

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
 [1299133]

Submitted on:
 8/14/2023 16:07:39 (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) Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO) Check here if PTY has disbanded

Party Executive Committee (PTY) Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

(5) Report Identifiers

Cover Period: From 5 / 12 / 2023 To 8 / 14 / 2023 Report Type: MRTR

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 \$, , 160 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 160 . 00

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

(9) TOTAL Monetary Contributions To Date
 \$, 46 , 703 . 08

(10) TOTAL Monetary Expenditures To Date
 \$, 47 , 239 . 17

(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

5/12/2023 through 8/14/2023

(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 5/12/2023 through 8/14/2023

(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					
5/16/2023 / /	STEIGLER, KIM 429 HARRISON AVE. PANAMA CITY, FL 32401	celebrate	MO		\$160.00
1					
8/7/2023 / /	ROHAN, MICHAEL X 239 S COVE TERR DR PANAMA CITY, FL 32401	reimbursement	DI		\$535.65
2					
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