

**CAMPAIGN TREASURER'S REPORT SUMMARY**

**RECEIVED**

(1) Michael P. Callahan  
 Name  
9280 Caribbean Blvd  
 Address (number and street)  
Cutler Bay, Florida, 331157  
 City, State, Zip Code

OFFICE USE ONLY  
 MAY 09 2016  
 Clerks Ofc.  
 05-09-16 A11:25 RCVD

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 04 / 01 / 16 To 04 / 30 / 16 Report Type: 2016-M04

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks	\$	_____	,	_____	,	_____	.	0
Loans	\$	_____	,	_____	,	_____	.	0
Total Monetary	\$	_____	,	_____	,	_____	.	0
In-Kind	\$	_____	,	_____	,	_____	.	0

**(7) Expenditures This Report**

Monetary Expenditures	\$	_____	,	_____	,	180	.	20
Transfers to Office Account	\$	_____	,	_____	,	_____	.	_____
Total Monetary	\$	_____	,	_____	,	180	.	20

**(8) Other Distributions**  
 \$ \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**  
 \$ \_\_\_\_\_ , \_\_\_\_\_ , 600 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$ \_\_\_\_\_ , \_\_\_\_\_ , 180 . 20

**(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 David Houtz  
 Signature

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

05-01-25 RCVD  
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**CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

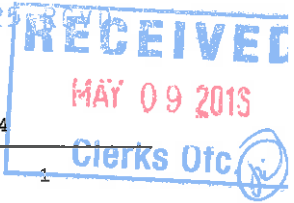
(1) Name Michael P. Callahan

(2) I.D. Number 2016-M04

(3) Cover Period 04 / 01 / 16 through 04 / 30 / 16

(4) Page 1 of 1

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



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

(1) Name Michael P. Callahan

(2) I.D. Number 2016-M04

(3) Cover Period 04 / 01 / 2016 through 04 / 30 / 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
04 / 12 / 16 001	Sunstate Bank 20351 Old Cutler Rd Cutler Bay, FL, 33189	Check Printing	CAN		168.20
04 / 29 / 16 002	Sunstate Bank 20351 Old Cutler Rd Cutler Bay, FL, 33189	Service Charge	CAN		12.00
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