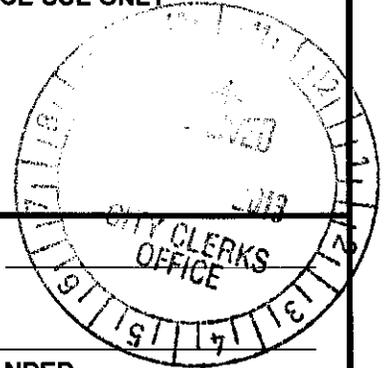


**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) MICHAEL M^E DEARMAID
Name

(2) 840 N.E. 127th STREET
Address (number and street)
NORTH MIAMI FL - 33161
City, State, Zip Code

OFFICE USE ONLY



CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): MAYOR

Political Committee

Committee of Continuous Existence

Party Executive Committee

Electioneering Communication

CHECK IF PC HAS DISBANDED

CHECK IF CCE HAS DISBANDED

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 1 / 14 / 13 To 3 / 28 / 14 Report Type TERMINATION

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ _____

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____



(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 500.00 REPAYMENT OF LOAN

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions \$ 0

(9) TOTAL Monetary Contributions To Date

\$ 500.00

(10) TOTAL Monetary Expenditures To Date

\$ 500.00

(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) MICHAEL M^E DEARMAID

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Michael M^E Dearmaid
Signature

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

(Type name) MICHAEL M^E DEARMAID

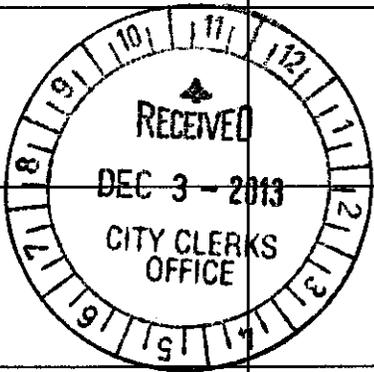
Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X Michael M^E Dearmaid
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name MICHAEL McDEARMAD (2) I.D. Number _____
 (3) Cover Period 1/14/13 through 3/28/13 (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
1/14/13	MICHAEL McDEARMAD 840 N.E. 127 ST. NORTH MIAMI, FL-33161	CHARGE FOR CAMPAIGN CHECKS	MON		\$18.95
3/15/13	MICHAEL McDEARMAD 840 N.E. 127 ST. NORTH MIAMI, FL-33161	REPAYMENT OF LOAN	REF		\$400.00
3/28/13	MICHAEL McDEARMAD 840 N.E. 127 ST. NORTH MIAMI, FL-33161	RETURN BY BANK CLOSING ACCOUNT	REF.		\$81.05
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CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name MICHAEL McDEARMID (2) I.D. Number N/A

(3) Cover Period / / through / / (4) Page of

(5) Date	(6) Sequence Number	(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
1/14/13			1		LOA			500
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