

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) PATRICK M. FIORE

Name

(2) 13805 SW 77 Court

Address (number and street)

Palmetto Bay, FL 33158

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Mayor

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 05 / 01 /2014 To 05 / 31 /2014 Report Type: 2014-M5

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$, 1 , 000 . 00

Loans \$, , .

Total Monetary \$, , .

In-Kind \$, , .

(7) Expenditures This Report

Monetary Expenditures \$, , 39 . 30

Transfers to Office Account \$, , .

Total Monetary \$, , .

(8) Other Distributions

\$, , .

(9) TOTAL Monetary Contributions To Date

\$, 3 , 125 . 00

(10) TOTAL Monetary Expenditures To Date

\$, , 292 . 24

(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) PATRICK M. FIORE

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

Patrick M. Fiore

Signature

(Type name) PATRICK M. FIORE

Candidate Chairperson (only for PC and PTY)

Patrick M. Fiore

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name PATRICK FLORE (2) I.D. Number _____
 (3) Cover Period 05,01,2014 through 05,31,2014 (4) Page 1 of _____

(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					
05/19/14	USPS.COM Washington D.C.	On Line STORE PRE Stamped PostCards	Mon.		39.30
8					
11					
11					
11					
11					
11					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Patrick Fiore (2) I.D. Number _____

(3) Cover Period 05 101 114 through 05 131 114 (4) Page 1 of _____

(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		
05 19 14	Clab, Edward Clab, MARGARITA 8467 SW. 138th Terrace, Palmetto Bay, FL. 33158	I	College Educator	CHE			500. ⁰⁰
9							
05 27 14	MARIN AND SONS INC. 16155 SW. 117th Ave MIAMI, FL. 33177	B	Consulting Government Relations	CHE			500. ⁰⁰
10							
1 1							
1 1							
1 1							
1 1							