

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 NE 1 Street

Suite 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

08

26

2014

in the State of

FL

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

07

01

2014

through

08

06

2014

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

08

07

2014

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							
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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))....	5050.00	5050.00
(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)).....	5050.00	5050.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	6572.97	6572.97
(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)).....	6572.97	6572.97
8. Cash on Hand at Close of Reporting Period (from Line 27).....	-51.80	
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).....	1471.17	

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).....	5050.00	5050.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	5050.00	5050.00
(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))..	5050.00	5050.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	1471.17	1471.17
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	1471.17	1471.17
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)..... ▶	6521.17	6521.17

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	6572.97	6572.97
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) ►	6572.97	6572.97

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	6521.17
25. SUBTOTAL (add Line 23 and Line 24).....	6521.17
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	6572.97
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	-51.80

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 13
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 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)
1170 Wavs

Mailing Address 6360 S.W. 41st Place

City State Zip Code
Davie FL 33314

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 06 / 2014

Transaction ID : SA11AI.4121

Amount of Each Receipt this Period
 750.00

In-kind - Radio Advertisement

B. Full Name (Last, First, Middle Initial)
Fraveur Antoine

Mailing Address 1055 NE 125th Street

City State Zip Code
Miami FL 33161

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

Name of Employer Occupation
Self-Employed Radio Host

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 06 / 2014

Transaction ID : SA11AI.4119

Amount of Each Receipt this Period
 400.00

In-kind - Radio Advertisement

C. Full Name (Last, First, Middle Initial)
Erole Emmanuel

Mailing Address 75 NW 167th Street

City State Zip Code
Miami FL 33169

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

Name of Employer Occupation
Self-Employed Radio Host

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 06 / 2014

Transaction ID : SA11AI.4115

Amount of Each Receipt this Period
 1000.00

In-kind - Radio Advertisement

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

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

2150.00

**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 6 OF 13
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Michael A Etienne for Congress

Full Name (Last, First, Middle Initial) Frantz Frantz		Date of Receipt M M / D D / Y Y Y Y 08 / 06 / 2014	
Mailing Address 1055 N.E. 125th Street		Transaction ID : SA11AI.4113	
City North Miami	State FL	Zip Code 33161	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00	
Name of Employer Self-Employed	Occupation Radio Host		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00		

Full Name (Last, First, Middle Initial) Maurice Rutherford		Date of Receipt M M / D D / Y Y Y Y 08 / 06 / 2014	
Mailing Address 6360 S.W. 41st Place		Transaction ID : SA11AI.4117	
City Davie	State FL	Zip Code 33314	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1100.00	
Name of Employer Self-Employed	Occupation Radio Host		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1100.00		

Full Name (Last, First, Middle Initial) Nelson Voltaire		Date of Receipt M M / D D / Y Y Y Y 08 / 06 / 2014	
Mailing Address 1055 N.E. 125th Street		Transaction ID : SA11AI.4129	
City North Miami	State FL	Zip Code 33161	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1200.00	
Name of Employer Self-Employed	Occupation Business Owner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1200.00		

SUBTOTAL of Receipts This Page (optional).....	2900.00
TOTAL This Period (last page this line number only).....	5050.00

**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 7 OF 13
	<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	

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NAME OF COMMITTEE (In Full)
Michael A Etienne for Congress

