
Address (number and street)
Hialeah, FL 33013
City, State, Zip Code

OFFICE USE ONLY

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Hialeah City council Group 4
- Political Committee (PC)
- Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
- Party Executive Committee (PTY) Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 08 / 01 / 19 To 08 / 31 / 19 Report Type: m8

- Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 150 . _____

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 150 . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 250 . _____

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

Total Monetary \$ _____ , _____ , 250 . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 826 . _____

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 790 . _____

(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) Michael Horgan

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X _____
Signature

(Type name) Michael Horgan

Candidate Chairperson (only for PC and PTY)

X _____
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Michael Horgan (2) I.D. Number _____

(3) Cover Period 08 / 01 / 19 through 08 / 31 / 19 (4) Page 1 of 1

(5) Date	(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
(6) Sequence Number		Type	Occupation				
08 / 05 / 19 1	Horgan, Michael 6361 E 6 Ave Hialeah, FL 33013	s	teacher	check			\$150.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

SEP 19 4:26PM

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Michael Horgan

(2) I.D. Number _____

(3) Cover Period 08 / 01 / 19 through 08 / 31 / 19

(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
(6) Sequence Number					
08 / 01 / 19	Armona, Margarita 1260 Drexell Ave Apt5 Miami Beach, Fl 33139	Advertising	CAN		\$250.00
1					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					