

CAMPAIGN TREASURER'S REPORT SUMMARY

10/21 11:28AM

(1) Michael Horgan
Name

(2) 6361 E 6 Avenue
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 VII
- 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 07 / 01 / 21 To 07 / 31 / 21 Report Type: M7

Original Amendment Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , \$540 . 00

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

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , \$800 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , \$540 . 00

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

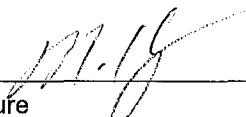
I certify that I have examined this report and it is true, correct, and complete:

(Type name) Michael Horgan

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

(Type name) Michael Horgan

Candidate Chairperson (only for PC and PTY)

X 
Signature

X 
Signature

Instructions for Campaign Treasurer's Report Summary	
(1) Name:	full name of the candidate, political committee, party executive committee, electioneering communications organization, or individual making an independent expenditure or electioneering communication.
(2) Address:	the full address or post office box, city, state, and zip code. <input type="checkbox"/> Check the box if the address has changed since the last report filed.
(3) ID Number:	identification number assigned by the filing officer.
(4) Check the appropriate box(es).	
(5) Report Identifiers	<p>Cover Period: the dates this report covers (i.e., From <u>1/1/15</u> To <u>1/31/55</u>). Important: use the appropriate cover period dates as published by the filing officer.</p> <p>Report Type: refer to the filing officer's calendar of reporting dates for the correct codes to be used for each reporting period. If report is for a special election add "S" in front of the report code (i.e., <u>SG3</u>).</p> <p>Check one of the appropriate boxes:</p> <p><input type="checkbox"/> Original: first report filed for this reporting period.</p> <p><input type="checkbox"/> Amendment: must summarize only contributions/fund transfers and expenditures/distributions being reported as additions or deletions. Read instructions for sequence numbers and amendment types on the back of Forms DS-DE 13A and 14A.</p> <p><input type="checkbox"/> Special Election Report: Important: once a special election report is filed, the entity is required to file all remaining reports due for the special election.</p>
(6) Contributions This Report:	<p>Cash and Checks: total amount for this reporting period.</p> <p>Loans: total amount for this reporting period.</p> <p>Total Monetary: sum of Cash and Checks and Loans.</p> <p>In-Kind: the fair market value of the in-kind contribution at the time it is given for this reporting period.</p>
(7) Expenditures This Report:	<p>Monetary Expenditures: total amount of monetary expenditures for this reporting period.</p> <p>Transfers to Office Account: total amount transferred to an office account by <u>elected</u> candidates only.</p> <p>Total Monetary: sum of Monetary Expenditures and Transfers to Office Account.</p>
(8) Other Distributions:	the total amount of goods and services contributed to a candidate or other committee by a PC, ECO, or PTY.
(9) TOTAL Monetary Contributions To Date:	the amount of total monetary contributions to date. Candidates keep cumulative totals from the time the campaign depository is opened through the termination report.
(10) TOTAL Monetary Expenditures To Date:	the amount of total monetary expenditures to date. Candidates keep cumulative totals from the time the campaign depository is opened through the termination report.
(11) Type or print the required officer's name and have them sign the report:	<p><input type="checkbox"/> Candidate report: treasurer and candidate must sign.</p> <p><input type="checkbox"/> PC report: treasurer and chairperson must sign.</p> <p><input type="checkbox"/> PTY report: treasurer and chairperson must sign.</p> <p><input type="checkbox"/> ECO report: organization's treasurer must sign.</p> <p><input type="checkbox"/> IE or EC report: individual must sign (this applies when an individual acts alone to make these expenditures)</p>
<p>AMENDMENT REPORTS: An amendment report summary should summarize only contributions, expenditures, distributions, & fund transfers being reported as additions or deletions. Read the instructions for the sequence number & amendment type fields on the back of forms DS-DE 13, 14, 14A and 94.</p>	

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Michael Horgan

(2) I.D. Number _____

(3) Cover Period 07 / 01 / 21 through 07 / 31 / 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
(6) Sequence Number					
07 / 13 / 21	City of Hialeah 501 Palm Ave Hialeah, Fl 33010	Qualifying Fee	Can		\$100.00
1					
07 / 13 / 21	City of Hialeah 501 Palm Ave Hialeah, Fl 33010	Election Assessment fee	Can		\$440.00
2					
/ /					
/ /					
/ /					
/ /					
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 07 / 01 / 21 through 07 / 31 / 21 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
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