

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

RECEIVED
APR 11 2011 AM 10:37
OFFICE USE ONLY
NMB CITY CLERK'S OFFICE

(1) Michael Joseph Casey
Name
(2) 16509 NE 26 Ave #605
Address (number and street)
NMB FL 33160
City, State, Zip Code

(3) ID Number: _____

CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):
 Candidate (office sought): NMB Group 2 City Council
 Political Committee CHECK IF PC HAS DISBANDED
 Committee of Continuous Existence CHECK IF CCE HAS DISBANDED
 Party Executive Committee CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
 Electioneering Communication

(5) REPORT IDENTIFIERS

Cover Period: From 3/22/2011 To 3/31/2011 Report Type G2
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 350.00
 Loans \$ 300.00
 Total Monetary \$ 650.00
 In-Kind \$ 348.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 400.00
 Transfers to Office Account \$ _____
 Total Monetary \$ 400.00

(8) Other Distributions
 \$ _____

(9) TOTAL Monetary Contributions To Date
 \$ 650.00

(10) TOTAL Monetary Expenditures To Date
 \$ 400.00

(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 Joseph Casey
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

(Type name) Michael Joseph Casey
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X Michael J Casey
Signature

X Michael J Casey
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Michael Joseph Casey (2) I.D. Number _____

(3) Cover Period 3 1 22 11 through 3 1 31 11 (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		Type	Occupation	Type	Description		Amount
3 1 22 11 1	Casey Michael J 16506 NE 24 Ave NMB 33160	I	Retired	LOA			300.00
3 1 23 11 2	Martin Ray 1657 NE 164th NMB FL 33162	I	CPR	CHE			250.00
3 1 25 11 3	Hogden Mariase 16415 NE 32 Ave NMB 33160	I	Retired	CHE			100.00
3 1 30 11 4	Hogden Marrow 16415 NE 32 Ave NMB 33160	I	Retired	INK	Yard Signs		318.00
3 1 31 11 5	Hogden Marrow 16415 NE 22 Ave NMB 33160	I	Retired	INK	Printing		15.00
3 1 31 11 6	Hilton Mary 1950 NE 15th TR NMB 33162	I	Legal Secretary	INK	Printing		15.00
1	M/C						
1							
1							

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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Michael Joseph Casey

(2) I.D. Number _____

(3) Cover Period 3/22/11 through 3/31/11

(4) Page 1 of 1

(5) Date	(6) Sequence Number	(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
3/23/11	1	City of NMB 17011 NE 26 Ave 19th Ave 33162	Filing Fee	DIS		150.00
3/23/11	2	City of NMB 17011 NE 26 Ave 19th Ave - NMB 33162	Sign Band	DIS		250.00
3/30/11	3	1st Impression Embroideries 61655 Orange Dr Dade FL 33314	Yard Signs	MON		318.00
3/30/11	4	Hogan - Marrose 16415 NE 32 Ave NMB 33160	In Kind Printing			15.00
3/30/11	5	Holter - May 1950 NE 157 TR NMB 33162	In Kind Printing			15.00
1/1						
1/1						
1/1						

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

RECEIVED
OFFICE USE ONLY
APR 15 PM 12:57
CNMB CITY CLERK'S OFFICE

(1) Michael Joseph Casey
Name
(2) 16508 NE 26 Ave #605
Address (number and street)
NMB FL 33160
City, State, Zip Code

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate (office sought): Councilman NMB
 Political Committee
 Committee of Continuous Existence
 Party Executive Committee
 Electioneering Communication
- CHECK IF ADDRESS HAS CHANGED
 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 04/01/2011 To 04/15/2011 Report Type G3
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 100.00
Loans \$ 1124.00
Total Monetary \$ 1224.00
In-Kind \$ 12.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 724.00
Transfers to Office Account \$ _____
Total Monetary \$ 724.00

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 1124.00

(10) TOTAL Monetary Expenditures To Date

\$ 724.00

(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 J. Casey
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

[Signature]
Signature

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

(Type name) Michael J. Casey
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

[Signature]
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Michael J. Casey (2) I.D. Number _____

