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Image# 201601289004692088

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X F	For Other Than An Autho	orized Committee	Office	Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Miami Association of F	Fire Fighters IAFF Loca	I 587 PAC		
ADDRESS (number and street)	2980 N.W. South River Drive			
Check if different than previously reported. (ACC)	Miami		FL 331	25
2. FEC IDENTIFICATION NU	JMBER ▼ CITY	A	STATE ▲	ZIP CODE ▲
C C00139014	3. IS 1	THIS X NEW (N) O	AMENDE (A)	D
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Classical Contents) July 15 Quarterly Report (Classical Contents) October 15 Quarterly Report (Classical Contents) January 31 Year-End Report (Ylear Report (Non-election Year Only) (MY) Termination Report (TER)	PRE-Election Report for the: (d) 30-Day	D (M3) Jun 20 (M7) D (M4) Jul 20 (M7) Primary (12P) Convention (12C)	6) Sep 20 (MS	(Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
(. <u></u> ,	Election		M / D D / Y D	State of
5. Covering Period 07	01 2015	through 12	31 2	2015
I certify that I have examined th Type or Print Name of Treasure	•	y knowledge and belief it is	true, correct and comp	olete.
Signature of Treasurer Jorge	2 Megias	[Electronically Filed]		28 2016
NOTE: Submission of false, errone	eous, or incomplete information r	may subject the person signin	g this Report to the pena	alties of 2 U.S.C. §437g.
Office Use Only			FE	C FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Miami Association of Fire Fighters IAFF Local 587 PAC

Report Covering the Period: From: 07 01 2015 To: 12 31 2015

		COLUMN A This Period	COLUMN B Calendar Year-to-Date	
6.	(a) Cash on Hand January 1, 2015		492.93	
	(b) Cash on Hand at Beginning of Reporting Period	493.29		
	(c) Total Receipts (from Line 19)	2507.07	2507.43	
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	3000.36	3000.36	
7.	Total Disbursements (from Line 31)	1000.00	1000.00	
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2000.36	2000.36	
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00		
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00		

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Miami Association of Fire Fighters IAFF Local 587 PAC

utions (other than loans) From: lividuals/Persons Other an Political Committees Itemized (use Schedule A) Unitemized TOTAL (add Lines 11(a)(i) and (ii)	2506.00 2506.00 2506.00	Calendar Year-to-Date 2506.00 0.00
an Political Committees Itemized (use Schedule A) Unitemized TOTAL (add Lines 11(a)(i) and (ii) Ititical Party Committees	0.00	
Unitemized Unitemized TOTAL (add Lines 11(a)(i) and (ii) litical Party Committees	0.00	
Unitemized TOTAL (add Lines 11(a)(i) and (ii)	0.00	
TOTAL (add Lines 11(a)(i) and (ii) litical Party Committees		0.00
Lines 11(a)(i) and (ii)▶	2506.00	
litical Party Committees	2300.00	2506.00
		2300.00
	0.00	0.00
ner Political Committees	0.00	0.00
rel Contributions (add Lines		
	2506.00	2506.00
	1000.00	
	0.00	0.00
-		
ns Received	0.00	0.00
epayments Received	0.00	0.00
To Operating Expenditures		
ds, Rebates, etc.)		
Totals to Line 37, page 5)	0.00	0.00
s of Contributions Made		
	0.00	0.00
· · · · · · · · · · · · · · · · · · ·		
· · · · · · · · · · · · · · · · · · ·	1.07	1.43
	0.00	
om Schedule H3)	0.00	0.00
in Francis (francis Calcadada 115)	0.00	0.00
in Funds (from Schedule H5)	3	0.00
ll Transfers (add 18(a) and 18(b))	0.00	0.00
	tal Contributions (add Lines (a)(iii), (b), and (c)) (Carry tals to Line 33, page 5)	tal Contributions (add Lines (a)(iii), (b), and (c)) (Carry tals to Line 33, page 5)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
Operating Expenditures: (a) Allocated Federal/Non-Federal	Total Tillo Toriou	Calendal Teal-to-Date	
Activity (from Schedule H4)	0.00	0.00	
(i) Federal Share			
(ii) Non-Federal Share	0.00	0.00	
(b) Other Federal Operating Expenditures	0.00	0.00	
(c) Total Operating Expenditures			
(add 21(a)(i), (a)(ii), and (b)) ▶	0.00	0.00	
Transfers to Affiliated/Other Party Committees	0.00	0.00	
Contributions to Federal Candidates/Committees			
and Other Political Committees Independent Expenditures	1000.00	1000.00	
(use Schedule E)	0.00	0.00	
Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00		
(use Schedule F)	0.00	0.00	
Loan Repayments Made	0.00	0.00	
Loans MadeRefunds of Contributions To:	0.00	0.00	
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(I) B III I B I G III	0.00	0.00	
(b) Political Party Committees (c) Other Political Committees	0.00	0.00	
(such as PACs)	0.00	0.00	
(d) Total Contribution Refunds			
(add Lines 28(a), (b), and (c))▶	0.00	0.00	
Other Disbursements	0.00	0.00	
Federal Election Activity (2 U.S.C. §431(20))			
(a) Allocated Federal Election Activity			
(from Schedule H6) (i) Federal Share	0.00	0.00	
(i) I ederal Share			
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add			
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00	
Total Disbursements (add Lines 21(c), 22,			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1000.00	1000.00	
Total Federal Disbursements			
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	1000.00	1000.00	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
3. Total Contributions (other than loans) (from Line 11(d), page 3)	2506.00	2506.00	
Total Contribution Refunds (from Line 28(d))	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2506.00	2506.00	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00	
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00	

