# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Eugene Flinn
Name

(2) 8261 SW 162nd Street
Address (number and street)
Palmetto Bay, FL 33157
City, State, Zip Code

☐ **Check here if address has changed**

**OFFICE USE ONLY**

10-10-14P12:34 RCVD

(3) ID Number: _____

(4) Check appropriate box(es):

☑ Candidate Office Sought: Mayor, Palmetto Bay
☐ 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 09 / 01 / 2014 To 09 / 30 / 2014 Report Type: 2014-M9

☒ Original ☐ Amendment ☐ Special Election Report

**(6) Contributions This Report**

| | |
|---|---|
| Cash & Checks | $ , 1 , 900 . 00 |
| Loans | $ , , 0 . 00 |
| Total Monetary | $ , 1 , 900 . 00 |
| In-Kind | $ , , 200 . 00 |

**(7) Expenditures This Report**

| | |
|---|---|
| Monetary Expenditures | $ , , 14 . 00 |
| Transfers to Office Account | $ , , 0 . 00 |
| Total Monetary | $ , , 14 . 00 |

**(8) Other Distributions**
$ , , 00 . 00

**(9) TOTAL Monetary Contributions To Date**
$ , 15 , 575 . 00

**(10) TOTAL Monetary Expenditures To Date**
$ , 7 , 585 . 03

**(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) Howard J. Tendrich
☐ Individual (only for IE or electioneering comm.) ☑ Treasurer ☐ Deputy Treasurer
X
Signature

(Type name) Eugene Flinn
☑ Candidate ☐ Chairperson (only for PC and PTY)
X
Signature

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

**(1) Name** Eugene Flinn **(2) I.D. Number** _____

**(3) Cover Period** 09 / 01 / 2014 through 09 / 30 / 2014 **(4) Page** 1 of 2

| (5) Date / (6) Sequence Number | (7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | (8) Contributor Type | (8) Contributor Occupation | (9) Contribution Type | (10) In-kind Description | (11) Amendment | (12) Amount |
|---|---|---|---|---|---|---|---|
| 09 / 10 / 2014 / 1 | NEIL B. Jagolinzer<br>9231 Cypress Hollow Dr<br>Palm Beach Gardens, FL<br>33418 | I | Attorney | CHE | | | $500.00 |
| 09 / 10 / 2014 / 2 | Harris Sanitation, Inc<br>2700 NW 48th Street<br>Pompano Beach, FL<br>33073 | B | Sanitation | CHE | | | $500.00 |
| 09 / 22 / 2014 / 3 | Bay Plumbing<br>3029 SW 28th Street<br>Miami, FL 33133 | B | Plumbing | CHE | | | $500.00 |
| 09 / 22 / 2014 / 4 | Chris Merinkers<br>9390 SW 179 Terrace<br>Palmetto Bay, FL<br>33157 | I | Retired | CHE | | | $100.00 |
| 09 / 27 / 2014 / 5 | Alan Eisenberg<br>1410 SW 77 Court<br>Palmetto Bay, FL<br>33157 | I | Dep. Clerk | CHE | | | $100.00 |
| 09 / 28 / 2014 / 6 | E.C. Berounsky<br>6211 Paradise Point Dr<br>Palmetto Bay, FL 33157 | I | Architect | CHE | | | $100.00 |
| 09 / 28 / 2014 / 7 | Michael Saco<br>15715 SW 89th Avenue<br>Palmetto Bay, FL<br>33157 | I | | CHE | | | $ 50.00 |

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Eugene Flinn (2) I.D. Number

(3) Cover Period 09 / 01 / 2014 through 09 / 30 / 2014 (4) Page 2 of 2

| (5) Date / (6) Sequence Number | (7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | (8) Contributor Type | (8) Contributor Occupation | (9) Contribution Type | (10) In-kind Description | (11) Amendment | (12) Amount |
|---|---|---|---|---|---|---|---|
| 09 / 28 / 2014<br>8 | Keith Landon<br>16120 SW 77th Ave<br>Palmetto Bay, FL<br>33157 | I | | CHE | | | $ 50.00 |
| 09 / 28 / 2014<br>9 | Robert Lowman<br>17302 SW 78 Place<br>Palmetto Bay, FL<br>33157 | I | Accountant | INK | Food/Drink | | $200.00 |
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DS-DE 13 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

# CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Eugene Flinn (2) I.D. Number

(3) Cover Period 09 / 01 / 2014 through 09 / 30 / 2014 (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 |
|---|---|---|---|---|---|
| 09 / 30 / 2014<br>1 | Wells Fargo Bank<br>Wells Fargo Bank, NA (287)<br>P.O. Box 6995<br>Portland, OR 97228-6995 | Service charge | MON | | $ 14.00 |
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES