FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY						
(1) Joseph E. Kaminski	OFFICE USE ONLY 101					
Name						
(2) 3518 Lake Joyce Dr, Land O Lakes, FL 34	539					
Address (number and street)						
City, State, Zip Code						
☐ CHECK IF ADDRESS HAS CHANGED	(3) ID Number:					
(4) Check appropriate box(es):						
REPC	I NTIFIE					
Cover Period: F m 7/1/2006	7/28/2006 / Re rt Type P1-06					
☐ Original Amendment ☐ Special Election	Report Independent Expenditure Report					
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT					
Cash & Checks \$0.00	Monetary Expenditures \$ 0.00					
Loans \$	Transfers to Office Account \$ 0.00					
Total Monetary \$ 250.00	Total Monetary \$ 0.00					
In-Kind \$	300 3000 10000					
	(8) Other Distributions \$0.00					
(9) TOTAL Monetary Contributions To Date \$250.00_	(10) TOTAL Monetary Expenditures To Date \$					
	IFICATION					
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. I certify that I have examined this report and it is true, correct, and complete. (Type name) (Type name)						
Individual (only for election eering commun.)	Candidate Chairperson (only for PC, PTY & electioneering commun. organization)					
	S					
Signature	Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Joseph E. Kaminski				2) I.D. Numbe	er1	.01
	7/1/2006	7/28/2006					
(3) Cover Perio	od//	thro			(4) Pag	<u> </u>	of ¹
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(5)	(7)		(8)	(9)	(10)	(11)	(12)
(5) Date	Full Name		(0)	(9)	(10)	(11)	(12)
(6)	(Last, Suffix, First, Middle)	_	and table on the p	O-maile aire	trac terresale		
Sequence	Street Address &		ontributor	Contribution	In-kind	Amendment	8
Number	City, State, Zip Code Kaminski, Joseph E	Type	Occupation candidate	Type LO	Description	Add	Amount \$250.00
7/28/2006	3518 Lake Joyce Drive		Candidate	ПО		Add	\$250.00
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DS-DE 13 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name Joseph E. Kaminski (2) I.D. Number

(1) Name Joseph E. Kaminski			(2) I.D. Number			
(2) Cours Doring		3/2006	N B 1		0	
(3) Cover Period	I/through/	<u> </u>	I) Page1	of _	0	
(5) Date (6) Sequence Number	(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)	(11) Amount	
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