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

Mailing Address 111 NE 1 Street
Suite 324

City Miami State FL Zip Code 33132

FEC ID number of contributing federal political committee. **C** C00536516

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 03 / 2014

Transaction ID : SA13A.4102

Amount of Each Receipt this Period
 740.00

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

Mailing Address 111 NE 1 Street
Suite 324

City Miami State FL Zip Code 33132

FEC ID number of contributing federal political committee. **C** C00536516

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 17 / 2014

Transaction ID : SA13A.4103

Amount of Each Receipt this Period
 75.79

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

Mailing Address 111 NE 1 Street
Suite 324

City Miami State FL Zip Code 33132

FEC ID number of contributing federal political committee. **C** C00536516

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 06 / 2014

Transaction ID : SA13A.4104

Amount of Each Receipt this Period
 655.38

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

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

1471.17

1471.17

**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 13			
	<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. 1170 Wavs		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2014
Mailing Address 6360 S.W. 41st Place		Amount of Each Disbursement this Period 750.00
City Davie	State FL	
Zip Code 33314	Purpose of Disbursement In-kind - Radio Advertisement	Transaction ID : SB17.4123
Candidate Name	Category/Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Fraveur Antoine		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2014
Mailing Address 1055 NE 125th Street		Amount of Each Disbursement this Period 400.00
City Miami	State FL	
Zip Code 33161	Purpose of Disbursement In-kind - Radio Advertisement	Transaction ID : SB17.4124
Candidate Name	Category/Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. Erole Emmanuel		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2014
Mailing Address 75 NW 167th Street		Amount of Each Disbursement this Period 1000.00
City Miami	State FL	
Zip Code 33169	Purpose of Disbursement In-kind - Radio Advertisement	Transaction ID : SB17.4126
Candidate Name	Category/Type	
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	2150.00
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 9 OF 13
	<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. Envision Graphics		Date of Disbursement MM / DD / YYYY 07 / 03 / 2014
Mailing Address 7335 NW 35th Street		Amount of Each Disbursement this Period 791.80 Transaction ID : SB17.4105
City Miami State FL Zip Code 33122	Purpose of Disbursement Printing of Mail Pieces 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) B. Frantz Frantz		Date of Disbursement MM / DD / YYYY 08 / 06 / 2014
Mailing Address 1055 N.E. 125th Street		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.4127
City North Miami State FL Zip Code 33161	Purpose of Disbursement In-kind - Radio Advertising	
Candidate Name	Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. Image Plus Graphics, Inc		Date of Disbursement MM / DD / YYYY 08 / 06 / 2014
Mailing Address 1440 N.E. 131st Street		Amount of Each Disbursement this Period 655.38 Transaction ID : SB17.4109
City North Miami State FL Zip Code 33161	Purpose of Disbursement Mailing of Mail Pieces 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).....	2047.18
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 10 OF 13			
	<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. Maurice Rutherford		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2014
Mailing Address 6360 S.W. 41st Place		Amount of Each Disbursement this Period 1100.00 Transaction ID : SB17.4125
City Davie	State FL	
Zip Code 33314	Purpose of Disbursement In-kind - Radio Advertisement	Category/ Type
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) B. Nelson Voltaire		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2014
Mailing Address 1055 N.E. 125th Street		Amount of Each Disbursement this Period 1200.00 Transaction ID : SB17.4130
City North Miami	State FL	
Zip Code 33161	Purpose of Disbursement In-kind - Campaign Commercial for Radio Advertisement	Category/ Type
Candidate Name	Office Sought: <input 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: District:	

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).....	2300.00
TOTAL This Period (last page this line number only).....	6497.18

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Michael A Etienne for Congress** Transaction ID : **SC/10.4102**

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

Mailing Address
 111 NE 1 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
740.00	0.00	740.00

TERMS Date Incurred: M 07 / D 03 / Y 2014 Date Due: M / D / Y Nov 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).....	▶	740.00
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/10.4103**

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

City State ZIP Code
 Miami FL 33132

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
75.79	0.00	75.79

TERMS Date Incurred Date Due Interest Rate Secured:
 M 07 / D 17 / Y 2014 M M / D D / Y Nov 2014 0.00 % (apr) 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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	75.79
TOTALS This Period (last page in this line only).....	<input type="text"/>

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/10.4104**

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

City State ZIP Code
 Miami FL 33132

Original Amount of Loan 655.38	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 655.38
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TERMS Date Incurred Date Due Interest Rate Secured:
 M M / D D / Y Y Y Y M M / D D / Y Y Y Y 0.00 % (apr) Yes No
 08 / 06 / 2014 Nov 2014

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).....	▶	[] 655.38
TOTALS This Period (last page in this line only).....	▶	[] 1471.17

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