

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

(1) Michael P. Killiany
Name

(2) 1131 NE. 130 St.
Address (number and street)
North Miami, FL. 33161
City, State, Zip Code

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APR 27 2009
CITY OF NORTH MIAMI
CITY CLERKS OFFICE

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): North Miami City Council, District 2

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 01/01/09 To 4/17/09 Report Type G3

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 880.⁰⁰

Loans \$ 14.00.⁰⁰

Total Monetary \$ _____

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 2,160.⁰⁰

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions \$ _____

(9) TOTAL Monetary Contributions To Date
\$ 2,280.⁰⁰

(10) TOTAL Monetary Expenditures To Date
\$ 2,160.⁰⁰

(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.

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

(Type name) Michael P. Killiany
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

(Type name) Mike Killiany
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X [Signature]
Signature

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Mike Killiany (2) I.D. Number _____

(3) Cover Period 01101109 through 4117109 (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
(6) Sequence Number							
3, 16, 09 1	Michael P. Killiany 1131 NE. 130 St. N. Miami, FL. 33161	1	office services	CHE			500. ⁰⁰
3, 16, 09 2	Del Campo, Ivan 14055 Sw. 154 St. Miami, FL. 33154	1		CAS			30. ⁰⁰
4, 6, 09 3	Killiany, Michael 1131 NE 130 St. N. Miami, FL. 33161	1	office services	LOA			1,400. ⁰⁰
4, 6, 09 4	Killiany, Michael Jr. 1131 NE 130 St. N. Miami, FL. 33161	1	retail sales	CHE			350. ⁰⁰
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CITY CLERKS OFFICE

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Mike Killiany

(2) I.D. Number _____

(3) Cover Period 01, 01, 09 through 4, 17, 09

(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					
4/17/09	North Miami City Clerk 776 NE. 125 St. North Miami, FL. 33161	Qualifying fee	MON		1860. ⁰⁰
1					
4/17/09	North Miami City Clerk 776 NE. 125 St. North Miami, FL. 33161	Election assessment	MON		360. ⁰⁰
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CAMPAIGN LOANS REPORT ITEMIZED

Page 1 of 1

(PLEASE TYPE)

FULL NAME AND ADDRESS OF LENDER:
Michael P. Killiany
1131 N.E. 130 St.
North Miami, FL 33161
OCCUPATION: Office Services
AMOUNT OF LOAN: \$1400.⁰⁰
DATE RECEIVED: 4/6/09

FULL NAME AND ADDRESS OF LENDER:

OCCUPATION: _____
AMOUNT OF LOAN: _____
DATE RECEIVED: _____

FULL NAME AND ADDRESS OF LENDER:

OCCUPATION: _____
AMOUNT OF LOAN: _____
DATE RECEIVED: _____

FULL NAME AND ADDRESS OF LENDER:

OCCUPATION: _____
AMOUNT OF LOAN: _____
DATE RECEIVED: _____

FULL NAME AND ADDRESS OF LENDER:

OCCUPATION: _____
AMOUNT OF LOAN: _____
DATE RECEIVED: _____

FULL NAME AND ADDRESS OF LENDER:

OCCUPATION: _____
AMOUNT OF LOAN: _____
DATE RECEIVED: _____

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

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MAY 11 2009
CITY OF NORTH MIAMI
CITY CLERKS OFFICE

(1) Michael P. Killiany
Name
(2) 1131 NE. 130 St.
Address (number and street)
North Miami, FL 33161
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): North Miami City Council, District 2

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 4/18/09 To 5/7/09 Report Type G4

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0.00

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 72.73

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 2280.00

(10) TOTAL Monetary Expenditures To Date

\$ 2232.73

(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 P. Killiany

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X [Signature]
Signature

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

(Type name) Mike Killiany

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

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Mike Killiany

(2) I.D. Number _____

(3) Cover Period 4, 18, 09 through 5, 7, 09

(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
4/30/09	Office Max 12255 Biscayne Blvd. North Miami, FL 33181	Purchase Ink Cartridges & paper	MON		72.73
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MAY 11 2009

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Mike Killiany (2) I.D. Number _____

(3) Cover Period 4, 18, 109 through 5, 17, 109 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
		Type	Occupation	Type	Description		
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MAY 17 2009

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CITY OF NORTH MIAMI
CITY CLERKS OFFICE

(4) Check appropriate box(es):

Candidate (office sought): North Miami City Council, District 2

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 5/8/09 To 8/10/09 Report Type _____

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0.00

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 47.27

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions \$ _____

(9) TOTAL Monetary Contributions To Date

\$ 2,280.00

(10) TOTAL Monetary Expenditures To Date

\$ 2,280.00

(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 P. Killiany

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X [Signature]
Signature

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

(Type name) Mike Killiany

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

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Mike Kiliany (2) I.D. Number _____
 (3) Cover Period 5, 8, 09 through 8, 10, 09 (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
7/25/09	Michael P. Kiliany 1131 NE 130 St. N. Miami, FL 33161	REF	CHE		\$47.27
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 CITY OF NORTH MIAMI
 CITY CLERKS OFFICE

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Mike Killiany (2) I.D. Number _____

(3) Cover Period 5/8/09 through 8/10/09 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9)	(10)	(11)	(12)
		Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
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