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) ITEMIZED RECEIPTS for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Miami Association of Fire Fighters IAFF Local 587 PAC Full Name (Last, First, Middle Initial) Contributions Membership Date of Receipt Mailing Address 1151 NW 7 Street 2015 21 City Zip Code State Transaction ID: SA11AI.4656 FL Miami 33136 Amount of Each Receipt this Period FEC ID number of contributing C 2506.00 federal political committee. Membership Contibutions Name of Employer Occupation City of Miami Firefighter Receipt For: Aggregate Year-to-Date ▼ Primary General 2506.00 Other (specify) Full Name (Last, First, Middle Initial) B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼

2506.00 SUBTOTAL of Receipts This Page (optional)..... 2506.00 TOTAL This Period (last page this line number only).....

Primary

Other (specify)

General

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) Miami Association of Fire Fighters IAFF Local 587 PAC Full Name (Last, First, Middle Initial) A Vern Buchanan Mailing Address P.O.Box 48928 City Sarasota FL 34230 Purpose of Disbursement Campeign Contribution Candidate Name Vern Buchanan Office Sought: House Senate President State: District: 13 Full Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code Purpose of Disbursement For: 2016 Senate President State: Zip Code Purpose of Disbursement Category/ Type Office Sought: House Disbursement For: 2016 Category/ Type Office Sought: House Disbursement For: 2016 Category/ Type Office Sought: Other (specify) Type Office Sought: House Disbursement For: 2016 Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: 2016 Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: 2016 Purpose of Disbursement Candidate Name Category/ Type Date of Disbursement this Purpose of Disbursement For: 2016 Category/ Type Office Sought: House Disbursement For: 2016 Purpose of Disbursement Candidate Name Category/ Type Date of Disbursement this Purpose of Disbursement For: 2016 Category/ Type Date of Disbursement this Purpose of Disbursement For: 2016 Category/ Type Date of Disbursement this Purpose of Disbursement For: 2016 Date of Disbursement this Purpose of Disbursement For: 2016 Date of Disbursement this Purpose of Disbursement For: 2016 Date of Disbursement this Purpose of Disbursement For: 2016 Date of Disbursement this Purpose of Disbursement For: 2016 Date of Disbursement this Purpose of Disbursement For: 2016 Date of Disbursement this Purpose	SCHEDULE B (FEC Form 3X)	Hoo consists asked (1)		FOR LINE NUMBER: PAGE 7 OF 7		
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Miamin Association of Fire Fighters IAFF Local 587 PAC Full Name (Last, First, Middle Initial) A. Vern Buchanan Mailing Address P.O.Box 48928 City State Zip Code FL 34230 Purpose of Disbursement Campaign Combution Candidate Name Vern Buchanan Office Sought: Senate Senate President State: FL District: 13 Full Name (Last, First, Middle Initial) B. Date of Disbursement this P. Category/ Type Office Sought: House Disbursement For: 2016 Senate President State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Disbursement For: General Primary General President State: District: Full Name (Last, First, Middle Initial) State: District: Amount of Each Disbursement this P. Category/ Type Office Sought: House President Disbursement For: General Primary General President State: District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House Primary General Primary General Primary General President State: District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House President Primary General Primary General Primary General President Other (specify) ▼ Amount of Each Disbursement This P. Amount of Each Disbursement This P. Category/ Type	ITEMIZED DISBURSEMENTS	for each category of the	21b	22 🗶 23		
