

# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Michael Monaghan  
Name  
(2) 9057 US Highway 301  
Address (number and street)  
Hampton, Fl 32044  
City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
[1267226]  
Submitted on:  
7/5/2022 15:39:56 (eastern)

Check here if address has changed

(3) ID Number: 271

(4) Check appropriate box(es):

- Candidate Office Sought: County Commissioner District 4  
 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 5 / 2 / 2022 To 7 / 31 / 2022 Report Type: TR

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 \$        ,        , 250 . 00  
Transfers to Office Account \$        ,        , 0 . 00  
Total Monetary \$        ,        , 250 . 00

## (8) Other Distributions

\$        ,        , 0 . 00

## (9) TOTAL Monetary Contributions To Date

\$        ,        , 450 . 00

## (10) TOTAL Monetary Expenditures To Date

\$        ,        , 450 . 00

## (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 Monaghan (2) I.D. Number 271

5/2/2022 through 7/31/2022

(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 Monaghan

(2) I.D. Number 271

(3) Cover Period 5/2/2022 through 7/31/2022

(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					
7/5/2022 / /	lanier, hans 1811 SE CR 21B melrose , fl 32666	reimbursement	RM		\$250.00
1					
7/5/2022 / /	monaghan, michael p 9057 US Highway 301 Hampton, Fl 32044	disposition of funds	DI		\$200.00
2					
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