

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Michael Castro

Name

(2) 3443 Margaret St.

Address (number and street)

Miami, FL 33133

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: 1641

(4) Check appropriate box(es):

☒ Candidate Office Sought: County Commission District 07

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

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

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

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ONLINE SUBMISSION  
[1112110]

Submitted on:

7/12/2016 21:13:45 (eastern)

### (5) Report Identifiers

Cover Period: From 6 / 25 / 2016 To 7 / 8 / 2016 Report Type: 16P2

☒ 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 \$        ,        , 360 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 360 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        ,        , 0 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        ,        , 360 . 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 Castro (2) I.D. Number 1641  
 6/25/2016 7/8/2016  
 (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 Castro

(2) I.D. Number 1641

(3) Cover Period 6/25/2016 through 7/8/2016

(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
6/27/2016 / / 1	Castro, Michael 3554 William Avenue Miami, FL 33133	qualifying fee	MO		\$360.00
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