NAME OF COMMITTEE (in Full) Miami Association of Fire Fighters IAFF Local 587 PAC Full Name (Last, First, Middle Initial) A. Vern Buchanan Mailing Address P.O.Box 48928 City State Zip Code FL 34230 Purpose of Disbursement Canpalgn Contibution Candidate Name Vern Buchanan Office Sought: House Senate President State IDisbursement For: 2016 B. Mailing Address City State Zip Code Primary General Primary General President State: Purpose of Disbursement For: 2016 B. Mailing Address City State Zip Code Purpose of Disbursement Category/ Type Office Sought: House Senate President State: Disbursement For: 2016 State: District: 13 Date of Disbursement Amount of Each Disbursement this P. Category/ Type Office Sought: House Senate President Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate President Other (specify) ▼ Amount of Each Disbursement this P. Category/ Type Office Sought: Amount of Each Disbursement Tor: Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Amount of Each Disbursement this P. Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Amount of Each Disbursement this P. Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Amount of Each Disbursement this P. Category/ Type						
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City State Zip Code FL 34230 Purpose of Disbursement Candidate Name Vern Buchanan Office Sought: House Senate President State: FL District: 13 Full Name (Last, First, Middle Initial) Candidate Name Office Sought: House Senate President State: Disbursement Candidate Name Category/ Type Disbursement For: 2016 Senate President State: The District: 13 Full Name (Last, First, Middle Initial) Date of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Date of Disbursement this President State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Date of Disbursement this President Other (specify) ▼ Amount of Each Disbursement Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: Primary General Pri	,					
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Sarasota FL 34230 Purpose of Disbursement Campaign Confibution Candidate Name Vern Buchanan Office Sought: House	Mailing Address P.O.Box 48928			1 1 1 1 1 1 1		
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Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Amount of Each Disbursement this Primary General Other (specify) ▼ Amount of Each Disbursement Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼	B.					
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Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Amount of Each Disbursement this Positive Senate Primary General Other (specify) ▼ Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼	Purpose of Disbursement	Purpose of Disbursement			h Diahuraamant this Device	
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Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Office Sought: House Senate Primary General Other (specify) Total Control of Each Disbursement For:	Senate President	Primary General				
City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼	Full Name (Last, First, Middle Initial)			Date of Disburs		
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary Other (specify) Other (specify)	Mailing Address	failing Address			D / Y W Y W Y	
Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼	City	tate Zip Code				
Candidate Name Category/ Type Office Sought: House Senate Primary Other (specify) Other (specify) Category/ Type	Purpose of Disbursement					
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼	Candidate Name		Category/ Type			
	Senate President	Primary General				
SUBTOTAL of Disbursements This Page (optional)	SUBTOTAL of Disbursements This Page (optional)				1000.00	
					1000.00	