

## 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**

JAN 29 2014 4:31 PM

*MH*  
2/19/20

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)
- 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 11 / 01 / 19 To 02 / 03 / 20 Report Type: TR

Original       Amendment       Special Election Report

### (6) Contributions This Report

Cash & Checks      \$ \_\_\_\_\_

Loans      \$ \_\_\_\_\_

Total Monetary      \$ \_\_\_\_\_

In-Kind      \$ \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures      \$ \_\_\_\_\_, 208 . 03

Transfers to Office Account      \$ \_\_\_\_\_

Total Monetary      \$ \_\_\_\_\_

### (8) Other Distributions

\$ \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_, 5 , 426 . 00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_, 5 , 426 . 00

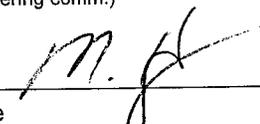
### (11) Certification

**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) Michael Horgan

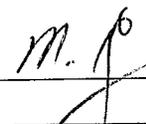
Individual (only for IE or electioneering comm.)     Treasurer     Deputy Treasurer

X 

Signature

(Type name) Michael Horgan

Candidate     Chairperson (only for PC and PTY)

X 

Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Michael Horgan

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

(3) Cover Period 11 / 01 / 19 through 02 / 03 / 20

(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					
11 / 27 / 19	Michael Horgan 6361 E 6 Ave Hialeah, FL 33013	Reimbursement	CAN		\$208.03
1					
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