

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) MICHAEL CALLAHAN  
 Name

(2) 9280 CARIBBEAN BLVD  
 Address (number and street)

CUTLER BAY, FL 33157  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1233597]

Submitted on:  
 10/8/2020 11:05:33 (eastern)

Check here if address has changed

(3) ID Number: 11

(4) Check appropriate box(es):

Candidate Office Sought: Vice Mayor

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

### (5) Report Identifiers

Cover Period: From 10 / 1 / 2020 To 10 / 8 / 2020 Report Type: G1

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 \$        ,        , 13 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 13 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 3 , 425 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        , 2 , 506 . 24

### (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 CALLAHAN (2) I.D. Number 11  
 (3) Cover Period 10/1/2020 through 10/8/2020 (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 CALLAHAN

(2) I.D. Number 11

(3) Cover Period 10/1/2020 through 10/8/2020

(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					
10/1/2020 / /	TD Bank, 19199 S Dixie Hwy Cutler Bay, Fl 33157	service fee	MO		\$13.00
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