

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Roger Coriat
 Name
22851 SW 88 Place
 Address (number and street)
Cutler Bay, FL 33190
 City, State, Zip Code



Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Cutler Bay Town Council, Seat 3
- 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 3 / 1 / 14 To 3 / 31 / 14 Report Type: 2014-M3

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ 16 . 31

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ _____ 500 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ 16 . 31

(11) Certification

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

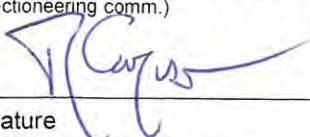
I certify that I have examined this report and it is true, correct, and complete:

(Type name) Roger Coriat

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

X

Signature

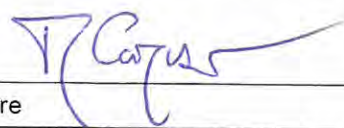


(Type name) Roger Coriat

Candidate Chairperson (only for PC and PTY)

X

Signature



CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name ROGER CORIAT (2) I.D. Number _____

(3) Cover Period 3 / 1 / 14 through 3 / 31 / 14 (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		
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 APR 10 2014
 CLERKS L.I.C. *de*

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name ROGER CORIAT

(2) I.D. Number _____

(3) Cover Period 3 / 1 / 14 through 3 / 31 / 14

(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					
3 / 11 / 14		CHECKING Acct. CHECKBOOKS	CAN		16.31
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