

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Michael Rohan  
 Name

(2) 239 S. Cove Terrace Dr.  
 Address (number and street)

Panama City, FL 32401  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1299181]

Submitted on:  
 8/21/2023 18:50:58 (eastern)

Check here if address has changed (3) ID Number: 628

(4) Check appropriate box(es):

Candidate Office Sought: Panama City Mayor

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 4 / 29 / 2023 To 5 / 11 / 2023 Report Type: MR4D

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$        ,        , 0 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 0 . 00

In-Kind \$        ,        , 0 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$        ,        , 10 . 71

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 10 . 71

**(8) Other Distributions**  
 \$        ,        , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$        , 47 , 184 . 64

**(10) TOTAL Monetary Expenditures To Date**  
 \$        , 47 , 249 . 88

### (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) \_\_\_\_\_

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

**X** \_\_\_\_\_  
 Signature

(Type name) \_\_\_\_\_

Candidate  Chairperson (only for PC and PTY)

**X** \_\_\_\_\_  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Michael Rohan (2) I.D. Number 628

4/29/2023 through 5/11/2023

(3) Cover Period \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type      Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Michael Rohan

(2) I.D. Number 628

(3) Cover Period 4/29/2023 through 5/11/2023

(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					
5/3/2023 //	PAYPAL, 2211N. 1ST STREET SAN JOSE, CA 93131	service	MO	Add	\$10.71
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