

FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2005

Please print or type your name, mailing address, agency name, and position below:

FINANCIAL INTERESTS

RECEIVED

LAST NAME — FIRST NAME — MIDDLE NAME:

Chamberlin Michele A.

2005 JUL 17 PM 2:44

USE ONLY:

KURT S. BROWNING
SUPERVISOR OF ELECTIONS
NEW PORT RICHEY, FLORIDA

MAILING ADDRESS:

2125 Larissa Ct.

ID Code

ID No.

Conf. Code

P. Req. Code

Trinity

34655

Pasco

CITY:

ZIP:

COUNTY:

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

School Board District 3

CHECK IF THIS IS A FILING BY A CANDIDATE

PART A — NET WORTH

Please enter the value of your net worth as of December 31, 2005, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of JULY 1, 2006 was \$ 144,458.50.

PART B — ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 25,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Home @ 2125 Larissa Ct. Trinity FL	\$240,000.00

PART C — LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
ABN-AMRO Mortgage, 2600 W. Big River Rd Tampa FL 33611-4808	96,304
Chase Home Equity, PO Box 24714 Columbus OH 43224	18,807.50
STE Federal Credit Union PO Box 172599 Tampa FL 33612-0599	9,747.00
MBNA America PO Box 15287 Wilmington, DE 19886-5287	750.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2005 federal income tax return, including all attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2005 federal income tax return. [If you check this box and attach a copy of your 2005 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Teaching Salary / District School Board	7227 Land O' Lakes Blvd Land O Lakes FL 34639	37,264.00

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

PART E -- INTERESTS IN SPECIFIED BUSINESSES

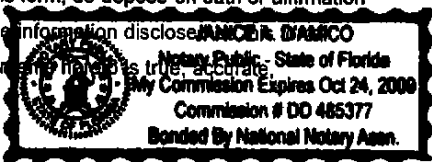
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

OATH

STATE OF FLORIDA
COUNTY OF PASCO

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed hereon is true, accurate and complete.



Sworn to (or affirmed) and subscribed before me this 17th day of

July, 2006 by MICHELE A Chamberlain

Janice A Damico
(Signature of Notary Public--State of Florida)

JANICE A DAMICO
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification

Type of Identification Produced C516-541-66-930-0

Michele A Chamberlain
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3. **INSTRUCTIONS** on who must file this form and how to fill it out begin on page 3. **OTHER FORMS** you may need to file are described on page 6.