(3) Cover Period 04/01/2011 through 04/15/2011 (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
4/11/2011 1	Michael J. Casey 16508 NE 26 Ave NMB FL 33160	I I Retired	LOA			\$600.00
4/11/2011 2	Michael J. Casey 16508 NE 26 Ave NMB FL 33160	I Retired	LOA			\$421.00
4/11/2011 3	Michael J. Casey 16508 NE 26 Ave NMB FL 33160	I Retired	LOA			\$80.00
4/11/2011 4	Michael J. Casey 16508 NE 26 Ave NMB FL 33160	I Retired	LOA			\$23.00
4/13/2011 5	Norm Edwards 16410 NE 175 St NMB FL 33162	I Lawyer	CHE			\$100.00
4/13/2011 6	Arthur Hayden 16415 NE 22 Ave NMB 33160	I	IMP			\$20.00

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NMB CITY CLERK'S OFFICE

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Michael J. Casey (2) I.D. Number _____
 (3) Cover Period 04/01/2011 through 04/28/2011 (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
4/10/11	William P. Welles Esq PO Box 640911 NMB FL 33164	Retainer	DIS		\$200.00
1					
4/11/11	Miami-Dade County Clerk Main Courthouse 75 West Flagler	Court Filing Fee	DIS		\$421.00
2					
4/11/11	Judicial Copy Service	Notarizing & Photo Copying	DIS		\$73.00
3					
4/11/11	Summons Service W Flagler St	Serving of Summons	DIS		\$80.00
4					
4/13/11	Mariss Hyden 16415 NE 22 Ave NMB 33160	Iron Card Photo Copying			\$12.00
1/1					
1/1					
1/1					

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

RECEIVED
11 APR 29 AM 11:35
CAMPBURY CLERK'S OFFICE

(1) Michael J. Casey
Name

(2) 16508 NE 26 Ave #605
Address (number and street)

NMB FL 33120
City, State, Zip Code

OFFICE USE ONLY

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate (office sought): Councilman Group 5
- Political Committee CHECK IF PC HAS DISBANDED
- Committee of Continuous Existence CHECK IF CCE HAS DISBANDED
- Party Executive Committee CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
- Electioneering Communication

(5) REPORT IDENTIFIERS

Cover Period: From 4/15/2011 To 4/28/2011 Report Type G3

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 50.00

Loans \$ —

Total Monetary \$ 50.00

In-Kind \$ 370.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 600.00

Transfers to Office Account \$ —

Total Monetary \$ 600.00

(8) Other Distributions

\$ —

(9) TOTAL Monetary Contributions To Date

\$ 50.00

(10) TOTAL Monetary Expenditures To Date

\$ 600.00

(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 J. Casey

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

[Signature]
Signature

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

(Type name) Michael J. Casey

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

[Signature]
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Michael J. Casey (2) I.D. Number _____

(3) Cover Period 4/15/2011 through 4/28/2011 (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		Type	Occupation	Type	Description	Amendment	Amount
4/19/11	Deborah Hayden 1501 NE Miami Gardens #151 NMB	I	Admin.	INR	Signs		150.00
1							
4/19/11	Deborah Hayden 1501 NE Miami Gardens #151 NMB	I	Admin.	INR	Printing		35.00
2							
4/19/11	Dorothy Polimmi 590 N Biscayne Riviera Dr Miami FL 33169	I	Restaurant	INR	Signs		150.00
3							
4/19/11	Dorothy Polimmi 590 N Biscayne Riviera Dr Miami FL 33169	I	Restaurant	INR	Printing		35.00
4							
4/19/11	Roland Veillesut 13790 Highlands Dr NMB FL 33181	I		CHE			50.00
5							
1							
1							
1							
1							

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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Michael J. Casey

(2) I.D. Number _____

(3) Cover Period 4/15/2011 through 4/28/2011

(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
4/17/11	William P. Wallas PO Box 640911 NMB FL 33164-0911	Lounger Fee	DIS		600.00
1					
4/19/11	Deborah Hayden 1501 NE #151 Miami Gardens Dr NMB FL 33179	In kind Signs			150.00
2					
4/19/11	Deborah Hayden 1501 NE #151 Miami Gardens Dr NMB FL 33179	In kind Printing CMC			35.00
3					
4/14/11	Dorrough Polimeni 590 N Biscayne River Dr Miami FL 33169	In kind Signs			150.00
4					
4/19/11	Dorrough Polimeni 590 N Biscayne River Dr Miami FL 33169	In kind Printing			35.00
5					
1					
1					
1					

