

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Michael A. Etienne  
**Name**

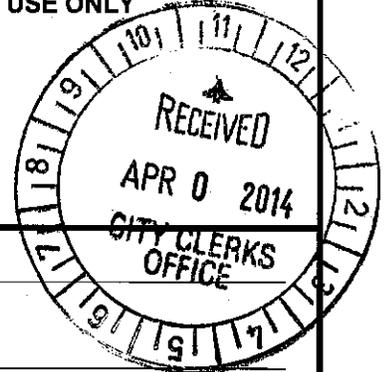
(2) 111 North East 1st Street, Suite 324  
**Address (number and street)**

Miami, Florida 33132

**City, State, Zip Code**

CHECK IF ADDRESS HAS CHANGED

OFFICE USE ONLY



(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate (office sought): City of North Miami City Clerk

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 03 / 01 / 14 To 03 / 31 / 14 Report Type \_\_\_\_\_

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 25.00

Loans \$ 0.00

Total Monetary \$ 25.00

In-Kind \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 8.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 8.00

**(8) Other Distributions**

\$ 0.00

**(9) TOTAL Monetary Contributions To Date**

\$ 23,271.79

**(10) TOTAL Monetary Expenditures To Date**

\$ 23,163.39

**(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) Michael A. Etienne

Individual (only for electioneering comm.)  Treasurer  Deputy Treasurer

**X** [Signature]  
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Michael A. Etienne

Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)

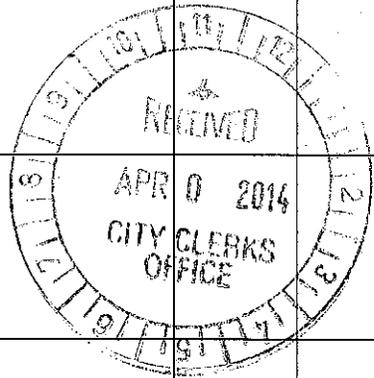
**X** [Signature]  
Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Michael A. Etienne (2) I.D. Number \_\_\_\_\_

(3) Cover Period 03 / 01 / 14 through 03 / 31 / 14 (4) Page 1 of 1

(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
03 / 13 / 14	TD Banks, 12620 Biscayne Blvd., North Miami, FL 33181	B		MON- Maintena nce Fee Refund			\$25.00
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Michael A. Etienne (2) I.D. Number \_\_\_\_\_

(3) Cover Period 03 / 01 / 14 through 03 / 31 / 14 (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					
03 / 31 / 14 1	TD Banks 12620 Biscayne Blvd., North Miami, FL 33181	Maintenance Fee	MON		\$8.00
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