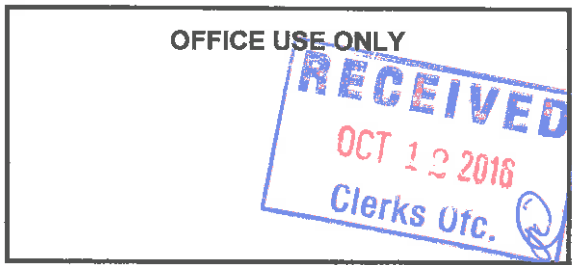


## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Michael P. Callahan  
 Name  
 (2) 9280 Caribbean Blvd  
 Address (number and street)  
Cutler Bay FL 33157  
 City, State, Zip Code



Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):  
 Candidate Office Sought: Town Council Seat #2  
 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 10 / 01 / 2016 To 10 / 07 / 2016 Report Type: 2016-G1  
 Original  Amendment  Special Election Report

(6) Contributions This Report

Cash & Checks	\$	____, ____, ____	.00
Loans	\$	____, ____, ____	.00
Total Monetary	\$	____, ____, ____	.00
In-Kind	\$	____, ____, ____	.00

(7) Expenditures This Report

Monetary Expenditures	\$	____, ____, ____	.00
Transfers to Office Account	\$	____, ____, ____	.00
Total Monetary	\$	____, ____, ____	.00

(8) Other Distributions  
 \$ \_\_\_\_ , \_\_\_\_ , \_\_\_\_ . 00

(9) TOTAL Monetary Contributions To Date  
 \$ \_\_\_\_ , 1 , 950 . 00

(10) TOTAL Monetary Expenditures To Date  
 \$ \_\_\_\_ , 1 , 496 . 63

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

X   
 Signature

(Type name) Michael P. Callahan  
 Candidate  Chairperson (only for PC and PTY)

X   
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

**(1) Name** Michael P. Callahan

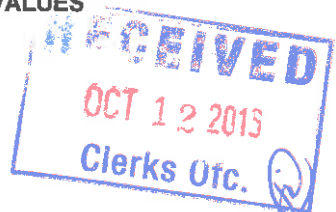
**(2) I.D. Number** 2016-G1

**(3) Cover Period** 10 / 01 / 2016 through 10 / 07 / 2016

**(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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/ /							

12-10-16A11: 3 RCVD



## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Michael P. Callahan

(2) I.D. Number 2016-G1

(3) Cover Period 10 / 01 / 2016 through 10 / 07 / 2016

(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					
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