11
APR 29 AM 11:35
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To Whom It My Concern 5/3/2011

G3 + G4 are for corrections to
the totals only

Mitchell J. Lopez

RECEIVED
11 MAY -3 AM 8:41
CNMB CITY CLERK'S OFFICE

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

(1) Michael J. Casey
Name

(2) 16509 NE 26 Ave #605
Address (number and street)

NMB FL 33160
City, State, Zip Code

OFFICE USE ONLY
11 MAY -3 AM 8:41
RECEIVED
CNMB CITY CLERK'S OFFICE

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):
 Candidate (office sought): Councilman NMB
 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 04/01/2011 To 04/30/2011 Report Type G3

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 100.00

Loans \$ 1124.00

Total Monetary \$ 1224.00

In-Kind \$ 12.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 400.00

Transfers to Office Account \$ _____

Total Monetary \$ 400.00

(8) Other Distributions \$ _____

(9) TOTAL Monetary Contributions To Date
\$ 1774.00

(10) TOTAL Monetary Expenditures To Date
\$ 1124.00

(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 J. Casey

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Michael J. Casey
Signature

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

(Type name) Michael J. Casey

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

X Michael J. Casey
Signature

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

(1) Michael J. Czorny
Name

(2) 16504 NE 26 Ave #605
Address (number and street)

VMB FL 33160
City, State, Zip Code

OFFICE USE ONLY

11 MAY -3 AM 8:41
RECEIVED
CNMB CITY CLERK'S OFFICE

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): _____

Political Committee CHECK IF PC HAS DISBANDED

Committee of Continuous Existence CHECK IF CCE HAS DISBANDED

Party Executive Committee CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

Electioneering Communication

(5) REPORT IDENTIFIERS

Cover Period: From 04/15/2011 To 04/28/2011 Report Type G4

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 50.00

Loans \$ —

Total Monetary \$ 50.00

In-Kind \$ —

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 600.00

Transfers to Office Account \$ —

Total Monetary \$ 600.00

(8) Other Distributions

\$ —

(9) TOTAL Monetary Contributions To Date

\$ 1824.00

(10) TOTAL Monetary Expenditures To Date

\$ 1724.00

(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 J. Czorny

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Michael J. Czorny
Signature

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

(Type name) Michael J. Czorny

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

X Michael J. Czorny
Signature

To Whom It May Concern 8/15/2011

Change TOTAL Monthly Contributions To Det.
From \$2364.00 to \$2364.35

RG4 Report

[Signature]

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11 AUG 15 AM 9:53
CNMB CITY CLERK'S OFFICE

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

(1) Michael J. Casey
Name

(2) 16508 NE 26 Ave #605
Address (number and street)

16504 NE NMB FL 33160
City, State, Zip Code

OFFICE USE ONLY

RECEIVED
MAY 13 PM 2:12
COUNTY CLERK'S OFFICE

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate (office sought): Councilman NMB Group 5
- 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 4/29/2011 To 5/12/2011 Report Type RC4

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 390.00

Loans \$ 200.00

Total Monetary \$ 590.00

In-Kind \$ 284.35

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 1241.35

Transfers to Office Account \$ —

Total Monetary \$ 1241.35

(8) Other Distributions \$ —

(9) TOTAL Monetary Contributions To Date
\$ 2364.00

(10) TOTAL Monetary Expenditures To Date
\$ 2360.35

(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 J. Casey

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

(Type name) Michael J. Casey

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

X Michael J. Casey
Signature

X Michael J. Casey
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Michael J. Cooney (2) I.D. Number _____

(3) Cover Period 4/29/2011 through 5/12/2011 (4) Page 1 of 2

(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		Type	Occupation	Type	Description	Amendment	Amount
5/5/11 1	Deborah Hayden 1501 NE Miami Gouls Dr. #151 NMB FL 33179	I	Admin.	INK	T Shirts		277.85
5/9/11 2	Maria Hayden 16415 NE 32 Ave NMB FL 33166	I	Retiral	INK	Stamps		296.00
5/8/11 3	Deborah Hayden Dorothy Polimene 540 N Brisbane Miami FL 33169	I	Resturant River Dr.	INK	Printing		225.50
5/9/11 4	Richard Taylor 1451 157th NMB FL 33162	I	Retiral	CHE			100.00
5/10/11 5	Allison Rubin 2131 NE 179 St NMB FL 33162	I	Resident	CAS			20.00
5/10/11 C	McKerrell Keyson 15564 NE 12 Ave NMB FL 33162	I	Resident	CAS			20.00
5/11/11 7	Pamela Evans 2750 NE RD ST #210 Aventura FL 33160	I	Resident	CHE			50.00
1/1 8	Patsy Amersherm PO Box 400223 Aventura FL 3280	I	Resident	CHE			200.00

