

CAMPAIGN TREASURER'S REPORT SUMMARY L721 11:36AM

(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 VII
- 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 06 / 01 / 21 To 06 / 30 / 21 Report Type: M6

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 800 . 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , _____ . NA

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

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 800 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , _____ . NA

(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 06 / 01 / 21 through 06 / 30 / 21 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
06 14 21 / / 1	Horgan, Michael 6361 E 6 Ave Hialeah, FL 33013	s	Teacher	check			\$800.00
/ /							
/ /							
/ /							
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/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Michael Horgan

(2) I.D. Number _____

(3) Cover Period 06 / 01 / 21 through 06 / 30 / 21

(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
// /	N/A	N/A	N/A	N/A	N/A
N/A					
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