

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

MICHAEL A ETIENNE FOR CONGRESS

ADDRESS (number and street)

111 NORTH EAST 1ST STREET STE 324

Check if different than previously reported. (ACC)

MIAMI

FL

33132

2. FEC IDENTIFICATION NUMBER ▼

C C00536516

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

FL

24

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Michael A Etienne

Signature of Treasurer Michael A Etienne

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

MICHAEL A ETIENNE FOR CONGRESS

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	0.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	0.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	19415.61	19415.61
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	19415.61	19415.61
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0.00	
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).....	19415.61	

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 3 (Revised 12/2003)

Write or Type Committee Name

MICHAEL A ETIENNE FOR CONGRESS

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	19415.61	19415.61
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	19415.61	19415.61
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	19415.61	19415.61

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	19415.61	19415.61
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	19415.61	19415.61

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	19415.61
25. SUBTOTAL (add Line 23 and Line 24).....	19415.61
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	19415.61
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 11
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
MICHAEL A ETIENNE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Michael A Etienne

Mailing Address 111 NE 1st Street
Suite 324

City Miami State FL Zip Code 33132

FEC ID number of contributing federal political committee. **C H4FL24017**

Name of Employer Mike Law Firm, PA Occupation Lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
16500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 03 / 2014

Transaction ID : SA13A.4107

Amount of Each Receipt this Period
16500.00

Loan From Candidate to Campaign

B. Full Name (Last, First, Middle Initial)
Michael A Etienne

Mailing Address 111 NE 1st Street
Suite 324

City Miami State FL Zip Code 33132

FEC ID number of contributing federal political committee. **C H4FL24017**

Name of Employer Mike Law Firm, PA Occupation Lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
18000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 14 / 2014

Transaction ID : SA13A.4108

Amount of Each Receipt this Period
1500.00

Loan From Candidate to Campaign

C. Full Name (Last, First, Middle Initial)
Michael A Etienne

Mailing Address 111 NE 1st Street
Suite 324

City Miami State FL Zip Code 33132

FEC ID number of contributing federal political committee. **C H4FL24017**

Name of Employer Mike Law Firm, PA Occupation Lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
19415.61

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 2014

Transaction ID : SA13A.4109

Amount of Each Receipt this Period
1415.61

Loan From Candidate to Campaign

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

19415.61

19415.61

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 11
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
MICHAEL A ETIENNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Jean Berrouet Jr.		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2014
Mailing Address 249 NE 166 Street		Amount of Each Disbursement this Period 700.00 Transaction ID : SB17.4099
City State Zip Code Miami FL 33162	Purpose of Disbursement Jean D. Berrouet Jr.-Installation of Campaign Signs 001 Category/Type	
Candidate Name MICHAEL A ETIENNE FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 24		

Full Name (Last, First, Middle Initial) B. Michael A Etienne		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 111 NE 1st Street Suite 324		Amount of Each Disbursement this Period 401.00 Transaction ID : SB17.4121
City State Zip Code Miami FL 33132	Purpose of Disbursement Refund of Campaign Loan to Candidate 009 Category/Type	
Candidate Name MICHAEL A ETIENNE FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 24		

Full Name (Last, First, Middle Initial) c. Michael A Etienne		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 111 NE 1st Street Suite 324		Amount of Each Disbursement this Period 1054.82 Transaction ID : SB17.4123
City State Zip Code Miami FL 33132	Purpose of Disbursement Refund of Campaign Loan to Candidate 009 Category/Type	
Candidate Name MICHAEL A ETIENNE FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 24		

SUBTOTAL of Disbursements This Page (optional).....	2155.82
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 11			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
MICHAEL A ETIENNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Florida Department of Elections		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 500 Bronough Street		Amount of Each Disbursement this Period 10440.00 Transaction ID : SB17.4098
City Tallahassee State FL Zip Code 32399	Purpose of Disbursement Candidate Qualifying Fee 001 Category/Type	
Candidate Name MICHAEL A ETIENNE FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 24		

Full Name (Last, First, Middle Initial) B. Image Plus Graphics, Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 1440 NE 131 Street		Amount of Each Disbursement this Period 2313.43 Transaction ID : SB17.4103
City North Miami State FL Zip Code 33161	Purpose of Disbursement Campaign Mailers 004 Category/Type	
Candidate Name MICHAEL A ETIENNE FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 24		

Full Name (Last, First, Middle Initial) c. Image Plus Graphics, Inc.		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 1440 NE 131 Street		Amount of Each Disbursement this Period 1415.61 Transaction ID : SB17.4106
City North Miami State FL Zip Code 33161	Purpose of Disbursement Campaign Mailers 004 Category/Type	
Candidate Name MICHAEL A ETIENNE FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 24		

SUBTOTAL of Disbursements This Page (optional).....	14169.04
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 11	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
MICHAEL A ETIENNE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JRR Studios		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2014
Mailing Address 30616 USF Holly Drive		Amount of Each Disbursement this Period 1499.00
City Tampa	State FL Zip Code 33620	
Purpose of Disbursement Ivision TV- Campaign Commercial Ads	Category/Type 004	Transaction ID : SB17.4101
Candidate Name MICHAEL A ETIENNE FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 24	

Full Name (Last, First, Middle Initial) B. Speedy Signs USA		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 162 SW Spencer Court Suite 107		Amount of Each Disbursement this Period 1451.75
City Lake City	State FL Zip Code 32024	
Purpose of Disbursement Campaign Yard Signs	Category/Type 006	Transaction ID : SB17.4100
Candidate Name MICHAEL A ETIENNE FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 24	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2950.75
TOTAL This Period (last page this line number only).....	19275.61

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **MICHAEL A ETIENNE FOR CONGRESS** Transaction ID : **SC/10.4107**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Michael A Etienne Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 111 NE 1st Street
 Suite 324

City	State	ZIP Code
Miami	FL	33132

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
16500.00	0.00	16500.00

TERMS Date Incurred: M 04 / D 03 / Y 2014 Date Due: M / D / November 2014 Interest Rate: 0.00 % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	16500.00
TOTALS This Period (last page in this line only).....	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **MICHAEL A ETIENNE FOR CONGRESS** Transaction ID : **SC/10.4108**

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2014
Michael A Etienne Primary
 Mailing Address General
 111 NE 1st Street Other (specify) ▼
 Suite 324

City State ZIP Code
 Miami FL 33132

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1500.00	0.00	1500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
04 / 14 / 2014	November 2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	1500.00
TOTALS This Period (last page in this line only).....	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **MICHAEL A ETIENNE FOR CONGRESS** Transaction ID : **SC/10.4109**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Michael A Etienne Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address 111 NE 1st Street Suite 324
 City Miami State FL ZIP Code 33132

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1415.61	0.00	1415.61

TERMS
 Date Incurred: M 06 / D 06 / Y 2014 Date Due: M / D / Y November 2014 Interest Rate: 0.00 % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	1415.61
TOTALS This Period (last page in this line only).....	▶	19415.61

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.