RECEIVED
CND CITY CLERK'S OFFICE
11 MAY 13 PM 2:12

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Michael J. Casey (2) I.D. Number _____

(3) Cover Period 4/24/2011 through 5/17/2011 (4) Page 2 of 2

(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		Type	Occupation	Type	Description		Amount
5/6/11 9	Michael J. Casey 16506 NE 26th Ave #605 NMB FL 33160	I	Retired	LOA			200.00
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RECEIVED
11 MAY 13 PM 2:12
 DNMB CITY CLERK'S OFFICE

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Michael J Casey

(2) I.D. Number _____

(3) Cover Period 4/15/2011 through 4/28/2011

(4) Page 1 of 7

(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
5/6/11 5/6/11	Miami-Dade Dept. of Elections 2700 NW 87 Ave Doral FL 33122	A+B Voting Lists	MON		40.00
5/6/11	Paul Yarris 9048 Collins Ave Sunshine FL 33154	Calling + Welfare Lists	MON		107.00
5/6/11	Fed Ex 1351 163 St NMB FL 33160	Copying	MON		10.00
5/6/11	Artistic TEES 1104 NE 164 St NMB 33162	T Shirts	MON		272.85
5/12/11	Erolle Emanuel 11955 W Dixie Hwy North Miami FL 33161	Radio Time	MON		300.00
5/9/11	US Postal Service 16400 NW Dixie Hwy NMB FL 33160	Stamps	MON		246.00
5/9/11	First Impressions INC 4655 SW 45 St Doral FL 33314	Printing	MON		225.50
1/1					

RECEIVED
11 MAY 13 PM 2:12
CNMB CITY CLERK'S OFFICE

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

RECEIVED
OFFICE USE ONLY
11 AUG 15 AM 9:53
CNMB CITY CLERK'S OFFICE

(1) Michael J. Casey
Name
(2) 16504 NE 26 Ave #605
Address (number and street)
NMB FL 33160
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):
 Candidate (office sought): Councilman NMB Group 5
 Political Committee CHECK IF PC HAS DISBANDED
 Committee of Continuous Existence CHECK IF CCE HAS DISBANDED
 Party Executive Committee CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
 Electioneering Communication

(5) REPORT IDENTIFIERS
 Cover Period: From 5/15/2011 To 8/15/2011 Report Type TR
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT
 Cash & Checks \$ _____
 Loans \$ 800.00
 Total Monetary \$ _____
 In-Kind \$ _____

(7) EXPENDITURES THIS REPORT
 Monetary Expenditures \$ 800.00
 Transfers to Office Account \$ _____
 Total Monetary \$ 800.00

(8) Other Distributions
 \$ _____

(9) TOTAL Monetary Contributions To Date
 \$ 3165.35

(10) TOTAL Monetary Expenditures To Date
 \$ 3165.35

(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 J. Casey
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer
X Michael J. Casey
 Signature

I certify that I have examined this report and it is true, correct, and complete.
 (Type name) Michael J. Casey
 Candidate Chairperson (only for PC, PTV & electioneering comun. organization)
X Michael J. Casey
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Michael J. Casey (2) I.D. Number _____

(3) Cover Period 5/15/2011 through 8/15/2011 (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
7/15/11	Michael J Casey 16509 NE 26 Ave #605 NMB FL 33160	I	Retired	LOA			800.00
1							
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RECEIVED
 11 AUG 15 AM 9:53
 CNMB CITY CLERK'S OFFICE

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Michael J. Deane (2) I.D. Number _____
 (3) Cover Period 5/13/2011 through 8/15/2011 (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
8/15/11 1	William P. Welles PO Box 640911 NMB FL 33164-0911	Legal Fee	DIS		800.00
/ /					
/ /					
/ /					
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RECEIVED
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 CAMB CITY CLERK'S OFFICE